

# PREA Facility Audit Report: Final

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

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 05/20/2019

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> Gregory A. Bucholtz	<b>Date of Signature:</b> 05/20/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Bucholtz, Gregory
<b>Address:</b>	
<b>Email:</b>	gregory.bucholtz@wisconsin.gov
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	04/04/2019
<b>End Date of On-Site Audit:</b>	04/04/2019

FACILITY INFORMATION	
<b>Facility name:</b>	Wernersville Community Corrections Center
<b>Facility physical address:</b>	165 Main Street, Wernersville, Pennsylvania - 19565
<b>Facility Phone</b>	610-621-1961
<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 type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input checked="" type="radio"/> Other community correctional facility

Primary Contact			
<b>Name:</b>	Anne Barton	<b>Title:</b>	Center Director
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Facility Director			
<b>Name:</b>	Anne Barton and David Kopinski	<b>Title:</b>	Center Director
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Facility PREA Compliance Manager			
<b>Name:</b>	Anne Barton	<b>Email Address:</b>	corbarton@pa.gov

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

Facility Characteristics			
<b>Designed facility capacity:</b>		230	
<b>Current population of facility:</b>		204	
<b>Age Range</b>	<i>Adults: 18+</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
<b>Facility security level/resident custody levels:</b>		N/A	
<b>Number of staff currently employed at the facility who may have contact with residents:</b>		64	

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.

### Introduction

A Prison Rape Elimination Act (PREA) audit was conducted of the Pennsylvania Department of Corrections (DOC) Wernersville Community Corrections Center (CCC). The Wernersville CCC is located at 165 Main Street, Wernersville, PA, 19565.

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

Pursuant to the PREA audit consortium agreement, the Wisconsin DOC audit team members consist of U.S. DOJ trained and certified PREA auditors Gregory Bucholtz (lead auditor) and Leigha Weber. Additionally, team member Emily Stenhoff, an employee with the Wisconsin DOC's PREA office was the third member of the audit team. The onsite phase of the audit was conducted on April 4, 2019. Wernersville CCC has previously had a PREA audit conducted, with the final report issued November 12, 2015.

### Pre-Onsite Audit Phase

The National PREA Resource Center's (PRC) Online Audit System (OAS) was utilized by the facility's PREA compliance manager and staff in providing agency and facility policies, reports, files, statistics, forms, training records and education information to the audit team members as identified by the PRC's PREA Audit Questionnaire (PAQ) for community confinement facilities. The OAS was created and available for uploading on February 21, 2019. The facility personnel completed the PREA Audit Questionnaire process on March 12, 2019.

The auditor and PREA compliance managers (PCMs) established audit goals and defined expectations from early on in the audit process. Upon introductions, an initial discussion was held regarding the implementation of the PRC's PREA Auditor Handbook and how these protocols will affect the four phases of the audit. A collaborative plan, with goals and milestones was established such as the completion of the PAQ within the OAS, posting of the audit notice throughout the two buildings, ensuring a process is established for staff and reentrants to communicate confidentially with the auditor, and establishing an

onsite audit review agenda.

The auditor provided the facility directors/PCMs for each building the PREA audit notice (English and Spanish) five weeks in advance of the onsite audit for staff, reentrants and the public. The PREA audit notice was intended to provide information of the scheduled date of the onsite audit, the purpose, name of auditor, auditor contact information, and the confidentiality of any communications. Both facility directors facilitated the posting of the notices throughout each of the two buildings in conspicuous places (e.g., reentrant housing areas, television rooms, facility entrances, recreation areas, eating areas). Evidence of the PREA audit notice postings was provided to the auditor five weeks in advance of the onsite audit phase by the facility directors sending multiple photos which included time/date stamps.

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

The lead auditor and the two facility directors/PCMs scheduled and conducted three conference calls during the pre-onsite audit phase that involved the goals and objectives of the audit, a means for the auditors to have full access to all areas within each of the Wernersville CCC's two buildings, documents, records, files (manual and electronic), and access to staff, contractors, volunteers and reentrants to conduct random, targeted and specialized interviews consistent with the PRC's interview protocols. A diagram of both buildings was provided and discussed on the site review would be structured based on staff and reentrant hours of work and facility operations.

Approximately a week prior to the onsite audit phase, the facility provided the auditor with current records and rosters for the sampling process prior to being onsite. The information requested included a list of targeted reentrants such as those with disabilities and are limited English proficient, those that identify as lesbian, gay, bi-sexual, transgender or are intersex (LGBTI), those who have reported sexual victimization during risk screening, and allegations of sexual abuse and sexual harassment in the past 12 months. Also requested was the staff roster, list of "specialized" staff, and contractors and volunteers who have contact with reentrants.

It was determined by the auditor and facility directors that updated lists would be provided once the audit team was onsite. This was particularly important given the frequent movement of reentrants from the facility due to either release or transfer.

The information provided by the facility assisted the auditors in assigning primary roles and responsibilities among the audit team members and enabled the auditors to analyze and assess whether policy directives aligned with institution processes in relation to the requirements of each PREA Standard and provision. It also provided the audit team with valuable information on the targeted reentrant population available for interview purposes in accordance with the requirements set forth in the PREA Auditor Handbook.

Contact was made with Just Detention International (via email) and the community's victim advocacy center (SAFE Berks via telephone interview) to determine whether they had received any correspondences or concerning communication specific to Wernersville CCC regarding sexual abuse, sexual harassment or retaliation allegations. Each responded back to the auditor that they had not received any communication from the reentrant population or staff. During the pre-onsite audit phase, the auditor also interviewed (via telephone) a representative from Reading Hospital-Tower Health who

provides SAFE/SANE services to Wernersville CCC to determine whether their services had been utilized in the past 12 months by the facility (which they had not).

Prior to the onsite review, the auditor conducted several broad web search reviews to determine if there was any relevant information that may shed light on the history and culture of the facility and agency, or articles regarding staff or reentrants that could inform the audit. Nothing noteworthy was found that would inform or influence the PREA audit.

A review of the PA DOC public website was conducted and the auditor was able to view numerous items and resources specific to the agency's efforts to communicate, educate and promote the PREA goals and objectives including its zero tolerance policy towards all forms of sexual abuse and sexual harassment within the department. The public website provides an extensive series of PREA specific agency policies which include a statement to incorporate best practices for the trauma-informed care of victims of sexual abuse and sexual harassment in a confinement setting. A review of the state's mandatory reporting laws and information provided by the PREA coordinator revealed that there is a mandatory reporting law for sexual abuse of someone under the age of 18. No reentrant under the age of 18 has been placed at Wernersville CCC during the past 12 months according to staff interviews and facility admission records.

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

#### Onsite Audit Phase

##### Entrance Briefing:

The audit team members arrived at Wernersville CCC on Thursday, April 4, 2019 at approximately 8:00 am and met with the two facility directors and agency PREA coordinator to conduct our "Entrance Briefing." Staff and auditors were introduced, a review of the day's tentative agenda was discussed, and the logistics of the facility buildings (2) reviewed. At the conclusion of the "Entrance Briefing" audit team members immediately conducted interviews of two community corrections monitors who were held over from the night shift (3rd shift), so that they could leave the facility upon completion. Upon completion, the audit team members, facility directors, and agency PREA coordinator commenced the site review of the facility starting with Building #18.

Wernersville CCC is located on the grounds of the Wernersville State Hospital and is operated by the Pennsylvania Department of Corrections. Building #18 contains three floors of which two maintain housing for male parole reentrants. The lower basement level does not house any reentrants, but contains a weight room, mechanicals, reception area, and access to a tunnel that connects Building #18 to Building #30 which is used exclusively by staff. The rated capacity for Building #18 is 150, and includes 32 reentrant rooms separated by 4 zones/pods (A1, A2, B1, B2). The building also contains 5 common areas, 8 reentrant bathrooms, 1 dining hall, 5 laundry rooms, 3 staff bathrooms, and 10 staff offices and a main control center at the entrance into the facility.

Building #30 includes the "Pathways Transitional Wellness Center" and is an 80 bed male facility which houses mental health offenders, transitional parolees, and SIP offenders. It includes 32 reentrant rooms separated by 4 zones/pods (A1, A2, B1, B2). The building also contains 4 common areas, 4 reentrant

bathrooms, 1 dining hall, 1 kitchen area (within dining hall), 2 laundry rooms, 3 staff bathrooms, 15 staff offices, and 2 control rooms. It should be noted that, although not a component of Wernersville CCC, the Bureau of Community Corrections' Management Operations Center (MOC) headquarters is located in Building #30. This proved to be beneficial to the audit team for interviewing investigative staff.

The facility directors and staff provided complete access to all areas within the facility at the auditors' requests. The general understanding and approach to the site review was to open all doors locked or not and provide the audit team with an understanding of who has access and for what purpose(s). The objective of the review was to assess the day to day practices used by facility staff to promote sexual safety within the facility.

The auditors conducted frequent informal interviews with staff and reentrants throughout the site review and were able to observe active work areas and facility operations. The informal interviews proved useful in determining facility culture and were used to supplement the formal interviews that transpired throughout the day.

Facility Lists (for sampling purposes):

The auditor had requested a number of items for review during the onsite audit. The facility directors provided these lists during the onsite audit phase which included the following:

- a. Complete reentrant roster (4/4/19);
- b. Breakdown of reentrants by: youthful reentrants, those with disabilities, limited English proficient, LGBTI, in segregated housing, those who reported sexual abuse, those who reported sexual victimization during risk screening;
- c. Staff roster;
- d. Contractors/volunteers who have contact with reentrants;
- e. Grievances in the past 12 months;
- f. Allegations of sexual abuse and sexual harassment in the past 12 months;
- g. Retaliation allegations in the past 12 months

The audit team conducted formal interviews with staff (27) and reentrants (21) totaling 48 individuals over the course of the audit (47 conducted during the pre-onsite and onsite audit phase, and 1 during the post-onsite audit phase). Notes from 3 previous interviews of PA DOC staff that were provided by a WI DOC PREA auditor as part of the consortium were also used by the audit team when formulating the narratives for the PREA Standards and are included in the total below. Thus, information from 51 staff and reentrant interviews were used for this report.

The facility directors/PCMs provided a current reentrant roster for the date of the onsite audit phase; the total reentrants were 213 (capacity 230). The sampling technique utilized to initially select reentrants involved a systematic random sample which allowed for a representative sample of reentrants from each of the housing zones/pods. This proved to be somewhat successful, however there were a number of reentrants randomly selected who were out of the facility and could not be interviewed. The facility directors were then able to identify reentrants that were physically in the building by each housing zone/pod which the audit team was able to interview during the onsite audit phase. Similarly, a random sample was selected from the lists of targeted reentrants to be interviewed. Obviously, where only one reentrant was on a targeted list, that individual was interviewed.

Staff and reentrants were interviewed individually, one at a time with one audit team member, in a private setting. The National PREA Resource Center's interview protocols were followed as a baseline for asking questions. The objective was to ascertain the individual's knowledge of the PREA Standards, sexual safety in confinement, their specific roles and responsibilities, and general attitudes about preventing sexual abuse and sexual harassment and knowledge of how to report.

#### Staff Interviews Conducted:

- a. Agency Head/Designee (1) (Completed 10/26/18 by a WI DOC PREA auditor)
- b. Facility Directors/PCMs (2) (Interviewed both at same time)
- c. PREA Coordinator (1) (Completed 2/1/19 by a WI DOC PREA auditor)
- d. Agency Contract Administrator (1) (PC provided information. Completed 2/1/19 by a WI DOC PREA auditor)
- e. Medical Staff (1)
- f. Representative of Reading Hospital-Tower Health for SAFE/SANE services (1) (via telephone)
- g. Representative of SAFE Berks for victim advocacy services (1) (via telephone)
- h. Human Resources Staff (1) (via telephone)
- i. Contractors (1)
- j. Volunteers (0) (no volunteers available during onsite audit phase)
- k. Investigative Staff (1)
- l. Staff who perform screening for risk of victimization (1)
- m. Staff on incident review team (1)
- n. Designated staff member charged with monitoring retaliation (1)
- o. First responders non-security staff (1)
- p. First responders security (1)
- q. Intake Staff (1)
- r. Random Staff (13) (representative of all three shifts)

#### Reentrant Interviews Conducted:

- a. Youthful Residents (0) (no reentrant currently housed at facility)
- b. Residents with a Physical Disability (2)
- c. Residents who are LEP (1)
- d. Residents with a Cognitive Disability (7)
- e. Residents who Identify as Lesbian, Gay, or Bisexual (1)
- f. Residents who Identify as Transgender or Intersex (0) (no reentrant currently housed at facility)
- g. Residents Who Reported Sexual Abuse (0) (no reentrant currently housed at facility)
- h. Residents Who Reported Sexual Victimization During Risk Screening (0) (no reentrant currently housed at facility)
- i. Random Residents (10)

#### Processes and Areas Observed

During the onsite audit phase, one or more members of the audit team were able to directly observe the following processes within the facility or have it re-created. This was completed for the purpose of determining whether the day-to-day operations demonstrate compliance with the PREA Standards.

Intake Process: No intakes occurred while the auditors were onsite, however staff was able to discuss

the process in detail and provide information on when the reentrant would receive PREA education and the initial risk assessment screening upon admission. The audit team was also able to observe a new body scanner that is in place.

**Risk Screening:** One of the facility directors and the auditor were able to review the process of completing the initial and 20-30 day risk reassessment screening.

**Records storage:** The auditor was provided a tutorial of the agency's WebTAS software system which maintains a reentrant's confidential and sensitive information. It is only available to those staff that has a working need to know (facility directors and counselors).

**Grievance System:** The facility directors explained the reentrant grievance system to the audit team and pointed out the location of the grievance collection boxes throughout the two buildings during the site review.

**Reentrant Telephones:** Public pay phones were observed in the housing unit areas of the facility. Reentrants are also permitted to have their personal cell phone with them while in the facility.

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

**Camera Placement:** The audit team was able to view the locations of cameras throughout both buildings which were found to be in excellent positions. The facility reported that there are 160 cameras combined in the buildings. No cameras are situated in the reentrant rooms or bathrooms.

#### Onsite Documentation Review

A sampling of documents and electronic records were reviewed during the onsite audit phase. The information obtained from these reviews is being used as a supplement to the information that Wernersville CCC provided in the OAS. Documentation, observations and interviews were used to corroborate one another and to determine whether policy directives were institutionalized as part of the day-to-day operations.

One investigation file was reviewed with investigative staff during the onsite audit phase. The total number of investigations reported by Wernersville CCC included two for allegations of sexual abuse (one case remains open), and one for an allegation of sexual harassment.

Training records for staff were reviewed at the facility for the 13 random staff interviewed during the onsite audit phase. One of the facility directors was also able to show the auditor the electronic version of all staff training through the Learning Solutions (LSO) system for PREA related training. BCC employee investigator training records (23 of 23 BCC investigators) were reviewed which indicated staff had received specialized investigation training.

The auditor reviewed two random human resources files during the onsite audit phase, as well as those submitted through the OAS. Each was found to have the PREA waiver and disclosure forms completed.

The auditor was able to verify that zero grievances were received alleging sexual abuse during the past 12 months. When a reentrant submits a grievance specific to sexual abuse by staff, the grievance is "rejected" from the grievance system and immediately forwarded for investigation.

Risk assessments and risk reassessments for risk of victimization and abusiveness records were selected and reviewed during the onsite audit phase. Three random months were selected for Building

#18 and three months for Building #30 that spanned over 2018 and 2019. Each record showed that the reentrant had a PRAT completed within the first 72 hours of arriving at the facility and having a reassessment completed within 20-30 days of arrival.

Reentrant education records were also reviewed at the facility. Ten randomly selected reentrant records were reviewed in the ICAR system indicating that they had participated in the PREA education session and signed the PREA Handout Receipt for Reentrants (Attachment 2-J).

#### Exit Briefing

An exit briefing occurred with the two facility directors and members of the audit team. The audit team members recognized and thanked the facility for providing significant support to our requests during the onsite audit phase and for providing timely answers to our extensive list of questions. The audit team provided an overview of the next phase of the audit "Evidence Review and Interim Report" (if applicable) which officially commenced the next calendar day (completion of the onsite audit phase) April 5, 2019.

## AUDIT FINDINGS

### Facility Characteristics:

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

### Facility Characteristics

Wernersville Community Corrections Center (CCC) is located at 165 Main Street in Wernersville, PA and is situated on the grounds of the Wernersville State Hospital. It is operated by the Pennsylvania Department of Corrections. Wernersville CCC is a residential program to assist and supervise male reentrants under the jurisdiction of the Pennsylvania Department of Corrections during the latter portion of their incarceration transition into the community from a State Correctional Institution. Reentrants are encouraged to be employed or engage in community service, maintain sobriety, and take personal accountability for their decisions.

Wernersville CCC consists of two attached buildings (Building #18 and Building #30) that combined, have a capacity of 230 reentrants. Building #18 is a 150 bed male facility which houses parole reentrants. Building #30 is an 80 bed male facility that includes the "Pathways Transitional Wellness Center" for mental health offenders, transitional parolees, and State Intermediate Punishment (SIP) offenders. Upon arriving to Wernersville CCC all reentrants spend five (5) business days on "black out" in Building #30 where there is no ability to leave the facility. During this time, reentrants meet with the assessment counselor, meet with their parole agent, complete orientation, and attend workshops. After this timeframe, reentrants move to Building #18 and are assigned to a specific counselor.

The facility is locked, and visitors must be buzzed in and successfully navigate a metal detector prior to entry into the main area of the facility in Building #18. The main control center is located immediately upon entering from the outside. Building #18 contains three floors of which two maintain housing for male parole reentrants. The lower basement level does not house any reentrants, but contains a weight room, mechanicals, reception area, and access to a tunnel that connects Building #18 to Building #30 which is used exclusively by staff. Building #18 includes 32 reentrant rooms separated by 4 zones/pods (A1, A2, B1, B2). The building also contains 5 common areas, 8 reentrant bathrooms, 1 dining hall, 5 laundry rooms, 3 staff bathrooms, and 10 staff offices and a main control center at the entrance into the facility.

Building #30 which includes the "Pathways Transitional Wellness Center" includes 32 reentrant rooms separated by 4 zones/pods (A1, A2, B1, B2). The building also contains 4 common areas, 4 reentrant bathrooms, 1 dining hall, 1 kitchen area (within dining hall), 2 laundry rooms, 3 staff bathrooms, 15 staff offices, and 2 control rooms. It should be noted that, although not a component of Wernersville CCC, the Bureau of Community Corrections' Management Operations Center (MOC) headquarters is located in Building #30.

The average length of stay for a reentrant is 60-120 days. The age range of reentrants is 18 years of age and older and only houses male reentrants. There is a total of 64 staff employed at the facility, of which 46 are monitors (security personnel). The reentrant capacity is 230 and on the day of the onsite audit phase there were 213 reentrants (149 in Building 18; 64 in Building 30).

The facility is monitored by 161 surveillance cameras (102 in Building 18; 59 in Building 30) that have a 30 day retention period. These cameras are well positioned to capture all movement and activity within both buildings. There are also security mirrors strategically mounted to supplement the current camera system. The cameras are monitored in real time by the Community Corrections Center Monitors who are posted within the control centers. However, control can only view one camera at a time due to the lack of camera monitors. Aside from control, only a Lieutenant and both facility directors have monitoring capabilities.

Numerous PREA posters (English and Spanish) are displayed throughout both buildings and in conspicuous places where all reentrants have an opportunity to review the information. The PREA Audit Notice, zero tolerance policy, and "If you are the Victim of Sexual Assault signs were consistently viewed by the audit team. Further, information for the local community victim advocacy agency, SAFE Berks, was in place in both buildings.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

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

After a review of documents, interviews of staff, reentrants, and community providers, along with the onsite visit, this auditor has determined the following for Wernersville Community Corrections Center:

Number of standards met: 41  
 Number of standards not met: 0  
 Number of standards not applicable: 0

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Prevention and Training) 15 pages</li> <li>c. Policy BCC-ADM 008 PREA Procedures Manual, Section 7 (Disciplinary and Administrative Action) 4 pages</li> <li>d. Policy BCC-ADM 008 PREA Procedures Manual, Section 4 (Responding to a Report of Sexual Abuse) 5 pages</li> <li>e. Policy BCC-ADM 008 PREA Procedures Manual Glossary of Terms</li> <li>f. Agency Table of Organization</li> <li>g. Agency Mission Statement</li> <li>h. PREA Resource Center (PRC) List of Certified Auditors</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PREA Coordinator (Completed 2/1/19)</li> <li>b. Facility Directors/PREA Compliance Managers</li> <li>c. Random Staff</li> <li>d. Random Reentrants</li> </ol> </li> <li>3. Site Review Observations <ol style="list-style-type: none"> <li>a. Facility walkthrough</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual Section 2 requires the Department to take appropriate actions to ensure zero tolerance toward all forms of sexual abuse and sexual harassment in order to promote the safety of reentrants. It will also implement the PREA Standards to ensure that all aspects of operations work toward preventing, detecting, and responding to such conduct resulting in a safer environment.</p> <p>A glossary of terms is also set forth by the Department in BCC-ADM 008. A list of terms is provided related to prohibited behaviors of sexual abuse and sexual harassment as defined in the National Standards to Prevent, Detect, and Respond to Prison Rape.</p> <p>Sanctions for those found to have participated in prohibited behaviors is described in BCC-ADM 008 PREA Procedures Manual Section 7 (Disciplinary and Administrative Action) for both staff and reentrants. For staff, Section 7 maintains that any employee who violates the Department's zero tolerance policy by engaging in, failing to report or knowingly condones</p>

sexual abuse or sexual harassment of a reentrant shall be subject to disciplinary or administrative action up to and including termination. Additionally, terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are required to be reported to law enforcement agencies, unless the activity was not clearly criminal, and to any relevant licensing bodies. BCC-ADM008 Section 7 also discusses in detail the sanctions for inmates who have participated in prohibited behaviors.

Subsection (b):

The Pennsylvania Department of Corrections has one statewide PREA Coordinator, Mr. David Radziewicz, who is responsible for PREA compliance for all state correctional institutions and community corrections centers. Policy BCC-ADM 008 PREA Procedures Manual Section 2 (Prevention and Training), stipulates that the PREA coordinator's sole responsibility is to develop, implement, and oversee the Department's efforts to comply with the federal PREA Standards in all facilities. So 100% of the PREA coordinator's time is allocated to obtaining and maintaining compliance with the federal PREA Standards. This was also confirmed during a previous interview with the PREA coordinator on 2/1/19 by another Wisconsin DOC auditor.

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

Subsection (c):

The facility director at each state community corrections center have been designated as the PREA compliance manager (PCM), and have been given sufficient time and authority to coordinate compliance with departmental policies and federal PREA Standards. At CCC-Wernersville, there are two facility directors who are responsible for two attached buildings, and the PCMs are Ms. Corrie Barton (Building #18) and Mr. David Kopinski (Building #30). CCC-Wernersville is the only community corrections center in the PA DOC with two facility directors. Both Ms. Barton and Mr. Kopinski confirmed during their interviews with the auditor that they had sufficient time and authority to serve as the PCM, in addition to their duties as the facility directors.

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

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

Corrective Action: The audit team recommends no corrective action.

**115.212 Contracting with other entities for the confinement of residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making the compliance determination:

1. Documents

- a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)
- b. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Prevention and Training) 15 pages
- c. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Attachment 2-B)
- d. Policy BCC-ADM 8.1.1 Community Corrections Centers Procedures Manual, Section 1 (Organization and Responsibility)
- e. Commonwealth of Pennsylvania, Department of General Services, Bureau of Procurement (Invitation for Bids) 96 pages
- f. Memorandum of Understanding between the Commonwealth of Pennsylvania and the County of Cambria, 29 pages
- g. Memorandum of Understanding between the Commonwealth of Pennsylvania and the County of Chester, 25 pages
- h. Pennsylvania Department of Corrections, Bureau of Community Corrections (PREA Contract Compliance Monitoring Report, 2017)
- i. PREA Contract Monitoring Reports for GEO Group, Inc. (Alle-Kiski Pavilion); GEO Group, Inc. (Hoffman Hall); Gaudenzia, Inc.; Kintock Group Inc.; Transitional Living Centers, Inc.

2. Interviews

- a. PREA Coordinator (Completed 2/1/19)

Findings (By Provision):

Subsection (a):

Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual Section 2 (Prevention and Training) requires that the Department include in any new contract or contract renewal for the housing of an inmate with a private entity or other entities, including other government agencies, the obligation to adopt and comply with the PREA Standards and the agency's policies related to PREA compliance.

Additionally, Section 2 maintains that contracted entities shall undergo regular, mandated audits on a three-year basis, as required by the PREA Standards. All contracted entities are expected to have an official PREA audit by a certified Department of Justice (DOJ) PREA auditor once during every three year audit cycle as directed in the PREA Standard.

Policy 8.1.1 establishes the Table of Organization and Chain-of-Command for the Bureau of Community Corrections (BCC), its Regional Offices, its Community Corrections Centers (CCCs) and Community Contract Facilities (CCFs). The policy provides that BCC maintain Contract Facility Coordinators within each Regional Office who have direct responsibility for the Community Contract Facilities (CCFs) within a geographic region. The Contract Facility

Coordinators report to the appropriate Regional Director.

Subsection (b):

Policy BCC-ADM 008, Section 2 also stipulates that the Department provide for contract monitoring to ensure that the contract service provider is complying with the PREA Standards with any new contract or contract renewal. The Department completes a PREA Contract Compliance Monitoring Report during the years in which a PREA audit is not completed.

During the pre-onsite audit phase, copies of the PREA Contract Compliance Monitoring Reports were provided to the Auditor for review and showed that they were detailed in regard to explaining any changes made by the facility to ensure compliance with the PREA Standards and/or deficiencies in need of corrective action. The monitoring report is maintained as an attachment (Attachment 2-B) as part of policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 (Prevention and Training). During the pre-onsite audit phase, CCC-Wernersville provided the auditor with sample copies of completed PREA Contract Compliance Monitoring Reports for 2018 that involved the following contracted facilities:

Gaudenzia, Inc.  
GEO Group (Alle-Kiski Pavilion)  
GEO Group (Hoffman Hall)  
Kintock Group, Inc.  
Transitional Living Centers, Inc.

During the pre-onsite audit phase, CCC-Wernersville submitted documentation of the renewal of 14 contracts for the housing and treatment of the Bureau of Community Corrections reentrant population. This was also confirmed through informal discussions with the Statewide PREA coordinator during the onsite audit phase. The renewed contracts took effect on 2/1/19 through 1/31/24. The 14 contract renewals were with the following entities:

Community Education Centers, Inc.  
Firetree, LTD  
Gateway Rehabilitation Center  
Gaudenzia, Inc.  
Keystone Correctional Services, Inc.  
Renewal, Inc.  
Self Help Movement  
The Kintock Group, Inc.  
Tomorrows Hope, LLC  
Transitional Living Centers, Inc.  
Treatment Trends, Inc.  
Catholic Social Services of the Diocese of Scranton, Inc.  
Comcor, Inc.  
180 Degree About Face, Inc.

In addition, Memorandum of Understandings (MOUs) between the Department and counties of Cambria and Chester were reviewed by the auditor. All MOUs contain PREA language

under Section 15 that stipulates that the county must agree to adopt the federal PREA Standards.

Subsection (c):

According to the interview previously completed with the Statewide PREA coordinator, all agency contracts with outside agencies are completed by the PA DOC's legal section. The PA DOC only contracts for confinement for the reentrant population through the Bureau of Community Corrections, and compliance with the PREA Standards is built into the master contract. As such, the PA DOC requires every contract facility to be audited for compliance with the PREA Standards.

Correction Action: The audit team recommends no corrective action.

115.213	<b>Supervision and monitoring</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 2 (Prevention and Training) 15 pages</li> <li>c. Bureau of Community Corrections Staffing Plan 2018 (Region 2 – Scranton CCC)</li> <li>d. Policy 8.3.1, Bureau of Community Corrections Security Procedures Manual, Section 15 (Facility Staffing) 2 pages</li> <li>e. CCC-Wernersville Floor Plan Camera Locations (Building #18 and Building #30)</li> <li>f. CCC-Wernersville Facility Population Reports</li> <li>g. CCC-Wernersville Staffing Plans (2019)</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Facility Directors</li> <li>b. PREA Coordinator (Completed 2/1/19)</li> <li>c. Random Staff Interviews</li> </ol> </li> <li>3. Site Review Observations <ol style="list-style-type: none"> <li>a. Facility Walkthrough</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections Bureau of Community Corrections Policy BCC-ADM 008, PREA Procedures Manual, Section 2 (Prevention and Training) requires the Bureau Director to develop and document a CCC staffing plan in accordance with department policy 8.3.1, Bureau of Community Corrections Security Procedures Manual, Section 15. Under policy 8.3.1, the Bureau Director is required to develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect reentrants against sexual abuse.</p> <p>In calculating adequate staffing levels and determining the need for video monitoring, policy 8.3.1 requires that the Bureau Director take into consideration the following in accordance with the PREA Standards (115.213):</p> <ol style="list-style-type: none"> <li>1. The physical size and layout of the facility;</li> <li>2. Number and type of offenders assigned to the facility;</li> <li>3. Video monitoring capabilities to protect offenders against sexual abuse;</li> <li>4. The prevalence of substantiated and unsubstantiated incidents of sexual abuse and;</li> <li>5. Any other relevant factors</li> </ol> <p>In addition, policy BCC-ADM 008, Section 2 states that the agency PREA coordinator is</p>	

responsible for working with each facility on an annual basis to assess, determine, and document whether adjustments are needed to the staffing plan, deployment of the video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. The PREA coordinator also reviews any documentation for non-compliance with a staffing plan.

During the pre-onsite audit phase, CCC-Wernersville provided a copy of the 2019 staffing plan (dated 1/18/19) that was completed by the Bureau Director. The staffing plan is predicated on a total rated capacity of 230 beds (150 in Building #18, 80 in Building #30) for a population composed of mental health offenders, transitional parolees, state intermediate punishment (SIP) offenders, and parole reentrants. CCC-Wernersville has reported an average daily reentrant population of 203 in the past 12 months. On the day of the onsite audit, a total of 213 reentrants were housed at the facility (149 in Building #18, 64 in Building #30). The staffing plan provides for 93 employees that includes the two facility directors.

CCC-Wernersville also provided the auditor with a floor plan camera listing during the pre-onsite audit phase that provides the locations of 160 cameras that cover the two buildings of the facility. The auditor was able to review the camera placements during the onsite audit review and verified that video surveillance coverage of the facility is excellent.

Auditor interviews with the facility directors and PREA coordinator (completed 2/1/19) confirmed that the facility directors have the authority to provide input by documenting any concerns and/or suggestions they may have and submitting them to the PREA coordinator or Bureau Major. According to the auditor's interview with the facility directors, any reduction in staffing realized by the facility is augmented through the use of voluntary or mandatory overtime in order to comply with the approved staffing plan. This was also supported through a review of a sample of overtime logs for all 3 shifts during calendar years 2018 and 2019 and through random staff interviews during the onsite audit phase.

Subsection (b):

Policy 8.3.1 Security Procedures Manual, Section 15 (Facility Staffing) requires that the Bureau Director document circumstances and justifications for any deviation from the staffing plan. In the past 12 months, CCC-Wernersville reported that there have been no deviations from the staffing plan. According to the auditor's interviews with the facility directors, the staffing plan is fulfilled through either voluntary or mandatory overtime. This was verified through a review of a sample of overtime logs for all 3 shifts during calendar years 2018 and 2019 and through random staff interviews during the onsite audit phase.

Subsection (c):

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

The statewide PREA coordinator is also required to review any documentation for non-compliance with the staffing plan. During the onsite audit phase, CCC-Wernersville's facility directors indicated that the PREA coordinator reviews the needs of the facility on an annual basis. During an interview with the PREA coordinator in February, 2019, he confirmed participation in the review of each CCC facility's staffing plan.

Corrective Action: The audit team recommends no corrective action.

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

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.

During the pre-onsite audit phase, CCC-Wernersville stated that they do not conduct cross-gender pat-down searches of female reentrants as the facility only houses male reentrants. This was confirmed by the auditor during the onsite audit phase.

Subsection (c):

Policy 8.3.1 Security Procedures Manual, Section 30 (Searches) stipulates that Community Corrections staff shall not conduct a cross-gender strip search of any offender. During the pre-onsite audit phase, CCC-Wernersville stated that they do not conduct cross-gender strip searches of female reentrants as the facility only houses male reentrants. This was also verified during the onsite audit phase.

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

Subsection (d):

Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Prevention and Training) mandates that reentrants be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine dorm room checks or security rounds. This limitation not only applies to in-person viewing, but also all forms of remote viewing as well (e.g., video surveillance).

During the onsite audit phase, the walkthrough of the reentrant housing areas located on the second floor showed that reentrants had a great degree of privacy available to them. Privacy was also available in the shower and bathroom areas. Interviews conducted with 10 random reentrants and 11 targeted reentrants also confirmed that staff does not view them shower, perform bodily functions, or change clothes except during routine cell checks. Policy BCC-ADM 008 also requires that staff of the opposite gender announce their presence prior to entering a bathroom area, shower area, or authorized changing area.

Policy also requires that staff of the opposite gender verbally announce their presence when entering onto the housing units. In particular, policy BCC-ADM 008 states that when the status quo of the gender-supervision on the housing unit changes from exclusively same gender, to mixed-gender or cross-gender supervision, staff are required to verbally announce the

presence of opposite gender person(s) on the housing unit. The announcement is required for staff (security and non-security), volunteers, visitors, and contractors.

During the onsite audit phase, the auditor did observe that female staff made the cross-gender announcement when entering into the inmate housing units. All of the reentrants interviewed indicated that female staff always announces their presence when entering the housing units. This was also verified during the interviews with 13 random staff at CCC-Wernersville.

Subsection (e):

Policy 8.3.1 Security Procedures Manual, Section 30 (Searches) prohibits community corrections staff from conducting a search or physical examination for the sole purpose of determining any reentrants genital status. If the reentrant's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

During the pre-onsite audit phase, CCC-Wernersville reported zero such searches occurring in the past 12 months. The facility also reported that no transgender reentrants were currently being housed at CCC-Wernersville during the onsite audit phase. As such, no transgender reentrants could be interviewed. Interviews with 13 random staff did confirm that they are prohibited by policy from searching a transgender or intersex reentrant for the sole purpose of determining the inmate's genital status.

Subsection (f):

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

A PowerPoint presentation was also provided as validation of the training materials, as were staff in-service training rosters for the course titled "Offender Searches." A review of CCC-Wernersville's in-service records for 2018 confirmed that all staff in work status had been trained. The auditor reviewed the training curriculum "Offender Searches" that was developed by the Department's Training Academy during the pre-onsite audit and found it to be appropriate and consistent with national standards for conducting searches. The random interviews with staff (13) indicated that they were all trained in the "Offender Searches" curriculum.

Corrective Action: The audit team recommends no corrective action.

**115.216 Residents with disabilities and residents who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)
- b. Policy BCC-ADM 008 Section 2, PREA Procedures Manual, (Prevention and Training) 15 pages
- c. Policy BCC-ADM 005, Community Corrections Resident Legal Procedures Manual, Section 1 (Reasonable Accommodations)
- d. PROPIO LS LLC Contract with Department of Corrections
- e. Department’s Foreign Language Employee Directory

2. Interviews:

- a. Facility Directors
- b. Agency Head-Designee (Interview of 10/26/18)
- c. Reentrants with a Cognitive Disability (7)
- d. Reentrants with a Physical Disability (2)
- e. Reentrants who are LEP (1)
- f. Random Staff

3. Site Review Observations:

- a. PREA signage throughout the facility (English and Spanish)

Findings (By Provision):

Subsection (a):

Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual Section 2 (Prevention and Training) provides for the access to information for Special Populations. Policy BCC-ADM 005 Section 1 (Reasonable Accommodations) also outlines the Bureau of Community Corrections’ approach to providing services to reentrants with disabilities. In effect, these policies maintain that a reentrant will not be denied services solely for reason of their disability. During the onsite audit phase, interviews were conducted with one (7) reentrants with a cognitive disability, two (2) with a physical disability, and one (1) who was LEP. Each indicated that they are provided with access to facility services and are provided with material on their rights to be free from sexual abuse and sexual harassment, as well as information on how to report sexual abuse and sexual harassment that is easy to understand.

BCC-ADM 005 provides that the agency will ensure that reentrants with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Written materials are required to either be delivered in alternative formats that accommodate a reentrant’s disability or the information be delivered through alternative methods, such as reading it to the

reentrant or communicating through an interpreter, which ensures the understanding of the PREA-related material.

Although the current audit of CCC-Wernersville did not include an interview with the Department's agency head (previously completed during earlier audit 10/26/18), the Secretary's designee indicated that the Department maintains materials in Spanish and braille. A braille shop is operational at the agency's female prison. The state also maintains a contract for a sign language interpreter (PROPIO LS LLC) and a TTY system available for deaf and hard of hearing reentrants and translators for PREA related matters. The auditor confirmed that the Department of Corrections maintains a TTY system and also has developed a list of all staff throughout the agency who speaks a language other than English who can be utilized for interpreter services.

Subsection (b):

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

During the pre-onsite audit phase, CCC-Wernersville provided a copy of the Department's current contract with the translation service, as well as step-by-step instructions for staff on how to utilize the service. During the onsite audit phase, the auditor was able to successfully test the PROPIO LS LLC translation service to ensure that it was operational.

During the onsite audit phase, CCC-Wernersville's two facility directors reported that they have not had a need to utilize the interpreter service in the past 12 months. One reentrant with limited English proficiency was interviewed by the auditor during the onsite audit phase through the use of a staff interpreter. The auditor was able to successfully utilize and test the contracted translation service, PROPIO LS LLC during the onsite audit phase.

Subsection (c):

Bureau of Community Corrections policy BCC-ADM 005 (Reasonable Accommodations) also requires that facilities not rely on reentrant interpreters, reentrant readers, or other types of reentrant assistants except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the reentrant's safety, the performance of first response duties or the investigation of the reentrant's allegations. Justification for any use of a reentrant interpreter must be documented.

Although the agency head (designee) was not interviewed during the audit of CCC-Wernersville, notes from an earlier interview indicated that the Department of Corrections has a contract with a sign language interpreter, as well as access to PREA resources in braille to ensure equal opportunity and participation for inmates with disabilities to prevent, detect, and respond to sexual abuse and sexual harassment. Seven (7) reentrants with a cognitive

disability were interviewed during the onsite audit phase, and indicated that they had no problems reading the PREA information (e.g., handouts, video, and posters) made available at the facility and knew how to access interpretation services via staff. The reentrants were also able to clearly articulate how they could report sexual abuse or sexual harassment and were aware of their rights pursuant to the Prison Rape Elimination Act.

The auditor's interview with CCC-Wernersville's facility directors verified the information provided during the pre-onsite audit phase that there have not been any instances in the past 12 months where reentrant interpreters, readers, or other types of reentrant assistants have been used. CCC-Wernersville provided a directory of DOC staff who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. If necessary, the agency maintains a contract with PROPIO LS LLC for their language translation needs if no qualified staff or contractor is available. Interviews with 13 random staff confirmed that they were not aware of any instance where a reentrant interpreter was used to report an allegation of sexual abuse or sexual harassment.

During the walkthrough of CCC-Wernersville, the auditor observed PREA posters displayed throughout the facility (Building #18 and Building #30) in Spanish and English. Information pertaining to the Prison Rape Elimination Act is also provided to inmates in Spanish and English during the intake process. The contracted language line, PROPIO LS LLC, includes over 200 languages for interpreter services.

Corrective Action: The audit team recommends no corrective action.

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 41 (Employment of Job Applicants Having Prior Adverse Contacts with Criminal Justice Agencies)</li> <li>c. Policy 8.3.1 Bureau of Community Corrections Security Procedures Manual, Section 31 (Contractor and Volunteer Services)</li> <li>d. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 3 (Employee Arrests – Felony, Misdemeanor, or Summary Offense)</li> <li>e. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 40 (Conducting Pre-Employment Background Investigations)</li> <li>f. Policy 1.1.4 Centralized Clearances Procedures Manual, Section 4 (Centralized Clearance Check Procedures)</li> <li>g. Policy 1.1.4 Centralized Clearances Procedures Manual, Section 4 (PREA Current/Prior Employer Letter)</li> <li>h. Pennsylvania Department of Corrections Code of Ethics</li> <li>i. Pennsylvania Department of Corrections Application for Employment</li> <li>j. Position Vacancy Interest Form</li> <li>k. Centralized Clearance Check Information Request Form</li> <li>l. Sample of employee background checks and completed applications</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Administrative (Human Resources) Staff</li> <li>b. Facility Directors</li> <li>c. Random Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Sample of Personnel Files</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 41 (Employment of Job Applicants Having Prior Adverse Contacts with Criminal Justice Agencies) maintains that the Department will ensure that any job applicant who has had adverse contact with a criminal justice agency be evaluated as to his/her suitability for employment. Consistent with PREA, the Department shall not hire or promote anyone who:</p> <ol style="list-style-type: none"> <li>a. has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997) to include state facilities for</li> </ol>

persons who are mentally ill, disabled, or retarded or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care;

b. has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and/or

c. has been convicted of any offense under the following (or equivalent out of state offense):

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

Also, consistent with the PREA, the Department considers any incidents of sexual harassment in determining whether to hire or promote anyone. During the pre-onsite audit phase, CCC-Wernersville provided a sample copy of a personnel file background check. During the post-onsite audit phase, the auditor interviewed an administrative (Human Resources) staff member who is responsible for the Department's Community Corrections Centers' human resources, including Wernersville. The auditor was informed that all hiring and background checks are now completed by the agency at the Department's central office. The auditor was able to review three (3) additional personnel records during the onsite audit phase and accompanying forms that document the application process. The interview with human resources confirmed that the forms were a mandatory component of the application process to be hired.

Subsection (b):

Centralized Clearances Procedures Manual Section 4 (Centralized Clearance Check Procedures) requires that consistent with the Prison Rape Elimination Act (PREA), prior to the engagement of any contractors, the contractor and all of the contractor's employees and/or subcontractors that may have contact with inmates will be investigated to ensure that the Department does not enlist the services of any person(s) who has either engaged in sexual abuse in a prison, jail, lockup, community facility, juvenile facility, or other institution, as defined in 42 U.S.C. §1997, and/or has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The Department is required to also consider any incidents of sexual harassment when determining whether to enlist the services of any contractor who may have contact with inmates.

In addition, Department policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 40 (Conducting Pre-Employment Background Investigations) requires the consideration of any incidents of sexual harassment in determining whether to hire or promote, including contractors or volunteers who may have contact with inmates. The PREA Current/Prior Employer Letter (Attachment 40-B, Policy 4.1.1 Section 40-Conducting Pre-Employment Background Investigations) is also used by the agency for potential contractors. The interview with human resources during the post-onsite audit phase confirmed that all applicants for employment, including contractors, are required to sign a consent release for a

criminal background check to be completed.

Policy 8.3.1 Security Procedures Manual, Section 31 (Contractor and Volunteer Clearances) also sets forth that every person who provides recurring on-site services and has individual/group contact with reentrants at a Community Corrections Center, either by volunteering or through contract (medical, food service, religious groups, support groups, etc.) is not permitted reentrant contact until they have submitted to a criminal background check, PREA background check, and has received clearance from the department.

Subsection (c):

Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 40 (Conducting Pre-Employment Background Investigations) stipulates that human resource offices submit a background check request for all prospective new hires and rehires that have been separated for more than 60 days to the Office of Special Investigations and Intelligence (OSII). CCC-Wernersville requires all prospective employees or contractors to disclose any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This was also confirmed during the auditor's interview with human resources during the post-onsite audit phase. Two (2) of the personnel files reviewed during the onsite audit phase were of staff who had been hired in the past 12 months.

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

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

The information provided by CCC-Wernersville during the pre-onsite audit phase included documentation of the agency's background check packet that included the Application for Employment, Centralized Clearance Check Information Request form, PREA Current Prior Employer Letter, and Position Vacancy Interest form. CCC-Wernersville reported 12 individuals hired in the past 12 months who may have contact with inmates who have had a criminal background record check completed, representing 100 percent. This was confirmed during interviews with the facility directors during the onsite audit phase.

Subsection (d):

Centralized Clearances Procedures Manual Section 4 (Centralized Clearance Check Procedures) maintains that prior to the engagement of any contractors, the contractor and all of the contractor's employees and/or subcontractors that may have contact with inmates will

be investigated to ensure that the Department does not enlist the services of any person(s) who has either engaged in sexual abuse in a prison, jail, lockup, community facility, juvenile facility, or other institution, as defined in 42 U.S.C. §1997, and/or has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The Department is required to also consider any incidents of sexual harassment when determining whether to enlist the services of any contractor who may have contact with inmates.

Additionally, policy 1.1.4 provides that, "If a contractor or the contractor's employee or subcontractor indicates on the Centralized Clearance Check Information Request Form (Public) that he/she has worked in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined in 42.U.S.C. §1997, the Requestor shall send a PREA Current/Prior Employer Letter (Attachment 4-A) to that candidate's previous employer, wait two weeks for a response from the employer, document the request for information, and provide that documentation to the facility Security Office." Contract service providers, volunteers, and PA Prison Society Official Visitors may be approved for a period of access up to 24 months. All other recurring visitors may be approved for a maximum of 12 months.

Policy 8.3.1 Security Procedures Manual, Section 31 (Contractor and Volunteer Clearances) also sets forth that every person who provides recurring on-site services and has individual/group contact with reentrants at a Community Corrections Center, either by volunteering or through contract (medical, food service, religious groups, support groups, etc.) is not permitted reentrant contact until they have submitted to a criminal background check, PREA background check, and has received clearance from the department. In the past 12 months, CCC-Wernersville reported two (2) contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with inmates (Linton's Managed Care-Food Service Provider and all medical/mental health providers.

Subsection (e):

Policy 1.1.4 Centralized Clearances Procedures Manual Section 4 (Centralized Clearance Check Procedures) stipulates that the Centralized Clearance Unit (CCU) is responsible for conducting criminal history checks on all contractors every two (2) years. This was verified by human resources and CCC-Wernersville's facility directors during their interviews.

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

The auditor's interview with human resources and CCC-Wernersville's facility directors

confirmed the use of the JNET system that is conducted for employees at all facilities. Notification to the agency via JNET is in “real-time,” thus exceeding the requirement of this subsection of Standard 115.217 of conducting documented background checks for employees at least every five (5) years.

Subsection (f):

Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 38 (Recruitment, Selection, and Placement for Non-Civil Service Positions) contains the agency’s Application for Employment (Attachment 38-A) and Background Investigation Questionnaire (Pages 1-8). Both contain questions about an applicant’s previous misconduct as described in paragraph (a) of this section. Additionally, policy 4.1.1 Section 3 (Employee Arrests - Felony, Misdemeanor, or Summary Offenses) maintains that the employee is responsible for reporting any negative contact with law enforcement to his/her supervisor, security, or designee. Further, the employee is required to report such contact as soon as possible or no later than his/her next scheduled work day. This was verified during the onsite audit phase through interviews with 13 random staff.

The Employee Code of Ethics handbook also requires the applicant to disclose any previous misconduct. During the Auditor’s interview with human resources it was explained that the application process for staff and contractors is the same. All staff is required to sign a consent release, provide any criminal history, and affirm that the information being provided is accurate and complete. The information is included in the Department of Corrections employee application packet which was reviewed during both the pre-onsite audit and onsite audit phases. Random interviews with staff (13) confirmed that employees are required to notify their supervisor of any negative contact with law enforcement.

Subsection (g):

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

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

falsification, omission or concealment of material fact and are grounds for non-employment or termination.

Subsection (h):

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

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

Corrective Action: The audit team recommends no corrective action.

115.218	<b>Upgrades to facilities and technology</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC 8.3.1 Security Procedures Manual, Section 42 (CCTV Monitoring and Recording Systems)</li> <li>c. Policy BCC 8.3.1 Security Procedures Manual, Section 6 (Maintenance, Repair, and Construction)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Facility Directors</li> <li>b. Random Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Facility walkthrough</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-8.3.1 Security Procedures Manual Section, 42 (CCTV Monitoring and Recording Systems) requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the ability to protect residents from sexual abuse. Similarly, policy 8.3.1, Section 6 (Maintenance, Repair and, Construction) maintains that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect offenders from sexual abuse.</p> <p>During the pre-onsite audit phase, CCC-Wernersville reported that the facility has not made a substantial expansion or modification since their last PREA audit in October, 2015. During the onsite audit phase, the auditor did not observe any new structures to the physical plant in comparison to the schematic designs provided by the facility. Interviews with the facility directors and random staff confirmed that CCC-Wernersville has not acquired a new facility or made any substantial expansion or modification since the last PREA audit of October, 2015.</p> <p>Subsection (b):</p> <p>BCC policy 8.3.1 Security Procedures Manual Section, 42 (CCTV Monitoring and Recording Systems) requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the ability to protect residents from sexual abuse. During the pre-</p>	

onsite audit phase, CCC-Wernersville reported no installations or upgrades have occurred since the last PREA audit of October, 2015.

During the onsite audit phase, the auditor was able to review the camera placements and view the monitors within the facility. Both Building #18 and Building #30 maintain significant camera coverage that the audit team found exceptional. However, it is recommended that the control centers in each building obtain monitoring access to all cameras. Currently, the lieutenant and facility directors have access to all cameras.

Corrective Action: The audit team recommends no corrective action.

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 4- Responding to a Report of Sexual Abuse, 5 pages</li> <li>c. Policy BCC-ADM 008, PREA Procedures Manual, Section 4 - Responding to a Report of Sexual Abuse (Attachment 4-D)</li> <li>d. Policy BCC-ADM 008, PREA Procedures Manual, Section 4 – Responding to a Report of Sexual Abuse (Attachment 4-E) English and Spanish</li> <li>e. Policy 8.3.1, BCC Security Procedures Manual, Section 24 – BCC Evidence Control</li> <li>f. Memorandum of Understanding (MOU) between Pennsylvania State Police (PSP) and Pennsylvania Department of Corrections</li> <li>g. Administrative Investigation File</li> <li>h. Memorandum of Understanding (MOU) with Reading Hospital-Tower Health</li> <li>i. Memorandum of Understanding (MOU) with Safe Berks</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Investigative Staff</li> <li>b. PREA Coordinator (completed 2/1/19)</li> <li>c. Facility Directors/PREA Compliance Manager</li> <li>d. Representative of Reading Hospital-Tower Health</li> <li>e. Representative of Safe Berks</li> <li>f. Random Staff</li> <li>g. Specialized Staff</li> <li>h. Random Reentrants</li> </ol> </li> <li>3. Site Review Observations <ol style="list-style-type: none"> <li>a. PREA Tracking System</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual, Section 4 (Responding to a Report of Sexual Abuse) provides that staff do not conduct interviews, take photographs, or collect statements from anyone unless directed by BCC’s Management Operations Center (MOC). CCC-Wernersville staff does not conduct administrative or criminal investigations pertaining to allegations of sexual abuse or sexual harassment. For administrative investigations, BCC facilities utilize the MOC. In accordance with the MOU with the Pennsylvania State Police, all criminal investigations are completed by the PSP. This was confirmed through interviews with the PREA coordinator (completed 2/1/19), CCC-Wernersville’s facility directors, and an investigator with the MOC</p>

during the onsite audit phase.

During the onsite audit phase, interviews with 13 random staff confirmed that they were not permitted to conduct sexual abuse investigations, but were extremely familiar with their first responder duties and the agency's policy for obtaining usable physical evidence. CCC-Wernersville staff was able to articulate that if they were to receive an allegation of sexual abuse or sexual harassment that they were to notify the facility director(s) and BCC's MOC which is staffed 24/7. It should be noted that the agency's Management Operations Center, though not a component of CCC-Wernersville, is physically located within Building #30 of the facility. The MOC staff would assist in guiding staff in their response to an allegation of sexual abuse; to ensure the victim is in a safe place, to secure the scene, and to contact 911 if any alleged victim requires emergency medical treatment. Staff also indicated that they could call 911 for an immediate or emergency response to the facility.

During the pre-onsite audit phase, CCC-Wernersville reported two (2) allegations of sexual abuse and one (1) allegation of sexual harassment in the past 12 months. The auditor was able to verify the three cases through a review of the agency's PREA Tracking System which was provided by one of the facility directors. This was also verified through an interview with a MOC investigator (Lieutenant) during the onsite audit phase.

The auditor's interview with the MOC investigator determined that they were knowledgeable of the BCC-ADM 008 policy directives and their responsibilities in response to an allegation of sexual abuse. Specifically, MOC staff responsibilities include the following:

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

Subsection (b):

The MOU between CCC-Wernersville and Reading Hospital-Tower Health was reviewed in the PAQ during the pre-onsite audit phase. A representative of the hospital was also interviewed via telephone during the pre-onsite audit phase and verified that a MOU agreement was in place with CCC-Wernersville. A portion of the MOU states, "A reentrant who is the victim of an alleged sexual abuse may be transported to Hospital for a sexual assault forensic examination. Hospital employs and/or has issued credentials to one or more Sexual Assault

Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). The PREA regulations require that sexual assault examinations be conducted by a trained SANE.

The PA DOC policy requires that a victim of an alleged sexual abuse has up to 96 hours to present themselves for an examination. Hospital also agrees that any such examination will be performed by a sexual assault nurse examiner. If SAFEs or SANEs cannot be made available, the examination will be performed by other qualified medical practitioners.” This MOU was updated and signed by both parties on February 6, 2019.

During the pre-onsite audit, CCC-Wernersville confirmed that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. This was also verified by the PREA coordinator interview (completed 2/1/19) who maintained that the agency’s protocol was adapted from or otherwise based on the most recent edition of the DOJ’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

By BCC policy and practice, no youth are housed at CCC-Wernersville. The auditor was able to verify this through facility records, onsite observations, and staff and reentrant interviews.

Subsection (c):

Policy BCC-ADM 008 stipulates that all reentrants that experience sexual abuse have access to a forensic medical examination without financial cost to the victim(s). Additionally, policy states that the facility director/PCM shall coordinate medical services related to sexual abuse for his/her facility and where possible, utilize a hospital that employs Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) to conduct sexual abuse examinations. If applicable, onsite medical staff is prohibited from conducting forensic medical examinations of Department reentrants.

During the onsite audit phase, interviews with the facility directors indicated that they were both familiar with the MOU agreement with Reading Hospital-Tower Health and knowledgeable of their responsibilities if an allegation of sexual abuse was received by a reentrant housed at CCC-Wernersville. During the pre-onsite audit phase, CCC-Wernersville reported that zero forensic medical examinations had occurred in the past 12 months. This was also confirmed by interviews with the representative of Reading Hospital-Tower Health and the two facility directors.

Subsection (d-e):

Policy BCC-ADM 008 stipulates that a victim advocate shall accompany and support the alleged victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. CCC-Wernersville provided a copy of an MOU that the facility maintains with Safe Berks during the pre-onsite audit phase. The auditor also conducted an interview with a representative of Safe Berks during the pre-onsite audit phase who confirmed that Safe Berks provides victim advocacy services to CCC-Wernersville. The representative indicated that CCC-Wernersville

has not requested any services from Safe Berks in the past 12 months. This was also verified during the onsite audit phase through interviews with the facility directors.

Policy BCC-ADM 008 (Attachment 4-E) also informs the reentrant that medical treatment and crisis intervention services will be provided without financial cost to you. The facility shall inform you, prior to giving you access to outside confidential support services, of the extent to which such communication will be monitored. The form allows the reentrant to select the services which they would like to receive, including a medical examination, mental health evaluation, and rape crisis services. This was also verified during the onsite audit phase through interviews with 10 random reentrants.

Subsection (f):

The responsibility for conducting criminal investigations for all BCC facilities is under the jurisdiction of the Pennsylvania State Police. As noted in subsection (a) above, the PA DOC maintains an MOU with the PSP that outlines the scope of responsibilities on behalf of the PSP to comply with the applicable PREA Standards under 115.221 (a-e) when receiving allegations of sexual abuse at a BCC facility.

During the onsite audit phase, interviews conducted with specialized and random staff confirmed that PSP would be contacted for all allegations of sexual abuse via the MOC. The PSP investigator would then provide guidance as to whether a Sexual Assault Nurse Examiner (SANE) is appropriate. Both the PSP and PA DOC utilize a 96 hour guideline for determining whether a SANE examination should be performed.

Subsection (h):

CCC-Wernersville does not utilize staff to conduct sexual assault examinations, collect evidence, or provide advocacy services.

Corrective Action: The audit team recommends no corrective action.

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 5- Investigations and Retaliation Monitoring</li> <li>c. Policy BCC-ADM 008, PREA Procedures Manual, Section 3 – Reporting Sexual Abuse and Sexual Harassment (Attachment 3-C)</li> <li>d. Memorandum of Understanding (MOU) between Pennsylvania State Police (PSP) and Pennsylvania Department of Corrections (February, 2017)</li> <li>e. Amendment Number One to Memorandum of Understanding (MOU) between Pennsylvania State Police (PSP) and Pennsylvania Department of Corrections (August, 2018)</li> <li>f. Administrative Investigation File</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head/Designee (completed 10/26/18)</li> <li>b. Specialized Staff (Investigative Staff)</li> <li>c. Facility Directors/PREA Compliance Manager</li> </ol> </li> <li>3. Site Review Observations <ol style="list-style-type: none"> <li>a. PREA Tracking System</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a-b):</p> <p>Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual, Section 5 (Investigations and Retaliation Monitoring) stipulates that information provided from an initial complaint be entered into the PREA Tracking System which generates an incident number. All sexual abuse and sexual harassment allegations are required to be reported. Per policy, the Bureau Major or designee assigns an administrative investigation for every incident of sexual abuse and/or sexual harassment. Additionally, per policy, incidents appearing criminal in nature are referred for criminal investigation to the PSP.</p> <p>All allegations of sexual abuse and sexual harassment are investigated. For the Bureau of Community Corrections, all PREA allegations are immediately reported to the BCC Management Operations Center (MOC). Immediately upon receiving a report, a trained DOC PREA investigator is assigned and a determination is made on whether to refer the case for criminal investigation. The agency has entered into a MOU with the PSP to investigate PREA allegations appearing criminal in nature, as well as all allegations of sexual abuse by staff. All investigations are tracked and documented through the PREA Tracking System. Ultimately, a final report is submitted to and reviewed by the DOC Secretary. This was confirmed by the agency head/designee during an interview (completed 10/26/18) with a Wisconsin DOC PREA</p>

auditor.

The PA DOC has published its policy, DC-ADM 008, regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation on the agency's public website. The policy and other PREA related information is accessible through various links on the public website.

In the past 12 months, CCC-Wernersville reported that it had received three (3) allegations of sexual abuse (2) and sexual harassment (1). All three resulted in an administrative investigation, and two were referred for criminal investigation. At the time of the onsite audit phase, one sexual abuse allegation remained under investigation. This was confirmed during the auditor's interview with a PREA investigator from the MOC, and a review of the PREA Tracking System. Based upon the auditor's review, CCC-Wernersville appears to have followed all aspects of policy BCC-ADM 008.

Subsection (c):

Policy BCC-ADM 008 maintains that if a PREA allegation is being investigated for criminal charges, the DOC PREA administrative investigation is suspended to allow the criminal investigation to take precedence. The DOC PREA investigator is expected to assist law enforcement to obtain relevant reports and documents, and to determine when to resume the administrative investigation.

The MOU between PSP and DOC (2017 and amended 2018) outline the roles and responsibilities for each agency. Also addressed in the MOU is an agreement that PSP will develop a policy for conducting criminal investigations of sexual abuse allegations as required including, in part,

- a. Perform a criminal investigation when appropriate;
- b. Refer cases to the prosecutorial agency having jurisdiction when such referral is consistent with its policies, procedures and practices;
- c. Cooperate appropriately with the prosecutorial agency;
- d. Provide the DOC's Office of Special Investigations and Intelligence (OSII) with the Criminal Incident Report upon email request by DOC

Corrective Action: The audit team recommends no corrective action.

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008 PREA Procedures Manual, Section 1 (Data Collection)</li> <li>c. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training)</li> <li>d. Policy BCC-ADM 008, PREA Procedures Manual, Section 9 (Working with Transgender/Intersex Reentrants)</li> <li>e. Handout 1 – Sexual Abuse and Sexual Harassment (definitions)</li> <li>f. 2017 PREA Basic Training with Notes Section</li> <li>g. 2017 PREA Basic Training Participant Guide</li> <li>h. 2017 PREA Basic Training Instructor Guide</li> <li>i. Course Lesson Plan Cover Sheet – PREA Basic Training</li> <li>j. Course Lesson Plan</li> <li>k. PREA 2018 Essentials Training Slides</li> <li>l. PREA Specialized 2018 Medical Mental Health Training</li> <li>m. PREA Policy Update 2015 Training</li> <li>n. PREA Policy Update 2017 Training</li> <li>o. Professional Boundaries: Safety, Awareness, and Expectations Basic Training Participant Guide (Developed by Moss Group)</li> <li>p. Professional Boundaries: Safety, Awareness, and Expectations Basic Training Facilitator Guide (Developed by Moss Group)</li> <li>q. Dynamics of Sexual Abuse and Sexual Harassment in Confinement: Males and Females Facility Handouts</li> <li>r. PREA Orientation Receipt for Department and Contract Employees and Volunteers (Attachment 2-F)</li> <li>s. PREA Training Receipt for Department and Contract Employees and Volunteers (Attachment 2-G)</li> <li>t. PREA-Immediate Response Procedure Pocket Card</li> <li>u. PA DOC PREA Video (Contained on Public Website)</li> <li>v. CCC-Wernersville Individual Employee Training Transcripts (2018 PREA Essentials)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Facility Directors/PREA Compliance Manager</li> <li>b. Specialized Staff</li> <li>c. Random Staff</li> </ol> </li> <li>3. Site Review Observations <ol style="list-style-type: none"> <li>a. Numerous PREA posters were observed throughout CCC-Wernersville in staff, reentrant, and public areas informing the reader that the facility has a zero tolerance for sexual abuse and sexual harassment (English and Spanish versions) and how to report these types of incidents.</li> </ol> </li> </ol>

b. During formal and informal interviews, the auditor observed monitoring staff referring to their “pocket” PREA Immediate Response Procedures cards outlining their duties upon witnessing or receiving a report of sexual abuse.

Findings (By Provision):

Subsection (a):

PA DOC has adopted a comprehensive written policy, BCC-ADM 008, Section 2 and has designated one of the facility directors as the PREA Compliance Manager (PCM) who shall ensure that all employees who have contact with reentrants receive training on the agency’s zero tolerance policy against sexual abuse and sexual harassment. Basic and refresher training includes the following:

1. The agency’s zero tolerance policy for sexual abuse and sexual harassment;
2. How staff fulfill their responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Reentrants’ right to be free from sexual abuse and sexual harassment;
4. The right of reentrants and employees to be free from retaliation for reporting sexual abuse or sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement;
6. The common reactions to sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with reentrants;
9. How to communicate effectively and professionally with reentrants, including LGBTI or gender nonconforming reentrants; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Policy BCC-ADM 008, Section 9 requires each facility to ensure staff interacts professionally and respectfully toward transgender and intersex reentrants, specifically prohibiting the misuse of gender pronouns and titles and using unprofessional and derogatory references toward reentrants. This policy is reflected in the PREA basic training required of all staff.

The auditor reviewed the agency’s 2017 PREA Basic Training lesson plan, along with the Participant and Instructor Basic Training Guide which are utilized to educate all new staff that will have contact with reentrants on how to fulfill their responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The training resources state that reentrants have the right to be free from sexual abuse and sexual harassment and the right of reentrants and employees to be free from retaliation for reporting sexual abuse and sexual harassment.

The PA DOC’s training academy also provides all new hires training on “Professional Boundaries: Safety, Awareness, and Expectations Basic Training” prior to working at their respective facility. This training was developed by the Moss Group.

Staff who was interviewed as random and specialized staff reported they received training consistent with each of the ten elements listed above. Staff was able to articulate training

content, had knowledge of the agency's zero tolerance for sexual abuse and sexual harassment policy, that all staff and reentrants have a right to be free from retaliation for reporting sexual abuse and sexual harassment and were extremely familiar with their reporting responsibilities.

Subsection (b):

CCC-Wernersville has adopted a comprehensive written policy BCC-ADM 008, Section 2 which states, in part, that staff shall receive training that shall be tailored to the gender of the reentrants at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female reentrants, or vice versa. The additional training includes: gender specific posts within the facility, facility specific procedures for announcing opposite gender staff, pat search and strip search procedures within the facility, and restrictions and areas within the facility restricted based upon staff gender. The Dynamics of Sexual Abuse in Confinement handout is also available for review which is gender specific.

It was evident to the auditor team based upon the walkthrough of CCC-Wernersville and interviews of staff and reentrants that staff were trained on the topics provided in Subsection (a) of this PREA Standard. Female staff presence is announced whenever they are prepared to enter a male housing unit and do not enter the bathrooms. Additionally, female staff are not involved in pat or strip searches of male reentrants.

Subsection (c):

According to policy BCC-ADM 008 Section 2 (Employee, Contractor, and Volunteer Training), every person who has contact with reentrants shall be trained on his or her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Training occurs as follows:

- a. Orientation: Basic information related to PREA shall be provided by the PCM or Facility Director/designee and documented during facility orientation via the PREA Orientation Receipt for Department and Contract Employees and Volunteers. Individuals shall also be informed of their immediate responsibility for reporting and responding of sexual abuse and sexual harassment allegations/incidents.
- b. Basic Training: Initial training shall be provided within three months of hire or execution of contract.
- c. Refresher Training: Refresher training shall be provided every two years and include current sexual abuse and sexual harassment policies and procedures. In alternate years refresher information shall be provided on the current sexual abuse and sexual harassment policies.

During the pre-onsite audit phase, CCC-Wernersville provided information on the agency's PREA Essentials training. PREA Essentials is a web-based training and is required of staff during even number years. The agency utilizes an internet web-based training management system, Learning Solutions (LSO) that tracks staff training and creates an employee training record. This software has the ability to run reports and therefore can track who, when and which employee has completed training or has training past due.

PREA Policy Updates training is also web based and required on odd number years. The screen shot of the web based training menu confirms that in 2016 and 2018, PREA Essentials training was offered to staff working in a correctional facility, and in 2015 and 2017 PREA Policy Update was mandatory for all DOC employees.

The training slides for PREA 2018 Essentials was submitted and reviewed during the pre-onsite audit phase. The training consists of the Department's zero-tolerance policy, retaliation, sexual orientation and identity, relationships, communication, detecting, reporting and responding to sexual abuse and sexual harassment. The training slides for PREA DC-ADM 008 Policy Update 2015 and 2017 was also submitted for review. This training covered topics such as data collection and retention, sexual abuse and sexual harassment prevention and training, reporting and responding to sexual abuse, investigating allegations, discipline, inmate notification, and working with transgender and intersex inmates. During the onsite audit phase, the auditor was able to confirm through 13 random staff interviews that staff has their initial training at the PA DOC's training academy and also completes onsite training at the facility prior to having one on one contact with reentrants.

Staff is provided a PREA - Immediate Response Procedure education information pocket card to enhance staff's prompt response to a sexual abuse allegation. The auditor was able to view these PREA pocket resources card during the onsite audit phase when interacting with numerous staff, as well as during the 13 random staff interviews if they referenced the card during some of the questions. However, a majority of the monitoring staff were able to answer interview questions without the use of the card.

Subsection (d):

Upon completion of PREA orientation, staff is required to complete and sign the PREA Orientation Receipt for Department and Contract Employees and Volunteers. This is a two page form introducing PREA standards, zero tolerance policy, defining sexual abuse and sexual harassment prohibitions and reporting. Staff acknowledge receiving the training and understanding the zero tolerance policy, how to report sexual abuse and sexual harassment and the methods to report.

Upon completion of annual PREA Training, staff is required to complete and sign the PREA Training Receipt for Department and Contract Employees and Volunteers. By signing this form, staff acknowledges receiving and understanding the training including the zero tolerance policy and the obligation to report all forms of sexual abuse and sexual harassment. Training records are tracked and maintained in the LSO online system and is a centralized BCC function.

During the pre-onsite audit phase, CCC-Wernersville provided training records showing that all staff completed the 2018 PREA Essentials training. During the onsite audit phase, the auditor was able to review a historical sample of staff training records that included all PREA trainings that have been completed since their hire date. A review of the training records confirmed that staff is receiving PREA training in accordance with BCC policy and this PREA Standard. In particular, this practice is consistent with BCC-ADM Section 1 and Section 2 which address the acknowledgement of training and the maintenance of training records.

Correction Action: The audit team recommends no corrective action.

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training)</li> <li>c. Policy BCC-ADM 008 PREA Procedures Manual, Section 1 (Data Collection)</li> <li>d. Policy BCC-ADM 008 PREA Procedures Manual, Section 11 (Non-Residential Contract Services)</li> <li>e. PREA Orientation Receipt for Department and Contract Employees and Volunteers (Attachment 2-F)</li> <li>f. PREA Training Receipt for Department and Contract Employees and Volunteers (Attachment 2-G)</li> <li>g. PREA Information and Reporting Requirements for Non-Residential Contract Service Providers</li> </ul> <p>2. Interviews:</p> <ul style="list-style-type: none"> <li>a. Facility Directors/PREA Compliance Manager</li> <li>b. Specialized Staff</li> <li>c. Random Staff</li> </ul> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>PA DOC has adopted a comprehensive written policy, BCC-ADM 008, Section 2 and has designated one of the facility directors as the PREA Compliance Manager (PCM), who shall ensure that all volunteers and contractors who have contact with reentrants receive training on their responsibilities under the agency's zero tolerance policy against sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Following policy, contractors and volunteers are specifically trained as to the zero tolerance policy towards sexual abuse and sexual harassment as well as prohibitions and reporting requirements.</p> <p>Subsection (b):</p> <p>Policy BCC-ADM 008, Section 2 stipulates that during a contractor/volunteer orientation session they shall receive training on the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report incidents or suspicions of sexual abuse/sexual harassment. The training curriculum was reviewed by the auditor and was able to confirm all of the elements of the PREA Standard were present within the training materials.</p> <p>For contractors and volunteers who have contact with reentrants, they shall have the same training staff members receive during annual training and refresher training during the</p>

opposite year. During the pre-onsite audit phase, CCC-Wernersville reported 72 volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. This was verified during the auditor's interview with the facility directors/PCM, as well as with random staff.

Subsection (c):

Upon completing PREA training, a contractor or volunteer is required to complete and sign the PREA Training Receipt for Department and Contract Employees and Volunteers acknowledging participation in and an understanding of the PREA training. Additionally, individual contractors and volunteers complete and sign the PREA Information and Reporting Requirement for Non-Residential Contract Service Providers or the PREA Orientation Receipt for Department and Contract Employees and Volunteers, as applicable. Signing these documents indicate the signer has received the PREA information and understands how to report any incident of sexual abuse or sexual harassment. The BCC Regional Office maintains the signed acknowledgements for contract providers and the forms signed by volunteers are maintained in the Volunteer file at the individual facility.

Correction Action: The audit team recommends no corrective action.

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training)</li> <li>c. Policy BCC-ADM 008, Section 2, PREA Handout Receipt for Reentrants English (Attachment 2-J)</li> <li>d. Policy BCC-ADM 008, Section 2, PREA Handout Receipt for Reentrants Spanish (Attachment 2-K)</li> <li>e. Policy BCC-ADM 008, Section 2, PREA Reentrant Intake Handout English (Attachment 2-H)</li> <li>f. Policy BCC-ADM 008, Section 2, PREA Reentrant Intake Handout Spanish (Attachment 2-I)</li> <li>g. Policy BCC-ADM 008, Section 2, Zero Tolerance Fact Sheet Daily PREA Announcement (Attachment 2-L)</li> <li>h. Policy BCC-ADM 008, Section 2, Sexual Abuse/Sexual Harassment Reentrant Education Program (Attachment 2-M)</li> <li>i. 11.2.1, Reception and Classification Procedures Manual, Section 2 (Diagnostic and Classification Procedures)</li> <li>j. PREA Posters (English and Spanish)</li> <li>k. Just Detention International's DVD: PREA, What You Need to Know</li> <li>l. Reentrant Handbook</li> <li>m. PROPIO Language Services Contract (translation services)</li> <li>n. Policy BCC-ADM 008, Section 2-01 Bulletin (6/18/18)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Facility Directors/PREA Compliance Manager</li> <li>b. Specialized Staff</li> <li>c. Random Staff</li> <li>d. Random Reentrants</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PA DOC PREA Prevention Through Awareness Posters (English and Spanish)</li> <li>b. Reading of Zero Tolerance Fact Sheet Daily PREA Announcement via Public Address System</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a-b):</p> <p>CCC-Wernersville has adopted a comprehensive written policy, BCC-ADM 008, Section 2 that stipulates every reentrant, including transfers and new receptions, receive information regarding the agency's zero tolerance policy towards sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, and the right to</p>

be free from retaliation for reporting such incidents. Additionally, all reentrants receive information regarding policies and procedures for the PA DOC's response to such incidents.

During the pre-onsite audit phase, CCC-Wernersville indicated that they comply with 11.2.1, Reception and Classification Procedures Manual, Section 2 (Diagnostic and Classification Procedures) which states that the Diagnostic and Classification Center (DCC) shall present an orientation program for new inmates which includes sexual abuse/sexual harassment prevention, report and intervention. Each reentrant is also issued an Inmate Handbook and Facility Inmate Handbook Supplement within 48 hours of reception on the DCC housing unit.

All reentrants to CCC-Wernersville receive the PREA Reentrant Intake Handout upon arrival at the facility. The handout includes the Department's zero tolerance policy, definitions of sexual abuse and sexual harassment, a statement on the reentrant's right to be free from sexual abuse and sexual harassment, what to do if you are a victim of sexual abuse, and how to report. Each reentrant also receives the BCC Reentrant Handbook and the Wernersville CCC Handbook. Within one week of arrival, reentrants participate in the Sexual Abuse/Sexual Harassment Reentrant Education Program which includes a video (PREA, What You Need to Know) and discussion with a counselor.

During the past 12 months, CCC-Wernersville reported that 1,352 reentrants were admitted to the facility, with all receiving PREA information. A total of 147 reentrants transferred to CCC-Wernersville from another Community Corrections facility and received PREA information.

Although there were no admissions to observe during the onsite audit phase, a Community Corrections Center Monitor (CCCM) discussed the intake process with the audit team. The CCCM discussed that he would provide the reentrant with the Reentrant Intake Handout and go over the material in detail. The reentrant would be asked if they had any questions and, subsequently sign the PREA Reentrant Handout receipt. Additionally, the reentrant would be provided a copy of the facility's handbook.

Subsection (c):

Policy BCC-ADM 008, Section 2 requires the facility director or designee to ensure the reentrant orientation and education is provided in formats accessible to all reentrants, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and well as reentrants who have limited reading skills. Written materials including the Reentrant Handbook, PREA Intake Handout, and PREA posters are available in both English and Spanish. The PREA video (PREA, What You Need to Know) is also in English and Spanish, with subtitles for reentrants who are hearing impaired.

CCC-Wernersville also utilizes the translation services of PROPIO LLC, as well as a listing of PA DOC staff that are bilingual for languages other than English and Spanish. Braille is also available, and the audio portion of the video and dialogue with staff facilitators is provided for those that are visually impaired. Staff facilitates the education video and is available to discuss the material for those who are limited in their reading abilities or have difficulty understanding the material.

Subsection (d):

According to policy BCC-ADM 008, Section 2, each reentrant, transfers and new receptions receive a copy of the PREA Handout in English or Spanish immediately upon their arrival at CCC-Wernersville. The reentrant then signs the PREA Handout Receipt for Reentrants. Each reentrant also signs the PREA Education Program Receipt for Reentrants upon completion of the class.

During the pre-onsite audit phase, the auditor reviewed four (4) signed and dated PREA Handout Receipt for Reentrants forms. During the onsite audit phase, the auditor conducted a random review of the same form for 10 reentrants with staff and found all had received information on the agency's zero tolerance policy regarding sexual abuse and sexual harassment, their right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Interviews with 10 random and 11 targeted reentrants during the onsite audit phase consistently indicated that each had received the information as noted above and were able to articulate how they could report incidents if needed.

Subsection (e):

Policy BCC-ADM 008, Section 2 states that reentrant education is to be provided by a trained counselor within 14 days of reception using the Sexual Abuse/Sexual Harassment Reentrant Education Program. The program consists of the Just Detention International video (PREA, What You Need to Know) and curriculum facilitated by a corrections counselor. In addition, three (3) times per day at every CCC, an announcement is made over the public address system utilizing the Zero Tolerance Fact Sheet. Reentrants are also provided written materials such as the Inmate Handbook and the PREA Reentrant Intake Handout to reference as needed. PREA posters (English and Spanish) are also displayed throughout the facility.

During the onsite audit phase, interviews with the facility directors and informal discussions with a corrections counselor and intake staff indicated that the Reentrant Education Program typically occurs either the same or next business day of a reentrant's arrival to CCC-Wernersville. Interviews with 13 random staff consistently reported that all reentrants at the time of intake are educated on the agency's zero tolerance policy, their right to be free from sexual abuse and sexual harassment and be free from retaliation for reporting.

During the onsite audit phase, reentrants interviewed consistently reported having received PREA education upon their arrival to CCC-Wernersville. Each reported being told either during orientation or through the daily PREA announcement of their rights not to be sexually abused or sexually harassed, or punished for reporting sexual abuse or sexual harassment.

Correction Action: The audit team recommends no corrective action.

115.234	<b>Specialized training: Investigations</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1276 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="252 414 1468 963" style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training)</li> <li>c. Policy BCC-ADM 008 PREA Procedures Manual, Section 05 (Investigations and Retaliation Monitoring)</li> <li>d. National PREA Resource Center’s Investigators Training: Modules 1-5</li> <li>e. PREA Grant Project: Sexual Assault Investigator Training: 7 Modules; 2017</li> <li>f. Employee Training Transcripts (23 PREA Investigators)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Facility Directors/PREA Compliance Manager</li> <li>b. PREA Investigator</li> </ol> </li> </ol> <p data-bbox="252 1008 566 1041">Findings (By Provision):</p> <p data-bbox="252 1097 478 1131">Subsection (a-b):</p> <p data-bbox="252 1187 1484 1556">CCC-Wernersville has adopted a comprehensive written policy, BCC-ADM 008, which states that any staff designated to conduct sexual abuse investigations shall receive training to include but not limited to; interviewing sexual abuse victims, proper use of Miranda warnings, the Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative actions or prosecutorial referral. PA DOC investigators are trained using a seven module curriculum. A review of the lessons and slides submitted during the pre-onsite audit phase confirmed that the training consisted of interviewing sexual abuse victims and suspected perpetrators, the use of Miranda and Garrity warnings, sexual abuse evidence collections, and prosecutorial collaboration.</p> <p data-bbox="252 1612 1484 1892">In 2017, the PA DOC adopted its comprehensive special investigations training program that was developed by the Massachusetts Department of Corrections by means of a technical assistance National PREA Resource grant. This seven part training curriculum provides education and instruction to those staff assigned to investigate sexual abuse allegations in a confinement setting. The lesson plan and training curriculum are utilized to provide education and instruction to those staff assigned to investigate sexual abuse allegations in a confinement setting.</p> <p data-bbox="252 1948 1484 2150">PREA investigations are coordinated through the Bureau of Community Corrections’ Management Operation Center (MOC). Although not a component of CCC-Wernersville, the MOC is physically located within Building #30 at the facility. During the onsite audit phase, an interview was conducted with the lead investigator for the Bureau of Community Corrections who was onsite at CCC-Wernersville. The investigator confirmed that in addition to the PREA</p>

training required of all staff, as PREA investigators they also completed specialized investigator training. This training consisted of techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative or prosecution referral.

Subsection (c):

During the pre-onsite audit phase, CCC-Wernersville provided the training records in the PAQ for all 23 BCC PREA investigators. All investigators responsible for conducting investigations of sexual abuse or sexual harassment in a confinement setting completed specialized investigations training in 2017 according to their training records. Upon completion of any PREA training, staff is required to sign the PREA Training Receipt for Department and Contract Employees and Volunteers. The employee is required to check the specific training completed. One such training is the investigator training. Training is provided through the Training Academy and tracked through Central Office.

Correction Action: The audit team recommends no corrective action.

115.235	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training)</li> <li>c. PREA Specialized Training, Medical and Mental Health Care Standards Facilitator Guide, September, 2017</li> <li>d. Handout 1 – Sexual Abuse and Sexual Harassment</li> <li>e. PREA SAFE/SANE Letter of Agreement between Reading Hospital-Tower Health and CCC-Wernersville (2/6/19)</li> <li>f. PREA Training and Understanding Verification Form (Attachment 2-F)</li> <li>g. Building 18 Reentrant Handbook (Revised 6/18)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Facility Directors/PREA Compliance Manager</li> <li>b. Representative from Reading Hospital-Tower Health (SAFE/SANE)</li> <li>c. Specialized Staff</li> <li>d. Random Reentrants</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Medical/Mental Health Office Area</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>CCC-Wernersville has adopted a comprehensive written policy, BCC-ADM 008, Section 2 that states all full and part-time medical and mental health care practitioners who work regularly in the facilities will be trained in, or provide proof that they have been trained, prior to starting to provide service to the facility; how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility reported during the pre-onsite audit phase that there are two (2) medical and mental health practitioners who work regularly at the facility and have received the training required by agency policy. This represents 100 percent of medical and mental health receiving the specialized training required by agency policy.</p> <p>During the onsite audit phase, the auditor was able to confirm this during the facility walkthrough. An interview was also conducted with the Registered Nurse who was on duty at the time of the audit. According to the RN, she initially received classroom training and then through the online training system.</p>

The PA DOC developed the specialized classroom training for medical and mental health practitioners. The training, PREA Specialized Training Medical and Mental Health Care Standards, maintains performance objectives that include: how to detect and assess signs of sexual abuse and sexual harassment; how and to whom to report allegations or suspicions of sexual abuse and sexual harassment; how to respond effectively and professionally to victims of sexual abuse and sexual harassment and; how to preserve physical evidence of sexual abuse.

Reentrants assigned to Building #18 are responsible for their own health care. This was confirmed during the auditor's interview with the facility directors/PCM and a review of the Building 18 Reentrant Handbook. During the onsite audit phase, interviews with random reentrants residing in Building #18 also confirmed that they receive their health care in the community once they are transferred from Building #30. Agency policy stipulates that every reentrant who has an employer paid health insurance, a publicly funded health plan, or who uses the community public clinics may obtain medical care from any source he/she chooses.

Subsection (b):

CCC-Wernersville facility personnel do not conduct forensic examinations. The facility maintains a letter of agreement with Reading Hospital-Tower Health to provide these services as necessary. CCC-Wernersville provided a copy of the letter of agreement in the PAQ that was reviewed by the auditor. This was also confirmed through a telephone interview with a representative of Reading Hospital during the pre-onsite audit phase and by the facility directors/PCM during the onsite audit phase.

Subsection (c):

During the pre-onsite audit phase, CCC-Wernersville provided documentation in the PAQ of medical and mental health staff that has completed specialized training. All staff is required to sign the PREA Training and Understanding Verification Form upon completion of the PREA Specialized Training Medical and Mental Health Care Standards. This was confirmed during the auditor's interview with the RN during the onsite audit phase.

Subsection (d):

Policy BCC-ADM 008, Section 2 states that all full and part-time medical and mental health care practitioners who work regularly in the facilities will be trained in, or provide proof that they have been trained, prior to starting to provide service to the facility; how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. In addition, the policy requires each individual who receives any type of training (basic, ongoing, or specialized) complete and sign the PREA Training Receipt for Department and Contract Employees and Volunteers. During the onsite audit phase, the auditor interviewed an RN who indicated that she has also had to complete all PREA training mandated for contracted staff who have contact with reentrants (§115.232).

Interviews with the facility directors/PCM also confirmed that all employees who have contact

with inmates (§115.31) and training for those contracted staff who have contact with inmates (§115.32). During the onsite audit phase, the auditor was able to review and confirm the training records for medical and mental health practitioners which reflect that they have received the appropriate PREA training per the requirements of the standards.

Correction Action: The audit team recommends no corrective action.

**115.241 Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)
- b. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 2 - Prevention and Training
- c. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 2 – Prevention and Training (Attachment 2-C): PA DOC PREA Risk Assessment Tool (PRAT), English and Spanish
- d. PRAT Tracking Form
- e. PRAT Training PowerPoint Presentation (May, 2018)

2. Interviews:

- a. PREA Coordinator (completed 2/1/19)
- b. Facility Directors/PREA Compliance Managers (PCMs)
- c. Specialized Staff
- d. Random Staff
- e. Targeted Reentrants
- f. Random Reentrants

3. Site Review Observations:

- a. PRAT records maintained in the agency’s WebTAS system

Findings (By Provision):

Subsection (a-b):

Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 2–Prevention and Training requires every reentrant to be assessed for risk of being sexually abused by other reentrants or sexually abusive toward other reentrants within 72 hours of initial reception to the facility, including transfers from other facilities. PA DOC utilizes the PREA Risk Assessment Tool (PRAT) utilizing the automated WebTAS (reentrant information software) system. During the pre-onsite audit phase, CCC-Wernersville provided samples of the PRAT tracking form and reported that 1,352 of 1,352 (100%) reentrants were screened utilizing the PRAT within the past 12 months for those who stayed longer than 72 hours.

The PRAT tracking form includes the reentrants reception date, name, deadline date for initial PRAT, completion date, and when the follow-up PRAT is due to be completed at 20-30 days from reception. The form also describes a high risk indicator for reentrant abuser or victim, and LGBTI status.

During the onsite audit phase, one of the facility directors/PCM was able to show and explain the WebTAS system to the auditor, and provide monthly random samples of the PRAT tracking forms for both Building #18 and Building #30 for 2018 and 2019. Based upon

interviews with specialized staff, facility directors, site observations, and records reviewed within the WebTAS system, all reentrants are screened during the intake process for their risk of being sexually abused by other reentrants or sexually abusive toward other reentrants within 72 hours of arrival to the facility.

Upon intake, counselors in Building #30 are responsible for completing the PRAT within 72 hours of admission. However, depending on the time of admission, the PRAT is completed either the same or following business day after admission to CCC-Wernersville. Interviews with 10 random reentrants and 11 targeted reentrants during the onsite audit phase verified that answering the questions found on the PRAT. All reentrants confirmed that they were asked questions by a counselor regarding sexual abuse, identification as gay, lesbian, or bisexual, and if the reentrant thought they were in danger of sexual abuse while at CCC-Wernersville. A vast majority of the reentrants interviewed recalled being asked the PRAT questions either on the same day of intake or day after arriving at CCC-Wernersville. All indicated that the questions were asked within the 72 hour timeframe.

Subsection (c):

Policy BCC-ADM 008 requires the use of an objective screening tool to assess for risk of victimization. Per policy, PREA risk assessments are conducted through the agency's PREA Risk Assessment Tool (PRAT). In May, 2018 and in consultation with the National PREA Resource Center, the PA DOC revised the PRAT to address compound structure of questions in order to provide clarity to the question and update terminology to more accurately capture sexual orientation, gender identity and gender expression. All agency staff responsible for conducting the PRAT, PRA Compliance Managers, nurses, and psychology staff completed PRAT training on the revised tool that reflected the changes, as well as the purpose of the PRAT, administration of the tool, and how to utilize the results.

The PRAT (both English and Spanish versions) was reviewed by the auditor during both the pre-onsite audit and onsite audit phase and the revisions appear to better reflect an objective instrument. The PRAT is composed of 22 questions with a numeric score for potential victim and potential abuser. The questions ask the following:

1. Have you ever been convicted of a crime of violence?
2. Did your current offense involve personal violence?
3. Is this the first time you have ever been incarcerated?
4. What is your age today?
5. Which of the following best describes your sexual orientation?
6. Are you intersex? (definition provided)
7. What is your gender expression?
8. What is your gender identity?
9. Have you ever been sexually victimized before this incarceration?
10. Have you ever sexually victimized someone before this incarceration?
11. Have you ever been sexually victimized while incarcerated?
12. Have you ever sexually victimized anyone while incarcerated?
13. Did any of your offenses involve sexually victimizing a child victim?
14. Did any of your offenses involve sexually victimizing an adult victim?
15. Do you have a physical disability?

16. Do you have a diagnosed mental disability?
17. Do you know if you have a developmental disability?
18. If the IQ score is unavailable, does the inmate appear to have a developmental disability?
19. Do you feel vulnerable while incarcerated?
20. Describe the physical build of the inmate.
21. Describe the presentation of the inmate.
22. Is the inmate detained solely for civil immigration purposes?

Subsection (d):

Policy BCC-ADM requires the PRAT screening to consider a minimum of ten (10) criteria when assessing reentrants for risk of sexual victimization. The criteria provided in the policy mirrors those set forth in the PREA Standards. Additionally, these criteria are addressed in the PRAT. The criteria include the following:

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

Subsection (e):

The PRAT considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. In particular, PRAT questions 1, 2, 10, 12, 13, and 14 address prior acts of physical and sexual violence towards adults and children. During the onsite audit phase, the auditor's interview with specialized staff (counselor) verified the topics and content of the PRAT and expressed satisfaction with the 2018 revisions to the form.

Subsection (f-g):

Policy BCC-ADM 008 maintains that reentrants are to be reassessed for risk of being sexually abused by other reentrants or sexually abusive toward other reentrants between 20-30 days after initial reception, within five working days following an incident or allegation of sexual abuse or sexual harassment, or when warranted due to referral, request, or receipt of information that influences the reentrant's risk of sexual victimization or abusiveness. A review of the PRAT tracking forms provided during the onsite audit phase, reassessments at CCC-Wernersville are being completed within 20-30 days of initial reception.

Interviews with the counselor and facility directors also verified that reentrants are reassessed within 30 days of admission to the facility. The PRAT tracking sheets randomly selected by month for 2018 and 2019 also confirmed that reentrants are being reassessed within 30 days

of admission.

Subsection (h):

Policy BCC-ADM 008 prohibits reentrants from being disciplined for refusing to answer or for not disclosing complete information in response to questions during the PRAT administration. A review of the 2018 staff training and PowerPoint presentation on the revised PRAT which took effect 6/18/18, the prohibition of disciplining reentrants or inmates appears to have been emphasized. More specifically, prior to asking reentrants any question on the PRAT, staff is to read a paragraph emphasizing the importance of the PRAT, confidentiality and, "you may share as much or as little information as you feel comfortable providing...You will not be penalized in any way if you choose not to provide any information." The practice of not disciplining reentrants was confirmed by the facility directors during the onsite audit phase.

Subsection (i):

Policy BCC-ADM 008 stipulates that the information generated from the PRAT, including scores, shall only be made available to designated staff and never be shared with other reentrants. This requirement is supported by the PRAT training PowerPoint from May, 2018. Staff is trained not to discuss PRAT information with anyone, including the reentrant, except to the extent necessary to make a report of sexual abuse and inform housing, bed, work, and programming assignments. All PRAT assessments are conducted and scores housed in the WebTAS system where only designated staff can review.

Interviews with the counselor, facility directors, and PREA coordinator (completed 2/1/19) confirmed that PRAT scores are not available to staff or reentrants. Once a PRAT assessment is completed, the only information available is the date it was administered and if the scores indicate a higher risk for being a victim or abuser of sexual abuse. Only the counselor and PCM have access to the results of the PRAT, but not the actual assessment.

Corrective Action: The audit team recommends no corrective action.

115.242	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 2 - Prevention and Training</li> <li>c. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 2 – Prevention and Training (Attachment 2-C): PA DOC PREA Risk Assessment Tool (PRAT), English and Spanish</li> <li>d. BCC-ADM 008, Section 9, Gender Review Committee Checklist (Attachment 9-A)</li> <li>e. BCC-ADM 008, Section 9, Working with Transgender-Intersex Reentrants</li> <li>f. PRAT Training PowerPoint (Revised May, 2018)</li> <li>g. PRAT User Guide (Revised May, 2018)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Coordinator (completed 2/1/19)</li> <li>b. Facility Directors/PREA Compliance Managers (PCMs)</li> <li>c. Specialized Staff</li> <li>d. Random Reentrants</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PRAT records maintained in the agency’s WebTAS system</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a-b):</p> <p>Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 2–Prevention and Training states that the information received through the administration of the PRAT shall be used to make individualized determinations regarding housing, work, education, and program assignments with the goal of keeping reentrants safe and keeping separate those reentrants at high risk of being sexually victimized from those at high risk of being sexually abusive. This requirement is reiterated in the PRAT User Guide (pgs. 15-18) which details the application of the PRAT score in decision making. Additionally, staff is trained to apply the PRAT scores in reentrant housing, work, education, and program assignments as evidenced by the review of the PRAT Training PowerPoint.</p> <p>Staff uses the PRAT results to make these assessments. According to policy, the information received through the administration of the PRAT questions shall be used to inform housing, work, education, and program assignments with the goal of keeping reentrants safe and keeping separate those reentrants at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor was able to verify this process through ten (10) random reentrant interviews and those with specialized staff that the PRAT is administered</p>

prior to a bed or work assignment.

Subsection (c-d):

According to BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 9 - Working with Transgender/Intersex Reentrants, in deciding whether to assign a transgender/intersex reentrant to a facility for male or female reentrants, and in making other housing and programming assignments, BCC shall consider, on a case-by-case basis, whether a placement would ensure the reentrant's personal health and safety, other reentrants' health and safety, and whether the placement would present management or security problems. When making the housing and programming assignments, the reentrant's own view regarding their safety is given serious consideration. This process is reiterated in the PRAT User Guide and staff was trained on this topic in May 2018 during the PRAT Training.

According to policy, when a reentrant is identified as transgender or intersex, the facility PREA Compliance Manager (PCM) meets with the reentrant within the next business day to discuss appropriate accommodations. This meeting is documented using the Gender Review Committee (GRC) Checklist which is signed by both the PCM and the reentrant. The reentrant is given the opportunity to discuss safety and security concerns with the current housing placement and agree or disagree with the housing recommendation. During the onsite audit phase, there was not a transgender reentrant assigned to CCC-Wernersville, so the auditor was unable to verify this process through interview with a transgender reentrant.

Subsection (e):

Policy BCC-ADM 008, Section 9 (Working with Transgender-Intersex Reentrants) states that the GRC shall consider numerous items regarding the safety and care of the transgender/intersex individual. The focus will be on sleeping quarters, use of bathroom/shower facilities, facility-based activities, community-based resources, and general questions or clarifications. Additionally, the policy maintains that transgender and intersex reentrants shall be given the opportunity to shower separately from other reentrants. Facilities will be evaluated by the GRC and a determination will be made as to their ability to accommodate this requirement.

During the onsite audit phase, interviews with the facility directors/PCMs informed the auditor that a reentrant identifying as transgender or intersex would be offered the opportunity to shower separately from other reentrants. CCC-Wernersville would be able to accommodate this by identifying specific shower times for the transgender/intersex reentrant, separate from the "open shower times" for the other reentrants. During the onsite audit phase walkthrough of Buildings #18 and #30, it was evident that all reentrants maintain significant privacy to use the bathroom and showers.

Subsection (f):

Policy BCC-ADM 008, Section 9 (Working with Transgender-Intersex Reentrants) states, in part, that the GRC in coordination with the Office of Population Management, shall strive not to place transgender or intersex reentrants in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is necessary for their safety or

such placement is in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such reentrant. Interviews with the facility directors/PCMs corroborated that the practices at CCC-Wernersville align with the agency policy and the element requirement of this PREA Standard.

Interviews with the facility directors, PREA coordinator (completed 2/1/19), 10 random and 11 targeted reentrants during the onsite audit phase verified that LGBTI reentrants are not housed in a dedicated dorm or housing area within the facility. During the onsite audit phase walkthrough, the auditor did not observe any segregation or separation of LGBTI reentrants into dedicated housing units. The PREA coordinator and facility directors reported that CCC-Wernersville is not under any consent decree or order to separately house LGBTI reentrants.

Corrective Action: The audit team recommends no corrective action.

115.251	<b>Resident reporting</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. PA DOC BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 3 – Reporting Sexual Abuse and Sexual Harassment (effective 5/30/17)</li> <li>c. PA DOC BCC-ADM 003, Community Corrections Resident Grievance Procedures Manual, Section 1 – Grievance Reporting (effective 9/22/16)</li> <li>d. Official Resident Grievance Form (effective 1/8/16)</li> <li>e. Inmate’s Request to Staff Member Form</li> <li>f. Employee Report of Incident Form; completed (effective 8/13/14)</li> <li>g. PA DOC public website screenshots</li> <li>h. PREA Notice posters (English and Spanish)</li> <li>i. PREA Reentrant Intake Handout (effective 6/18/18)</li> <li>j. 2017 PREA Basic Training for staff</li> <li>k. 2018 PREA Essentials Training for staff</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Random staff</li> <li>b. Random reentrants</li> <li>c. Facility Directors/PREA Compliance Manager</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Informal interviews</li> <li>b. Posted information</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>During the pre-onsite audit phase, CCC-Wernersville indicated that the agency has established multiple internal methods for reentrants to privately report sexual abuse, sexual harassment, retaliation by other reentrants or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. According to policy BCC-ADM 008, Section 3 (Reporting Sexual Abuse and Sexual Harassment, Section Reentrant Reporting), reentrants may report any of the above items verbally or in writing to any staff member; the facility Director/designee; the facility PCM; the agency PREA Coordinator; to a third party; or, per policy through an Official Resident Grievance form. In addition, within the same policy section, every inmate must be provided with immediate access to at least one of the methods indicated above through which he/she may privately report.</p> <p>The PREA Notice posters include a detailed description of reporting options, which include</p>	

those outlined in policy above. The auditor reviewed a completed Employee Report of Incident Form, which indicated that a facility staff person notified the Management Operations Center (MOC) and reported the incident to a facility supervisor within four minutes of learning of alleged abuse. While reentrants may report sexual abuse and sexual harassment via the inmate grievance system, all such reports are removed from the system and routed to facility leadership for their review, action, and investigation. Secured grievance boxes were observed affixed to the wall in each housing unit.

During the onsite audit phase, the audit team observed posters hung throughout the facility, including on reentrant housing units, which displayed the sexual abuse and sexual harassment zero tolerance policy and reporting options. The reporting options mirrored those listed above. There were also abuse hotline reporting posters which directed reentrants to use the number to report incidents of physical abuse. The auditor tested this phone line and received a voice recording inviting reentrants to share experiences of excessive force, oral or written threats of violence, or life threatening acts. While sexual abuse and sexual harassment may fall under any of these categories, this line, as described the agency PREA coordinator and facility directors, is not intended for such reporting. They both, however, indicated that if such a report of sexual abuse or sexual harassment was received via this method it would be routed to central office for processing.

Informal conversations with reentrants during the onsite audit phase and formal random (10) and targeted (11) reentrant interviews indicated that all but one reentrant (due to cognitive limitations) could recite at least one way to report sexual abuse or sexual harassment. All 13 random staff members were able to recite a method of reentrant reporting to include: reporting to any staff member; submitting a request slip; or writing to PSP.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (b):

During the pre-onsite audit phase, CCC-Wernersville stated that the agency provides at least one way for reentrants to report abuse or harassment to a public or private entity that is not part of the agency, and that it is able to receive and immediately forward reentrant reports of sexual abuse and sexual harassment to agency officials, allowing the reentrant to remain anonymous upon request. As described in policy BCC-ADM 008, Section 3 (Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Reentrants), reentrants may report to Pennsylvania State Police's (PSP) BCI/PREA Coordinator in Harrisburg, PA. This address is not part of the agency and is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials.

Interviews with the facility directors/PCM confirmed that in order to report externally, reentrants may write a letter to PSP. Not only may they write to PSP, but they may do so anonymously (i.e. they are not required to record their name on the outgoing envelope or enclosed correspondence) or leave the facility and mail the letter from the local US Post Office or postal mailbox. All reentrants affirmed they could report to a third party such as their community-based psychologist/therapist or PSP.

The agency does not house reentrants solely for immigration purposes and, as such, does not have a policy or provide reentrants detained solely for civil immigration purposes information on how to contact consular or Department of Homeland Security officials. According to PA DOC Records Office Operations Procedure Manual, Section 1 (Processing of Reception (p. 15)), the agency does not accept or house reentrants that are detained solely for civil immigration purposes.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (c):

During the pre-onsite audit phase, CCC-Wernersville indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Moreover, staff are required to document verbal reports immediately. According to policy BCC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section General Information, staff shall accept and document reports made verbally, in writing, anonymously, and from third parties and shall immediately notify the facility director/designee.

All 13 random staff interviewed stated reentrants can report in any of the ways described above, including anonymously. All also maintained that they would complete an incident report immediately upon accepting a report from a reentrant, regardless of the report method. All reentrants affirmed they could report anonymously via their community-based psychologist/therapist or PSP. The auditor observed that while the reporting posters include the mailing address for BSI/PREA Coordinator, they omit an indication that this is an anonymous reporting option. The PREA Reentrant Intake Handout does state that reports can be made anonymously, but there is not instruction on how to do so.

A review of PA DOC's public website revealed a list of ways in which sexual abuse or sexual harassment may be reported. The list appears comprehensive; that the list does not appear directed, specifically, to third parties, but rather describes all of the ways in which a person (in the community or confinement) may report. In addition to the ways a reentrant can report, the website provides an additional mailing address and two telephone numbers [PA DOC Bureau of Investigations and Intelligence (BII)] to report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision, however, the audit team recommends that the agency-sanctioned method of anonymous reporting be made more apparent to reentrants through education materials. The agency should ensure incoming and existing reentrants receive information about how to report sexual abuse and sexual harassment anonymously. It was recommended that the agency consider updating the PREA Notice and Reentrant Intake Handout to include the anonymous reporting option.

Subsection (d):

CCC-Wernersville reported during the pre-onsite audit phase that the agency has established procedures for staff to privately report sexual abuse and sexual harassment by reporting to

any facility administrator, PRM, or PSP. Further, staff is informed of these methods via training materials, posters, agency website, and policy. According to policy BCC-ADM 008, Section 3, (Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Staff, Contractors, and Volunteers), staff may submit a private report to BSI/PREA Coordinator.

During the onsite audit phase, the audit team observed posters hung throughout the facility. Not only are reentrant reporting options displayed, but so is staff reporting information, which includes the methods described above. Staff training modules circulated in 2017 and 2018 (PREA Essentials training) include information on staff reporting methods, as does the information posted to the public website, which staff have access to.

Thirteen of 13 random staff stated they can report privately. They further described multiple methods including notifying the shift supervisor, facility directors/PCM, and BII.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action: The audit team recommends no corrective action.

115.252	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1276 358">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="252 414 446 448">1. Documents: <ol style="list-style-type: none"> <li data-bbox="252 459 925 492">a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li data-bbox="252 504 1428 571">b. Policy BCC-ADM 003 Community Corrections Resident Grievances Procedures Manual, Section 1 (Grievance Reporting)</li> <li data-bbox="252 582 1428 660">c. Policy BCC-ADM 003 Community Corrections Resident Grievances Procedures Manual, Section 2 (Grievance Processing and Response)</li> <li data-bbox="252 672 1460 750">d. Policy BCC-ADM 003 Community Corrections Resident Grievances Procedures, Section 2, DC-904B Facility Grievance Response (Attachment 2-A)</li> <li data-bbox="252 761 1444 840">e. Policy BCC-ADM 008 PREA Procedures Manual, Section 3 (Reporting Sexual Abuse and Sexual Harassment)</li> <li data-bbox="252 851 758 884">f. DC-904A Official Resident Grievance</li> <li data-bbox="252 896 957 929">g. Request to OSII (Case Review dated July 18, 2017)</li> </ol> </li> <li data-bbox="252 974 430 1008">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="252 1019 877 1052">a. Facility Directors/PREA Compliance Manager</li> <li data-bbox="252 1064 758 1097">b. Specialized Staff (Investigative Staff)</li> </ol> </li> <li data-bbox="252 1142 630 1176">3. Site Review Observations: <ol style="list-style-type: none"> <li data-bbox="252 1187 837 1220">a. Grievance Lock Boxes Throughout Facility</li> <li data-bbox="252 1232 502 1265">b. Investigative File</li> </ol> </li> </ol> <p data-bbox="252 1310 566 1344">Findings (By Provision):</p> <p data-bbox="252 1400 454 1433">Subsection (a):</p> <p data-bbox="252 1489 1452 1825">Policy BCC-ADM 003 requires that every resident in community corrections has access to a formal procedure in which to seek resolution for a problem or area of concern. According to policy BCC-ADM 003 (Sections 1, 2, 3), Community Corrections Resident Grievances Policy and Procedures Manual, and policy BCC-ADM 008, if a reentrant files a grievance related to sexual abuse by a reentrant or sexual abuse/sexual harassment by a staff member, the allegation will not be addressed through the resident grievance system, but the grievance officer will reject the grievance and immediately and verbally refer the allegation to BCC's Management Operations Center (MOC).</p> <p data-bbox="252 1870 1452 2072">In such a situation, the grievance officer is prohibited from investigating the PREA complaint unless directed by the BCC-MOC. The grievance officer subsequently provides notice to the reentrant of this action and that the allegation is being referred for investigation. This is considered an exhaustion of administrative remedies. All grievance rejections are documented.</p> <p data-bbox="252 2128 454 2161">Subsection (b):</p>

Policy BCC-ADM 008, Section 3 does not all for grievance allegations of sexual abuse. Therefore, no time limits are imposed. During the onsite audit phase, the auditor was able to verify this through interviews with the facility directors/PCM and specialized staff involved in this process.

Subsection (c):

Policy BCC-ADM 008, Section 3 states that if a reentrant files a grievance related to sexual abuse by a reentrant or sexual abuse/sexual harassment by a staff member, the grievance officer shall immediately reject the grievance and contact the BCC-MOC for an investigation. The reentrant will be notified of this action. This will be considered an exhaustion of administrative remedies.

During the pre-onsite audit phase, CCC-Wernersville provided in the PAQ a Request to OSII-Case Review and supporting documents that was reviewed by the auditor. The incident occurred in 2017 at CCC-Scranton and demonstrates the process in which a reentrant filed a grievance alleging sexual harassment by a staff member. A review of the investigation file and documentation showed that the reentrant received a formal grievance “rejection” on the DC-904A form informing the reentrant that the grievance is being rejected per policy BCC-ADM 003, Section 2.

The allegation processed through the grievance system was assigned for investigation through the BCC-MOC by a staff member trained to investigate sexual abuse and sexual harassment allegations, but who was not the subject of the complaint. The auditor was able to confirm this information during the pre-onsite audit phase. During the onsite audit phase, the auditor observed numerous grievance lock boxes situated in both Building #18 and Building #30.

Subsection (d):

Not applicable. Policy BCC-ADM 008, Section 3 states that if a reentrant files a grievance related to sexual abuse by a reentrant or sexual abuse/sexual harassment by a staff member, the grievance officer shall immediately reject the grievance and contact the BCC-MOC for an investigation. The reentrant will be notified of this action. This will be considered an exhaustion of administrative remedies.

Subsection (e):

Not applicable. Policy BCC-ADM 008 provides the methods of reporting for friends, family, and the general public. The sexual abuse reporting address is an option for the friends, family, and the general public to report an allegation of sexual abuse. The reporting address is: BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110.

Subsection (f):

The agency does not maintain an established “emergency grievance” policy or process for reporting sexual abuse. All allegations of sexual abuse received through the grievance system

are forwarded to BCC-MOC staff that are trained to investigate sexual abuse and sexual harassment allegations and who are responsible for interviewing the reentrant.

Subsection (g):

The agency and facility do not have a policy or practice of disciplining a reentrant for utilizing the grievance system to report allegations of sexual abuse. During the onsite audit phase, the auditor was able to verify this through interviews with the facility directors/PCM and investigative staff.

Correction Action: The audit team recommends no corrective action.

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. If You are the Reported Victim of Sexual Abuse Form (English and Spanish) (effective 5/30/17)</li> <li>c. Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 4 (Responding to a Report of Sexual Abuse) (effective 5/30/17)</li> <li>d. BCC PREA Report – Sexual Abuse (effective 5/30/17)</li> <li>e. Sexual Abuse Awareness Informational Handout (English and Spanish)</li> <li>f. SAFE Berks Brochure (English and Spanish)</li> <li>g. PREA Rape Crisis Center Letter of Agreement: SAFE Berks and CCC Wernersville (effective 2/7/19)</li> <li>h. PREA Reentrant Intake Handout (effective 6/18/18)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Random reentrants</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Posted support services information</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>During the pre-onsite audit phase, CCC-Wernersville indicated in their response to the PAQ that they provide reentrants with access to outside victim advocates for emotional support services related to sexual abuse, provide reentrants with access to such services by giving them mailing addresses and telephone numbers for victim advocacy or rape crisis organizations, and provide reentrants with access to such services by enabling reasonable communication between reentrants and these organizations in as confidential a manner as possible. The agency does not house reentrants solely for civil immigration purposes and, as such, does not provide information for immigrant services agencies.</p> <p>According to policy BCC-ADM 008, Section 4 (Responding to a Report of Sexual Abuse), a notification entitled, If You are the Reported Victim of Sexual Abuse, shall be laminated and posted in facility common areas accessible to reentrants. The facility shall add the address for local services prior to printing and laminating the notification. Phone numbers may not be posted without the written consent of the organization providing the services. The preferred delivery method of such services is in person in a confidential setting. Finally, the policy also states an alleged victim shall be offered the opportunity to talk with a victim advocate upon receipt of an allegation and receive continued care when he/she has been the victim of facility sexual abuse, no matter if they reported the sexual abuse immediately or made a delayed</p>

disclosure.

The auditor reviewed the sexual abuse awareness informational handout and posted support services information, wherein reentrants are offered support services and informed they may access the Pennsylvania Coalition Against Rape (PCAR) by mail, respectively. During the onsite audit phase, the audit team observed SAFE Berks' (the local sexual assault advocacy organization) contact information, which was posted in all reentrant common areas. In addition, the PREA Reentrant Intake Handout, as part of a list of items reentrants should consider after an experience of sexual abuse, states that reentrants may use outside rape crisis center services for counseling and support. The handout then lists the mailing address for PCAR, along with a notation that victims of sexual abuse may access support services free of charge.

Reentrants may also contact their facility's PREA compliance manager (PCM) to arrange for access to local rape crisis center services. The handout is designed to be distributed during intake. After a reentrant discloses an experience of sexual abuse, the facility distributes a brochure from SAFE Berks, which includes the local rape crisis center's mailing address and telephone number. The auditor also reviewed the facility's PREA Report–Sexual Abuse Form, which prompts the first responder to ask the alleged victim (and document their response) if he is interested in speaking to a rape crisis counselor.

Interviews with 10 random reentrants indicated they are aware of the postings and know the hotline, including ongoing support services, is available. Interviews with the facility directors/PCM and investigative staff confirmed that alleged victims of sexual abuse would have access to an advocate facilitated by the PCM.

During the pre-onsite audit phase, an interview with SAFE Berks revealed that agency personnel have visited CCC-Wernersville, but not since 2017. Their limited interaction with the facility is supported by the minimal number of sexual abuse reports emerging from the facility. The SAFE Berks representative affirmed that the agency intends to remain engaged with the facility, as evidenced by the recent resigning of a collaborative MOU on 2/7/19, and plans to work with the facility to provide cross-training among staff. Finally, the memorandum of understanding (MOU) (i.e. Letter of Agreement) developed and signed by the facility and sexual assault service provider states that SAFE Berks will provide confidential support services to the victim either by telephone, mail, or in person.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (b):

CCC-Wernersville reported during the pre-onsite audit phase that the facility informs reentrants, prior to giving them access to outside support services, the extent to which such communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The facility added that reentrants may access advocacy services via their private cell phone or may visit the locations in person. According to policy BCC-ADM 008, Section 4

(Responding to Reports of Sexual Abuse), the PCM shall inform reentrants of the provisions stated above. None of the random or targeted reentrants were able to affirm that they are informed of the above provisions before accessing support services; however, none of the reentrants interviewed indicated they had attempted to access such support services. Finally, the auditor reviewed *If You are the Reported Victim of Sexual Abuse*, which notifies alleged victims that they shall be notified by the facility, prior to giving access to outside confidential support services, of the extent to which such communication will be monitored.

A final analysis of the evidence indicates the facility is substantial compliance with this provision.

Subsection (c):

During the pre-onsite audit phase, CCC-Wernersville indicated in their response to the PAQ that the facility maintains a MOU (i.e. Letter of Agreement) with a community service provider that is able to provide reentrants with emotional support services related to sexual abuse. The auditor reviewed such agreement signed by CCC-Wernersville and SAFE Berks leadership in 2015 and, again, in 2019. The agreement describes the respective responsibilities of CCC-Wernersville and SAFE Berks as it relates to facilitating and providing support services for reentrants following an experience of sexual abuse in confinement. An interview with a SAFE Berks representative prior to the onsite audit phase revealed that the facility and advocacy organization intend to collaborate on cross-training in the near future.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action: The audit team recommends no corrective action.

115.254	<b>Third party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. PA DOC BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 3 – Reporting Sexual Abuse and Sexual Harassment (effective 5/30/17)</li> <li>c. PA DOC public website screenshots</li> <li>d. PREA Inmate Intake Handout (effective 6/14/18)</li> <li>e. PREA Notice posters (English and Spanish)</li> <li>f. PREA Reentrant Intake Handout (effective 6/18/18)</li> </ol> </li> <li>2. Site Review Observations: <ol style="list-style-type: none"> <li>a. Posted information</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>During the pre-onsite audit phase, CCC-Wernersville indicated that the agency and facility provide a method, and publicly distribute reporting information on PA DOC’s website, to receive third-party reports of reentrant sexual abuse or sexual harassment. In addition to posting methods on the public website, the facility maintains accessible reporting posters in the visiting room where the public can easily view the information.</p> <p>Policy BCC-ADM 008, Section 3 (Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Friends, Family, and the General Public) states that third party reporters may write to the Pennsylvania State Police (PSP) via the BCI/PREA Coordinator address in Harrisburg, PA. A writer may choose to include his/her name and contact information, but it is not necessary in making a report. Complaints can be made anonymously.</p> <p>During the onsite audit phase, the auditor observed posters hung in the lobby, which described the third-party reporting options, in addition to the reporting options that reentrants maintain. The auditor also observed this information posted to PA DOC’s public website in two places. The information is easily accessed once on the Prison Rape Elimination Act link on the public website. Once users click on a tile labeled “Make a Report,” they are provided with the ways in which a reentrant can make a report, which includes “Have your family call to notify the facility or contact PSP.” The PSP address is listed. A subsequent statement notifies users that reports can be submitted anonymously. Users may also navigate by searching for “Report Abuse.” In addition to resources to report physical abuse, the method for reporting sexual abuse and sexual harassment is listed and includes writing to PSP, which may be accomplished anonymously.</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this</p>

standard.

Corrective Action: The audit team recommends no corrective action.

115.261	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. BCC First Responder Checklist (effective 5/30/17)</li> <li>c. PREA Report – Sexual Abuse (effective 5/30/17)</li> <li>d. Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 3 (Reporting Sexual Abuse and Sexual Harassment) (effective 5/30/17)</li> <li>e. Employee Report of Incident Form; completed (revised 8/14)</li> <li>f. PA Department of Aging Website</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Facility Directors/PREA Compliance Manager</li> <li>b. PREA Coordinator (completed 2/1/19)</li> <li>c. Medical and mental health staff</li> <li>d. Random staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>CCC-Wernersville indicated in their response to the PAQ that all staff must 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. Staff is also required to immediately report according to policy any retaliation against reentrants or staff who reported such an incident. Finally, staff must immediately report according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>According to policy BCC-ADM 008, Section 3 (Methods of Reporting for Staff, Contractors, and Volunteers), all staff members, contractors, and volunteers shall immediately report to the facility director/designee of any knowledge, suspicion, or information regarding an alleged incident of sexual abuse or sexual harassment that occurred in any facility (whether or not it is part of the agency); retaliation against reentrants or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The information shall be documented on a DC-121, Part 3-BCC. In the absence of the facility director, this notification will be made to the BCC-Management Operations Center (MOC). Further, when doubt exists regarding whether or not a report is related to sexual abuse or sexual harassment, the BCC-MOC shall be contacted for direction. First responder duties shall be completed in the event of a sexual abuse allegation. The auditor reviewed one completed Employee Report of Incident form, wherein staff reported an incident of alleged sexual abuse or harassment as reported to them by a reentrant.</p>

During the onsite audit phase, 13 of 13 random staff interviews corroborated practices are consistent with policy. Each staff member stated staff is required to report each of the incidents described above if they have knowledge, suspicion, or knowledge of such conduct. Staff further reported they would report to the facility director or MOC and file an incident report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (b):

During the pre-onsite audit phase, CCC-Wernersville indicated in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, the agency 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. Policy BCC-ADM 008, Section restates this provision. Thirteen of 13 random staff interviewed reported they would immediately contact the facility director or MOC, and that they would refrain from sharing the information other than with staff that has a need to know.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (c):

Policy BCC-ADM 008, Section 3 (Methods of Reporting for Staff, Contractors, and Volunteers) directs medical and mental health staff, unless precluded by Federal, State, or local law, to report sexual abuse in accordance with provision (a), inform reentrants of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services. During the onsite audit phase, the auditor interviewed a medical clinician who indicated that they disclose the limits of confidentiality, including the disclosure of sexual abuse, at the start of services and document such notice. They affirmed that they are required to immediately report in accordance with provision (a) and agency policy. The registered nurse reported that she understands her responsibility and the confidentiality requirements for reentrant medical information pursuant to this standard and policy.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (d):

Policy BCC-ADM 008, Section 3 (Reporting Sexual Abuse and Sexual Harassment), Section General (p. 1) indicates that if the alleged victim is under the age of 18, or is considered a vulnerable adult, the facility shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. CCC-Wernersville reported there have been zero youthful reentrants at the facility in the past 12 months.

The auditor spoke to the facility directors/PCM and PREA coordinator who was present during

the onsite during the onsite audit phase. Each confirmed that no reentrants under the age of 18 have been housed at CCC-Wernersville within the past 12 months.

Upon review of PA Department of Aging's public website, the auditor learned that while the state has mandatory abuse reporting for older (vulnerable) adults who experience sexual abuse, serious physical injury, serious bodily injury, or suspicious death per the Older Adult Protective Services Act (amended in 1997), employees of state correctional facilities are not mandated reporters.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (e):

Policy BCC-ADM 008, Section 3 states that staff shall accept and document reports made verbally, in writing, anonymously, and from third parties, promptly document verbal reports on a DC-121, Part 3-BCC Employee Report of Incident and immediately notify the facility director/designee. During the onsite audit phase, the audit team examined two investigations and noted the facility directors were informed of each allegation as documented. An interview with the facility directors confirmed this practice.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action: The audit team recommends no corrective action.

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. PA DOC BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 5/30/17)</li> <li>c. PA DOC BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 4 – Responding to Reports of Sexual Abuse (effective 5/30/17)</li> <li>d. BCC First Responder Checklist (effective 5/30/17)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head/Designee (completed 10/26/18)</li> <li>b. Facility Directors/PREA Compliance Manager</li> <li>c. Random staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>During the pre-onsite audit phase, CCC-Wernersville provided that when the agency or facility learns a reentrant is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the individual. CCC-Wernersville reported that there have been zero instances of substantial imminent risk in the past 12 months. Policy BCC-ADM 008, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training, Section PREA Compliance Manager) directs staff to take appropriate and immediate action to protect the reentrant that may be at substantial, imminent risk of sexual abuse.</p> <p>The auditor confirmed during formal and informal interviews with staff that there have been no instances, as reported in the PAQ, of imminent sexual abuse at the facility in the last 12 months. While the auditor was unable to review documented response steps on the BCC First Responder Checklist, the form includes the necessary prompts to ensure those at imminent risk are responded to appropriately.</p> <p>The Agency Head (designee) stated the agency would take immediate action to ensure the victim is separated from any threats. The agency or facility would consider alternate housing units or facilities, if necessary. Action would be taken so as not to place a victim (or those at imminent risk) in segregated housing based on a threat or risk of victimization. If a segregated status was the safest, most appropriate location, the reentrant would maintain all of his privileges. An interview with the facility directors echoed this process.</p> <p>Interviews with 13 random staff verified those at imminent risk would be separated from the threat immediately by room, housing unit, or building, where possible, or by facility, if necessary. Staff further articulated that they would ask preliminary questions to better</p>

understand the risk; act immediately as safety is paramount; offer a couple of solutions and allow the inmate to choose; notify the shift commander; and keep the person at imminent risk separate from the threat until a placement decision could be made.

A final analysis of the evidence indicates the facility is substantially compliant with this standard.

Corrective Action: The audit team recommends no corrective action.

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 1(Data Collection) (effective 5/30/17)</li> <li>c. Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 3 (Reporting Sexual Abuse and Sexual Harassment) (effective 5/30/17)</li> <li>d. PREA Report – Sexual Abuse Form (effective 5/30/17)</li> <li>e. Notification of Sexual Abuse Allegation to Another Facility Form; completed</li> <li>f. Notification correspondence</li> <li>g. Reentrant Statement; completed</li> <li>h. Employee Report of Incident Form; completed (revised 8/14)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head/Designee (completed 10/26/18)</li> <li>b. Facility Directors/PREA Compliance Manager</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>CCC-Wernersville reported in their response to the PAQ that the agency has a policy requiring that, upon receiving an allegation that a reentrant 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 the sexual abuse is alleged to have occurred. In the past 12 months, CCC-Wernersville has received zero allegations that a reentrant was abused while confined at another facility. In such an instance, the allegation would be reported to the BCC Management Operations Center (MOC), the reentrant would be offered applicable services, and notification to the alternate facility would be made within 72 hours.</p> <p>Policy BCC-ADM 008, Section 3 (Inter-Facility Reports) stipulates that the facility director/designee shall document the receipt of an allegation that a reentrant was sexually abused while confined at another facility using the DC-121, Part 3-BCC and verbally notify the BCC-MOC without delay. Thereafter, the BCC-MOC shall prepare a confidential report, PREA Report – Sexual Abuse. The affected facility will be provided a copy of the confidential report and contact information in an electronic format for any follow-up questions. Further, it is the bureau director’s responsibility to notify the head of the facility in which the reported abuse occurred.</p> <p>The auditor was unable to review notifications from CCC-Wernersville to other confinement facilities, as there have been zero such reports in the past 12 months. However, the auditor reviewed an example of a completed notification between other PA DOC facilities, which</p>

demonstrated the agency's process. The allegation was documented on the Notification of Sexual Abuse Allegation to Another Facility form. The information enclosed on the form include the date the allegation was received, the date and location of the alleged incident, the alleged perpetrator, the alleged victim, method and summary of initial report, and follow-up actions taken including to whom and when the notification was made. The notification packet also includes a Reentrant Statement and Employee Report of Incident Form; all of which was forwarded to the receiving facility within 72 hours of the receipt of allegation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (b-c):

During the pre-onsite audit phase, CCC-Wernersville stated that agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy BCC-ADM 008, Section 3 (Reports Received About Other Confinement Facilities) restates this expectation and further directs such notification to be documented on the PREA Report – Sexual Abuse form.

As noted in subsection (a), the auditor reviewed a sample notification between two alternate PA DOC facilities in lieu of a notification from CCC-Wernersville, as there have been none in the past 12 month period. The notification was made within 24 hours and documented on the PREA Report – Sexual Abuse form.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (d):

CCC-Wernersville indicated in their response to the PAQ that agency policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, CCC-Wernersville reported that they had received two notifications from other confinement facilities.

According to policy BCC-ADM 008, Section 3 (Reports Received From Other Confinement Facilities), upon receipt of an allegation from another facility that an reentrant was sexually abused while confined at that location, the facility director/designee at the receiving facility shall document the receipt of the allegation on the DC-121, Part 3-BCC and verbally notify the BCC-MOC without delay.

During the onsite audit phase, the auditor reviewed the two allegations of sexual abuse that CCC-Wernersville received from another confinement facility. Both precipitated a sexual abuse investigation by the MOC with one involving the Pennsylvania State Police (PSP).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action: The audit team recommends no corrective action.



115.264	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 4 (Responding to a Report of Sexual Abuse) (effective 5/30/17)</li> <li>c. If You are the Reported Victim of Sexual Abuse Form (English and Spanish) (effective 5/30/17)</li> <li>d. BCC PREA Report – Sexual Abuse (effective 5/30/17)</li> <li>e. BCC First Responder Checklist (effective 5/30/17)</li> <li>f. BCC PREA Sexual Abuse Allegation Immediate Response Procedures Pocket Cards</li> <li>g. BCC PREA Sexual Abuse Allegation Compliance Manager Duties Pocket Cards</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Random staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>During the pre-onsite audit phase, CCC-Wernersville indicated in their response to the PAQ that the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a reentrant was sexually abused, the first security staff member to respond to the report must separate the alleged victim and abuser and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Moreover, if the abuse occurred within a time period that allows for the collection of physical evidence, the first security staff member to respond shall request that the alleged victim and alleged suspect not take any actions that could destroy physical evidence.</p> <p>In the past 12 months, the facility indicated in the PAQ that they have received two allegations of sexual abuse (against former staff members who were terminated years prior to the allegation). Per the facility’s responses to the PAQ, of these allegations, there were no instances in which the first security staff member to respond to the report separated the alleged victim and abuser, nor was there opportunity to collect physical evidence, or preserve and protect the crime scene, including requesting the alleged victim and ensuring the alleged suspect not take any actions that could destroy physical evidence.</p> <p>BCC-ADM 008, Section 4 (Responding to Reports of Sexual Abuse), directs staff first responders to take the actions as described above. Per policy, the first responder duties also include notifying 911 if the incident is in progress, contact the Management Operations Center (MOC), and the facility director. Policy clarifies the time period in which evidence may be collected; specifically, if the abuse occurred within 96 hours security staff shall request that the alleged victim and ensure that the alleged abuser not take any actions that may destroy</p>

physical evidence. BCC staff is advised to preserve physical evidence only after the MOC advises them to do so. In addition, per BCC-ADM 008, Section 4 (Responding to Reports of Sexual Abuse), staff are directed to preserve and protect any possible crime scene as outline by agency policy 8.3.1 Community Corrections Security.

The auditor reviewed several worksheets and tools which serve to reinforce first responder duties at CCC-Wernersville. First, BCC PREA Sexual Abuse Allegation Immediate Response Procedure pocket cards are distributed to all staff. Next, the auditor reviewed the BCC First Responder Checklist, which describes first responder duties for initial responders and supervisory staff in a clear, concise, and thorough manner, and the PREA Report – Sexual Abuse Form, which serves as a supplementary checklist of duties. Finally, evidence preservation and retention guidelines, Instructions for PREA Evidence Retention, are well defined and listed as a BCC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse policy attachment

Thirteen of 13 staff members interviewed successfully articulated all of their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; requesting the alleged victim not take any actions that might destroy physical evidence; and ensuring the alleged abuser not take any actions that might destroy physical evidence. All stated, at minimum, they would notify their facility director and separate the alleged victim from the alleged abuser. In addition to their basic responsibilities, others added that they would document the report and follow-up actions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (b):

During the pre-onsite audit phase, CCC-Wernersville maintained that the agency has a policy that requires non-security staff first responders to request the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the two allegations in the last 12 months that a reentrant was sexually abused at CCC-Wernersville, non-security staff was the first to respond in zero instances.

Policy BCC-ADM 008, Section 4 (Responding to Reports of Sexual Abuse), directs non-security staff to immediately notify the shift commander and request that the alleged victim not take any actions that could destroy physical evidence. Policy is further supported by the first responder tool, BCC First Responder Checklist, which guides staff to respond and document in accordance with this provision. Interviews with non-security staff members during the onsite audit phase indicated all are well-versed in their first responder duties.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action: The audit team recommends no corrective action.

115.265	<b>Coordinated response</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 416 443 450">1. Documents:</p> <ul style="list-style-type: none"> <li data-bbox="252 461 839 495">a. CCC-Wernersville Pre-Audit Questionnaire</li> <li data-bbox="252 506 1410 573">b. PA DOC BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 4 – Responding to Reports of Sexual Abuse (effective 5/30/17)</li> <li data-bbox="252 584 715 618">c. Local facility plan (dated 3/11/19)</li> </ul> <p data-bbox="252 674 427 707">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="252 719 874 752">a. Facility Directors/PREA Compliance Manager</li> </ul> <p data-bbox="252 797 561 831">Findings (By Provision):</p> <p data-bbox="252 887 450 920">Subsection (a):</p> <p data-bbox="252 976 1485 1256">During the pre-onsite audit phase, CCC-Wernersville indicated that they maintain 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. Policy BCC-ADM 008, Section 4 (Responding to Reports of Sexual Abuse) restates this provision verbatim. The auditor reviewed the facility’s local institutional plan and observed that it includes responsibilities and procedures for staff first responders, the facility director(s), emergency medical treatment providers, and mental health treatment providers.</p> <p data-bbox="252 1312 1477 1603">As discussed in provision 115.264(a), the facility has a tool, BCC First Responder Checklist, to help first responders remember their first responder duties. An interview with the facility directors affirmed that the above response plan is in place following an incident of sexual abuse. They shared that they discuss the plan during executive meetings and have an opportunity to adjust course if/when they discover the plan is not working as it was intended. The facility reaches out to the PREA Coordinator, as needed, with questions or challenges for support and to brainstorm solutions.</p> <p data-bbox="252 1659 1362 1727">A final analysis of the evidence indicates the facility is substantially compliant with this standard.</p> <p data-bbox="252 1783 1139 1816">Corrective Action: The audit team recommends no corrective action.</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>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. PA DOC 4.1.1, Human Resources and Labor Relations Procedures Manual, Section 5 – Suspension Without Pay for Exempt Employees Under the Fair Labor Standards Act and Suspension Pending Investigation for Exempt and Non-Exempt Employees (effective 10/10/17)</li> <li>c. Federal of State Cultural and Education Professional (FSCEP) Local 2382 Collective Bargaining Agreement (effective 7/1/16 – 6/30/19)</li> <li>d. American Federation of State, County, and Municipal Employees (AFSCME) First-Level Supervisors of H-1 Unit Employees language replacement (effective 7/1/17-6/30/20)</li> <li>e. Correctional Institution Vocational Education Association, Pennsylvania State Education Association, National Education Association (CIVEA) (effective 7/1/16 – 6/30/19)</li> <li>f. AFSCME Master Agreement (effective 7/1/16 – 6/30/19)</li> <li>g. Pennsylvania State Correctional Officers Association Interest Arbitration Award (dated 11/6/14)</li> <li>h. Office and Professional Employees International Union (OPEIU) Healthcare Pennsylvania Local 112 (OPEIU) Collective Bargaining Agreement (effective 7/1/16 – 6/30/19)</li> <li>i. Pennsylvania Doctor’s Alliance (effective 7/1/16 – 6/30/19)</li> <li>j. Service Employees International Union, Healthcare Pennsylvania, CTW, CLC Collective Bargaining Agreement (effective 7/1/16 – 6/30/19)</li> <li>k. Suspension pending investigation memo (dated 1/12/15)</li> <li>l. Service Employees International Union (SEIU) Local 668</li> <li>m. Suspension pending investigation memo (dated 1/13/15)</li> <li>n. Suspension pending investigation memo (dated 2/13/15)</li> </ul> <p>2. Interviews:</p> <ul style="list-style-type: none"> <li>a. Agency Head/Designee (completed 10/26/18)</li> </ul> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>CCC-Wernersville indicated in their response to the PAQ that the agency or facility has entered into or renewed collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later. The auditor reviewed the union agreements and verified none contain language that limit the ability to remove an alleged staff sexual abuser from contact with any reentrants pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In addition, the collective bargaining agreements are silent regarding suspensions pending investigation.</p> <p>When the contract is silent on issues, policy governs. An interview with the Agency</p>

Head/Designee (completed 10/26/18) indicated that through binding arbitration, the agency is permitted to remove alleged staff sexual abusers from contact with any reentrant pending an investigation for a determination of whether and to what extent discipline is warranted.

A final analysis of the evidence indicates the facility is substantially compliant with this standard.

Corrective Action: The audit team recommends no corrective action.

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 5 (Investigations and Retaliation Monitoring) (effective 5/30/17)</li> <li>c. BCC Retaliation Monitoring Form; blank and completed (effective 5/30/17)</li> <li>d. If You Are the Reported Victim of Sexual Abuse Form (effective 5/30/17)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head/Designee (completed 10/26/18)</li> <li>b. Facility Directors/PREA Compliance Manager</li> <li>c. Staff charged with retaliation monitoring</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>During the pre-onsite audit phase, the facility indicated in their response to the PAQ that the agency has a policy to protect all reentrants and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other reentrants or staff. At CCC-Wernersville, the facility directors who also act as the PCMs monitor for retaliation.</p> <p>Policy BCC-ADM 008, Section 5 (Investigations and Retaliation Monitoring) affirms that the agency shall protect all reentrants and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other reentrants and staff. The same policy indicates that the PCM shall monitor the conduct and treatment of reentrants who reported sexual abuse; reentrants who were reported to have suffered sexual abuse; staff who reported sexual abuse; and any other individual who cooperates with a sexual abuse or sexual harassment investigation and expresses a fear of retaliation. Retaliation monitoring shall be documented on the BCC Retaliation Monitoring form. Moreover, reentrants who experience sexual abuse are given the notice If You Are the Reported Victim of Sexual Abuse information sheet which indicates that they will be monitored for follow-up for at least 90 days following a report of sexual abuse to ensure they are free from retaliation and are receiving requested treatment services. The notice was provided to the auditor in English and Spanish.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Subsection (b):</p>

Policy BCC-ADM 008, Section 5 directs the agency and facility to employ multiple protection measures, such as housing changes or transfer for reentrant victims or abusers, and removal of alleged abusers from contact with alleged victims. The agency shall also make available emotional support services for reentrants or staff who fear retaliation for reporting sexual abuse or sexual harassment, or for cooperating with investigations.

An interview with the agency head/designee (completed 10/26/18) affirmed that the agency protects reentrants from retaliation by implementing a zero tolerance policy for such conduct. She stated PCMs perform retaliation monitoring in the community system. CCC-Wernersville's facility directors indicated they are responsible for monitoring for retaliation although it is a collaborative effort shared with the reentrant's counselor. They stated, per policy, they are ultimately responsible for performing this function, but all staff have a responsibility to report any suspicions of retaliation. Staff and reentrants are protected during a period of close monitoring for at least 90 days. In addition to investigating potential retaliation, the facility will protect the alleged victim from real or perceived retaliation by separating the victim and suspect, for instance.

The retaliation monitor (facility director) initiates contact with the reentrant within 72-96 hours post-allegation for an initial check-in. During this time, the monitor describes what retaliation is or may look like to help reentrants who may not understand. Thereafter, they meet with the reentrant in 15 day intervals. If a reentrant shared a concern about retaliation, the monitors indicated they would refer to policy to ensure proper protection steps were employed, but may include sending the report of retaliation for investigation or moving the reentrant to another housing unit or facility; they would first consider moving the retaliator. The auditor was unable to interview reentrants who previously reported sexual abuse as none were currently housed at CCC-Wernersville during the onsite audit phase. Similarly, the auditor was unable to review completed BCC Retaliation Monitoring forms as the report of sexual abuse received in the past 12 months involved a reentrant who was no longer in agency custody at the time of the report. The form prompts the users to immediately notify the facility director/designee and regional director/designee and document follow-up action whenever possible retaliation is suspected.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (c):

CCC-Wernersville stated in their response to the PAQ that the agency/facility monitors the conduct or treatment of reentrants or staff who report sexual abuse and of reentrants who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by reentrants or staff. When revealed, the facility acts promptly to remedy any such retaliation. Retaliation monitoring lasts for at least 90 days and continues beyond 90 days if there is a continuing need. The facility reported that there have been zero instances of retaliation at CCC-Wernersville in the past 12 months.

Policy BCC-ADM 008, Section 5 (Investigations and Retaliation Monitoring) tasks the PCM with ensuring that such reentrants are protected from retaliation. Specifically, the PCM shall review the reentrant's disciplinary reports, infraction reports, program reports and program

assignment; negative staff performance reviews or staff reassignment; and negative interactions with other staff or other reentrants. They shall meet with the reentrant bi-weekly to discuss their progress and document accordingly.

The PCMs (facility directors) indicated during the onsite audit phase that while they are responsible per policy, they conduct such monitoring with the assistance of the reentrant's counselor. They are expected to complete the BCC Retaliation Monitoring Form wherein they are prompted to consider if periodic status checks should extend beyond 90 days. Retaliation monitoring shall include reviewing: disciplinary reports, housing reports, program changes, negative performance reviews, and reassignments of staff.

The facility directors stated they would monitor reentrants for a period of no less than 90 days (periodic formal and informal check-ins); during which time they would assess their affect and potential behavior changes, elicit their feedback about actual or perceived retaliation, and review any infractions or programming adjustments. If such information was present that indicated actual or potential retaliation they would contact the BCC Management Operations Center (MOC) to conduct an investigation and separate the reentrant from the threat. The auditor reviewed the BCC Retaliation Monitoring form, which prompts users to review infractions, evaluations and programming, housing reassignment, and reported and observed negative interactions with staff and reentrants.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (d):

According to policy BCC-ADM 008, Section 5, the PCM is responsible for performing periodic status checks. Specifically, the PCM is directed to meet with the reentrant bi-weekly. If the PCM determines that the initial monitoring indicates a continuing need, the periodic status checks shall be extended beyond 90 days.

The retaliation monitors (facility directors) affirmed that retaliation monitoring would be initiated within 72 hours of receiving the allegation. Subsequent status checks are conducted again every 15 days.

A review of the agency's BCC Retaliation Monitoring form illustrates there are spaces to record check-ins with reentrants victims/reporters and staff reporters within 72 hours of the allegation and then within 15 days, 30 days, 45 days, 60 days, 75 days, and 90 days.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (e):

Policy BCC-ADM 008, Section 5 maintains that if any other individual who cooperates with an investigation expresses fear of retaliation, the PCM shall take appropriate measures to protect that individual against retaliation. An interview with the agency head/designee (completed 10/26/18) indicated the agency or facility would monitor that person for a period of 90 days

and take appropriate remedial action to eliminate the risk. The CCC-Wernersville facility directors (retaliation monitors) reiterated that any reentrant who expresses fear would be protected from such retaliation. The reentrant would be closely monitored for at least 90 days and an investigation would commence during which time the reentrant or staff person would be separated from the threat. As stated earlier, CCC-Wernersville has not received any reports of retaliation, or fears of retaliation, from a reentrant or staff in the past 12 months.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action: The audit team recommends no corrective action.

115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 1 (Data Collection)</li> <li>c. Policy BCC-ADM 008, PREA Procedures Manual, Section 2 (Prevention and Training)</li> <li>d. Policy BCC-ADM 008, PREA Procedures Manual, Section 5 (Investigations and Retaliation Monitoring)</li> <li>e. 8.3.1 Bureau of Community Corrections Security Procedures Manual, Section 35 (Investigations)</li> <li>f. Completed PREA Sexual Abuse Investigation Packet</li> <li>g. Investigation File</li> <li>h. Investigative Training Lesson Plan</li> <li>i. Memorandum of Understanding (MOU) between PA DOC and Pennsylvania State Police (PSP)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Investigative Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>Policy BCC-ADM 008 requires that every reported incident or allegation of sexual abuse and sexual harassment be investigated promptly, thoroughly, objectively, and a confidential report be compiled. According to the auditor’s interview with investigative staff during the onsite audit phase, all allegations of sexual abuse and sexual harassment are investigated thoroughly, including third party and anonymous reports. Staff is required to report any incidents or knowledge of sexual assault and sexual harassment to BCC’s Management Operations Center (MOC). The MOC immediately assigns an investigator to commence the investigative process.</p> <p>Per policy BCC-ADM 008, community corrections center staff do not conduct interviews or collect statements from anyone unless directed by the MOC investigator. This was also verified during the interview with investigative staff.</p> <p>During the pre-onsite audit phase, CCC-Wernersville provided the case files for two (2) investigations (1 sexual abuse; 1 sexual harassment) in the PAQ for 2018. These case files were also reviewed by the audit team during the onsite audit review. Although the sexual abuse case (staff-on-reentrant) originated in 2018, the allegation was from approximately 9 years earlier and was determined by the investigator to be unsubstantiated. The sexual harassment investigation (reentrant-on-reentrant) was also found to be unsubstantiated. In reviewing both case files, the auditor determined that the BCC investigators investigated both</p>

allegations promptly and thoroughly.

Subsection (b-c):

During the onsite audit phase, CCC-Wernersville provided the training records of the BCC-MOC investigators which showed that the assigned investigators for the cases received specialized training specific to conducting sexual abuse and retaliation investigations. The auditor reviewed the special investigations lesson plan (reference § 115.234) which was utilized for the training. The investigator who was interviewed during the onsite audit phase was found to have completed all PREA training as required by the PA DOC in addition to the specialized investigator training.

Policy 8.3.1, Section 35 (Investigations) requires all trained investigators to:

- a. Gather and/or preserve direct and circumstantial evidence, including any available physical and DNA evidence, and any available electronic monitoring data;
- b. Interview alleged victim, suspected abusers, and witnesses;
- c. Review prior complaints and reports of sexual abuse involving the suspected abuser.

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

Subsection (d):

According to policy 8.3.1, Section 35 (Investigations) if during an administrative investigation the evidence appears to support criminal prosecution, the investigation shall stop and the Bureau Major or designee will be notified and further direction given. Compelled interviews are not conducted by BCC Investigators. The administrative investigation is placed on hold until the conclusion of the criminal investigation.

According to the interview with investigative staff, any allegation appearing criminal in nature is referred to Pennsylvania State Police (PSP). PSP works with the prosecutor to determine the appropriateness of criminal charges. During the criminal investigation, the PA DOC administrative investigation is placed on hold. The investigator remains involved in the criminal case in so far as assisting with providing PA DOC evidence and information and receiving updates regarding the PSP investigation and criminal case.

According to the alleged sexual abuse investigation report from CCC-Wernersville, the initial appearance of the allegation appeared criminal in nature and was referred to PSP. PSP commenced an investigation, but it was abruptly determined due to the alleged victim refusing to cooperate and give any testimony.

Subsection (e):

Policy 8.3.1 and BCC-ADM 008 states that the credibility of an alleged victim, subject, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender (reentrant) or staff member. An offender (reentrant) who alleges unwanted or forced sexual abuse shall not be required to submit to a polygraph examination or other truth telling device as a condition of proceeding with the investigation of such an allegation. The interview with investigative staff confirmed that the credibility of the individual is not based on status but on the evidence. Additionally staff confirmed the use of a polygraph or other truth telling devices are not utilized as a condition of proceeding with an investigation.

Subsection (f):

Policy 8.3.1, Section 35 (Investigations) also requires the investigator to attempt to determine if staff actions or failures to act contributed to the abuse and document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. According to investigative staff, a review of all factors is conducted that may have contributed to the incident, including staff training and staffing levels.

Upon completion of the investigation, the investigator prepares a confidential investigative report, which, according to the completed report reviewed from CCC-Wernersville and policy 8.3.1, includes:

- a. The complainants' written statement or grievances
- b. All written statements and reports for staff, witnesses, and offenders
- c. All DC-121 Part 3-BCCs related to the alleged incident
- d. All reports related to the investigative assignment and response
- e. A copy of all written statements
- f. Medical reports, to include psychiatric reports
- g. Police reports
- h. Criminal investigative summary
- i. Videos or photographs
- k. Any other relevant reports or documents
- l. Investigative summary.

Subsection (g):

All criminal and administrative investigations are documented in a written report. The BCC investigator coordinates with PSP to provide and obtain evidence. Any information provided to the investigator by PSP is included in the final administrative PREA report. According to the investigator interviewed during the onsite audit phase, the Memorandum of Understanding between PA DOC and PSP requires PSP to provide their final reports to PA DOC investigators.

Subsection (h):

Policy 8.3.1, Section 35 (Investigations) maintains that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Additionally, allegations that appear criminal in nature prior to the administrative investigation or an incident of sexual

abuse will be referred to PSP for criminal investigation. According to the investigator interview, the determination of whether or not an allegation is criminal and will be referred for criminal prosecution lies solely with PSP.

Subsection (i):

According to policy BCC-ADM 008, Section 1 (Data Collection), the Department shall retain all criminal and administrative agency investigative reports for as long as the alleged abuser is incarcerated, housed in a facility operated or contracted by the Department or employed by the agency, plus five additional years.

Subsection (j):

Policy 8.3.1, Section 35 (Investigations) prohibits the termination of an investigation if the alleged abuser or victim is no longer employed or under the control of the facility or agency. The interview with the investigator confirmed that investigations are not terminated if the alleged abuser or alleged victim terminates employment or leaves the facility before the investigation is complete.

The BCC-MOC lead investigator indicated that PA DOC will not accept a resignation of a state employee until the investigation is completed. If the employee is a contract employee, the department can terminate DOC clearance pending the outcome of the investigation, however, the investigation will continue.

Subsection (k):

During the pre-onsite audit phase, CCC-Wernersville provided the auditor with a copy of the Memorandum of Understanding between the PA DOC and PSP. The agreement grants PSP access to all facilities for the purpose of conducting any criminal investigation.

Subsection (l):

Policy 8.3.1, Section 35 (Investigations) stipulates that the BCC investigator shall endeavor to remain informed about the progress of the criminal investigation. This practice was confirmed during the investigator interview. Additionally, the 2018 investigation report demonstrated this practice occurred during the investigation.

Corrective Action: The audit team recommends no corrective action.

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. PA DOC 8.3.1, Bureau of Community Corrections Security Procedures Manual, Section 35 – Investigations (effective 12/4/15)</li> <li>c. PA-DOC BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 5 – Investigations and Retaliation Monitoring (effective 5/30/17)</li> <li>d. PA DOC DC-ADM 008, Prison Rape Elimination Act (PREA), Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (effective 9/22/16)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Specialized Staff – Investigative Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Investigative file</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>During the pre-onsite audit phase, CCC-Wernersville indicated in the PAQ that both Bureau of Community Corrections and PA DOC policies (DC-ADM 008, PREA Procedures Manual, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment; PA DOC 8.3.1, Bureau of Community Corrections Security Procedures Manual Section 35 – Investigations) require adherence to a standard no higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. During the onsite audit phase, the auditor’s interview with investigative staff confirmed the use of the preponderance of evidence standard. No investigative files reviewed suggest the facility imposes a standard higher than a preponderance of evidence.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

115.273	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 8 (Notification to Reentrants)</li> <li>c. Policy BCC-ADM 008, PREA Procedures Manual, Section 8 (Attachment 8-A)</li> <li>d. 8.3.1 Bureau of Community Corrections Security Procedures Manual, Section 35 (Investigations)</li> <li>e. Completed PREA Investigation-Reentrant Notification</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Investigative Staff</li> <li>b. Facility Directors/PREA Compliance Manager</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA Tracking System (WebTAS)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>Policy BCC-ADM 008, Section 8 (Notification to Reentrants) states that following the investigation into a reentrant’s allegation that they suffered sexual abuse in a facility, the PREA compliance manager (PCM) shall inform the reentrant within five business days, in writing, as to whether the allegation has been determined to be:</p> <ol style="list-style-type: none"> <li>a. Substantiated – an allegation that was investigated and determined to have occurred.</li> <li>b. Unsubstantiated – an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.</li> <li>c. Unfounded – an allegation that was investigated and determined not to have occurred.</li> </ol> <p>During the onsite audit phase, the auditor reviewed the agency’s electronic PREA tracking system in WebTAS with specialized staff. The auditor was able to verify that two allegations of sexual abuse had occurred during the past 12 months according to staff accounts and the PREA tracking system. One case is closed that was investigated by an outside agency and the other remains open.</p> <p>During the onsite audit phase, the facility directors at CCC-Wernersville acknowledged that as the PCMs, it is their responsibility to notifying reentrants of the outcome of the PREA investigation. The PREA investigator also acknowledged that reentrants are provided written notification when an investigation is completed and provided the finding of the allegations.</p> <p>Subsection (b):</p>

According to policy BCC-ADM 008, Section 8, if another agency conducts the investigation, the Bureau of Community Correction (BCC) PREA investigator will request the relevant information from the investigative agency and forward it to the PCM, who informs the reentrant.

Subsection (c-d):

Policy BCC-ADM 008, Section 8 states that following a reentrant's allegation that a staff member has committed sexual abuse or sexual harassment against the reentrant, the PCM shall subsequently inform the reentrant when any of the following occur:

- a. The staff member is no longer posted within the reentrant's unit
- b. The staff member is no longer employed at the facility
- c. The agency learns the staff member has been criminally charged related to sexual abuse or sexual harassment within the facility
- d. The agency learns that the staff member has been convicted on a charge related to sexual abuse or sexual harassment within the facility.

Policy BCC-ADM 008 further maintains that following a reentrant's allegation that he or she has been sexually abused or sexually harassed by another reentrant, the PCM shall subsequently inform the alleged victim whenever:

- a. The agency learns that the alleged abuser has been criminally charged related to sexual abuse or sexual harassment within the facility or
- b. The agency learns that the abuser has been convicted on a charge related to sexual abuse or sexual harassment within the facility.

In accordance with policy, the Reentrant Notification form (Attachment 8-A) includes a section for Staffing Update and another section for Criminal Action. The Staffing Update section includes checkboxes for the above listed criteria and if the staff has been permanently restricted from the facility or all DOC and Contracted Sites, is no longer employed by the Department of Corrections, or is no longer employed by the Contract Facility. The Criminal Action section checkboxes if criminal charges have been filed against the abuser in relation to the sexual abuse report filed and abuser has been convicted of criminal charges related to the sexual abuse report filed.

Subsection (e):

Policy BCC-ADM, Section 8 states that following a reentrant's allegation that he or she suffered sexual abuse in a facility operated by the DOC, the PCM at the facility where the reentrant is housed shall inform the reentrant within five business days, in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The during the onsite audit phase, a review of the investigative file found that the reentrant who reported the sexual abuse allegation was provided with a copy of the PREA Investigation-Reentrant Notification form which notified the reentrant of the outcome of the sexual abuse investigation.

Corrective Action: The audit team recommends no corrective action.

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, (PREA Procedures Manual Section 7) 4 pages</li> <li>c. Policy 4.1.1, Human Resources and Labor Relations Procedures Manual Section 7 (Standardization of Pre-Disciplinary Conferences) 3 pages</li> <li>d. Policy 4.1.1, Human Resources and Labor Relations Procedures Manual Section 4 (Resignations in Lieu of Discharge) 4 pages</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Human Resources Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual Section 7 (Disciplinary and Administrative Action) maintains that any employee who violates the Department's zero tolerance policy by engaging in, failing to report, or knowingly condones sexual abuse or sexual harassment of a reentrant shall be subject to disciplinary or administrative action up to and including termination. Human Resources confirmed during the auditor's interview that all staff is subject to disciplinary sanctions up to and including termination for violations of the agency's policies on sexual abuse or sexual harassment. In the past 12 months, CCC-Wernersville reported that no staff has been subject to any disciplinary or administrative action up to and including termination. This was also confirmed during the auditor's interview with human resources during the post-onsite audit phase.</p> <p>Subsection (b):</p> <p>Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 7 (Standardization of Pre-Disciplinary Conferences) stipulates that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. CCC-Wernersville reported during the pre-onsite audit phase through the PAQ that they have had no staff terminations, resignations, or other sanctions for a violation of the agency's sexual abuse or sexual harassment policies in the past 12 months.</p> <p>Subsection (c):</p> <p>Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 7 (Standardization of Pre-Disciplinary Conferences) requires disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging</p>

in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. CCC-Wernersville reported that they have had no staff terminations, resignations, or other sanctions for a violation of the agency's sexual abuse or sexual harassment policies in the past 12 months. The auditor's interview with human resources confirmed that CCC-Wernersville has not had a staff member disciplined in the past 12 months for sexual abuse or sexual harassment.

Subsection (d):

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

In addition, policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 4 (Resignations in Lieu of Discharge) requires that when a staff member resigns in lieu of discharge for a violation of policy BCC-ADM 008, human resources must notify of the Office of Special Investigations and Intelligence (OSII) to determine if a potential criminal violation exists. If the violation meets criminal standards, OSII must refer the case to the District Attorney's Office that has jurisdiction over the affected facility.

CCC-Wernersville reported that there has been zero staff in the past 12 months that were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Corrective Action: The audit team recommends no corrective action.

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

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

Policy BCC-ADM 008 Section 7 stipulates that when a State Intermediate Punishment (SIP) reentrant is alleged to have committed sexual abuse or sexual harassment, the reentrant shall be returned to a State Correctional Institution (SCI). An administrative hearing is then conducted, with the reentrant remaining at the SCI pending the outcome of the administrative and/or criminal investigation. The Bureau of Treatment Services (BTS) Director/designee shall be notified of the outcome of the hearing and investigation(s).

During the onsite audit phase, the auditor's interview with the facility directors/PCM verified that any disciplinary sanctions imposed on a reentrant following an administrative or criminal finding that they engaged in reentrant-on-reentrant sexual abuse would be proportionate to the nature of the circumstances of the abuse committed, the reentrant's disciplinary history, and the sanctions imposed for comparable offenses by other reentrants with similar histories.

Subsection (c):

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

Subsection (d):

Policy BCC-ADM 008 Section 7 (Disciplinary and Administrative Action) maintains that if an allegation of sexual abuse has been substantiated, the reentrant abuser will be discharged from the facility where the sexual abuse occurred. During the pre-onsite audit phase, CCC-Wernersville reported that the facility does offer therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility employs 9 counselors and a social worker. CCC-Wernersville's Building #30, "Pathways" is an 80 bed male facility that houses mental health offenders, transitional parolees, and SIP offenders. The facility acknowledged during the onsite audit phase that it considers whether to require the offending reentrant to participate in such interventions as a condition of access to programming or other benefits. Additionally, as a community corrections center, all reentrants from Building #18 are able to seek assistance in the community.

Subsection (e):

Policy BCC-ADM 008 Section 7 (Disciplinary and Administrative Action) states that the facility may discipline a reentrant for sexual contact with staff only upon a finding that the staff member did not consent to such contact. During the pre-onsite audit phase, CCC-Wernersville reported zero substantiated occurrences of reentrant sexual conduct with staff during this rating period. This was also verified through interviews with random staff during the onsite audit phase.

Subsection (f):

Policy BCC-ADM 008 Section 7 (Disciplinary and Administrative Action) ensures that for the

purpose of disciplinary action, a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. During the onsite audit phase, interviews with CCC-Wernersville's facility directors/PCM and with random staff indicated that no reentrant has been disciplined for falsely reporting an allegation of sexual abuse or sexual harassment that was made in good faith.

Subsection (g):

Policy BCC-ADM 008 Section 7 (Disciplinary and Administrative Action) provides that the Department prohibit all sexual activity between reentrants and may discipline reentrants for such activity. The Department does not deem such activity to constitute sexual abuse if, through the investigative process, determines that the activity is not coerced or forced. The auditor's review of the agency's Inmate Misconduct/Rule Violations (DC-ADM 801 Inmate Discipline Procedures Manual Section 1, Attachment 1-A) noted the following acts of a sexual nature: rape, involuntary deviate sexual intercourse, engaging in sexual acts with others or sodomy, sexual harassment, indecent exposure, and kissing or inappropriate physical contact.

Corrective Action: The audit team recommends no corrective action.

115.282	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. PA DOC BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 4 (Responding to Reports of Sexual Abuse) (effective 5/30/17)</li> <li>c. If you are the Reported Victim of Sexual Abuse Form (effective 5/30/17)</li> <li>d. 8.1.1, Community Corrections Centers Procedures Manual, Section 5 (Resident Procedures) (revised 1/2009)</li> <li>e. Memorandum of Understanding between Reading Hospital-Tower Health and CCC-Wernersville (2/5/2019)</li> <li>f. Crime victim compensation fund fact sheet</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Medical/Mental Health Staff</li> <li>b. Investigative Staff</li> <li>c. First Responders</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>During the pre-onsite audit phase, CCC-Wernersville indicated in their response to the PAQ that reentrant victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Reentrants may accept or decline the described services via the If you are the Reported Victim of Sexual Abuse form. Policy BCC-ADM 008, Section 4 (Access to Emergency Medical and Mental Health Treatment Services) restates this provision. The same section of this policy lists detailed procedures for responding to sexual abuse within 96 hours of the alleged incident and after. The provision of medical services is further described in PA DOC 8.1.1, Community Corrections Centers Procedures Manual, Section 5 (Resident Procedures).</p> <p>During the onsite audit phase, the auditor’s interviews with medical staff confirmed that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, as quickly as possible. If the sexual abuse occurred within 96 hours, the reentrant is transported to Reading Hospital-Tower Health, for SAFE/SANE services. The auditors were unable to interview any reentrants who reported sexual abuse as none were housed at the facility at the time of the onsite audit phase.</p> <p>The auditor reviewed one investigation of sexual abuse. While the alleged incident occurred approximately nine years earlier the reentrant was offered, and declined, medical and crisis intervention services.</p>

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (b):

Policy BCC-ADM 008, Section 4 (Responding to Reports of Sexual Abuse) states that the BCC-Management Operations Center (MOC) shall coordinate initial medical and mental health services by an external provider on behalf of the alleged victim. This was confirmed during the auditor's interview with investigative staff.

Moreover, 13 of 13 security staff members interviewed successfully articulated all of their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; requesting the alleged victim not take any actions that might destroy physical evidence; and ensuring the alleged abuser not take any actions that might destroy physical evidence. All stated, at minimum, they have or would notify their facility director and separate the alleged victim from the alleged abuser. In addition to their basic responsibilities, others added that they would notify or transport the victim to medical and document the report and follow-up actions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (c):

CCC-Wernersville reported in their response to the PAQ that reentrant victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Policy BCC-ADM 008, Section 4 (Follow-Up Care for Victims of Sexual Abuse) restates this expectation.

During the onsite audit phase, an interview with medical staff confirmed reentrants receive information about sexually transmitted prophylaxis. CCC-Wernersville does not house female reentrants and, as such, does not by practice offer information about emergency contraception.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (d):

During the pre-onsite audit phase, CCC-Wernersville indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. A Hospital Memo of Understanding for Treatment of Center Residents states that all financial responsibility for the reentrant's care will be assumed by third party coverage (i.e. insurance, medical benefits, and/or private funds). A review of PA's Crime Victim Compensation Fund affirms that victims may also be reimbursed for medical services from this source.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action: The audit team recommends no corrective action.

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 4 (Responding to a Report of Sexual Abuse) (effective 5/30/17)</li> <li>c. If You Are the Reported Victim of Sexual Abuse Form (effective 5/30/17)</li> <li>d. If You Are the Reported Victim of Sexual Abuse Acceptance Form; blank and completed (effective 5/30/17)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Medical and mental health staff</li> <li>b. Facility Directors/PREA Compliance Manager</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>During the pre-onsite audit phase, CCC-Wernersville indicated in their response to the PAQ that the facility offers medical and mental health evaluations and, as appropriate, treatment to all reentrants who have been victimized by sexual abuse in a confinement setting. Policy BCC-ADM 008 PREA Procedures Manual, Section 4 (Responding to a Report of Sexual Abuse) directs the PREA compliance manager to coordinate medical and mental health evaluations and, as appropriate, treatment for all reentrants who have been victimized by sexual abuse in confinement. During the onsite audit phase, the auditor's interview with a medical health staff member affirmed reentrants receive ongoing treatment in accordance with hospital discharge instructions, when applicable. However, the majority of such treatment is provided by community clinicians as reentrants receive medical and mental health care in the community. Her role is to coordinate care with external providers and dispense medications. The auditor was unable to interview a reentrant who previously reported sexual abuse as there were none housed at CCC-Wernersville during the onsite audit phase. The auditor did, however, review a completed If You Are the Reported Victim of Sexual Abuse Acceptance Form, which demonstrated that a reentrant was presented with the opportunity to receive medical and mental health care, but declined.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Subsection (b):</p> <p>Pursuant to policy BCC-ADM 008, Section 4, the evaluation and treatment of alleged victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their release from the facility. The auditor's interview with</p>

a medical clinician indicated reentrants may receive medical and mental health services, primarily, from community-based clinicians. The auditor reviewed If You Are the Reported Victim of Sexual Abuse and If You Are the Reported Victim of Sexual Abuse Acceptance Forms, which inform victims that they are entitled to follow-up services and asks for their consent to receive such services or referrals. The auditor reviewed a completed If You Are the Reported Victim of Sexual Abuse Acceptance Form, which demonstrated that a reentrant was presented with the opportunity to receive medical and mental health care, but declined.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (c):

Policy BCC-ADM 008, Section 4 states that the PCM shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards. The auditor's interview with a medical practitioner affirm that care is provided by community-based providers and, as such, consistent with the community level of care.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (d-e):

CCC-Wernersville indicated in their response to the PAQ that the facility does not offer pregnancy tests or information about lawful pregnancy related medical services to female victims of sexually abusive vaginal penetration because the facility does not house females. CCC-Wernersville does not house female reentrants as confirmed through conversations with the PREA coordinator, facility directors, and medical staff. During the onsite audit phase, the audit team did not observe any female reentrants being housed in either Building #18 or Building #30.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (f):

During the pre-onsite audit phase, CCC-Wernersville maintained that reentrant victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Policy BCC-ADM 008, Section 4 (Responding to a Report of Sexual Abuse) restates the provision. The PCM is directed to coordinate medical services and referrals for treatment in the community to include sexually transmitted infections. The auditor confirmed during the onsite audit phase that the incident of sexual abuse that was reported in the preceding 12 month period was from years earlier and the reentrant declined medical services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (g):

According to policy BCC-ADM 008, Section 4, services shall be provided without financial cost to the alleged victim and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident. The financial obligation ends when the reentrant is released from the facility. Any financial obligation incurred by the facility shall be reported to the bureau director/designee. Interviews with the facility directors/PCMs and medical clinician indicated they are aware that services shall be provided free of cost. This standard is restated on the If You Are the Reported Victim of Sexual Abuse and If You Are the Reported Victim of Sexual Abuse Acceptance Forms. There were no queries of account transactions of reentrants who previously alleged sexual abuse to review as the one reentrant who reported prior sexual abuse years earlier declined medical services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (h):

CCC-Wernersville indicated in their response to the PAQ that the facility attempts to conduct a mental health evaluation of all known reentrant-on-reentrant abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Policy BCC-ADM 008, Section 4 (Responding to a Report of Sexual Abuse) directs the facility to attempt to coordinate such evaluations. During the onsite audit phase, the auditor's interviews with the facility directors/PCMs and medical provider indicated that while such an evaluation could be facilitated, in reality, the abuser would be transferred to another facility where such evaluation would take place. Staff would be unlikely to perform such an evaluation due to the short-term status of these reentrants. The auditor verified during the onsite audit phase that there were no reentrant abusers on the premises in the past 12 months. The one allegation of sexual abuse pertained to a staff member who was employed at the facility many years prior.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action: The audit team recommends no corrective action.

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 6 (Sexual Abuse Incident Review)</li> <li>c. PREA Sexual Abuse Incident Review (Attachment 6-A)</li> <li>d. PREA Tracking System (WebTAS)</li> <li>e. PREA Sexual Abuse Incident Review Completed Packet</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Facility Directors/PREA Compliance Manager</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA Tracking System (WebTAS)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a-b):</p> <p>Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 6 (Sexual Abuse Incident Review) requires that a Sexual Abuse Incident Review (SAIR) be conducted at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated. No review will be conducted if the allegation has been determined to be unfounded. By policy, the review shall occur within 30 calendar days of notice of satisfactory completion of the investigation. These reviews must take place for all sexual abuse investigations, whether they are conducted by the Bureau Security Division or the Office of Special Investigations and Intelligence (OSII).</p> <p>During the onsite audit phase, the auditor reviewed the PREA Tracking System (WebTAS) with one of the facility directors/PCM and found that consistent with staff reports there had been one allegation of sexual abuse reported in the past 12 months at CCC-Wernersville that was reported on 6/12/18, but had allegedly occurred approximately 9 years ago. The incident review was completed on 1/11/19 and was unsubstantiated. During the onsite audit phase, interviews with the facility directors/PCM indicated that both were knowledgeable with the policy requirements and their responsibilities. The auditor was able to review the entire case file from this incident which appeared to be detailed and thorough.</p> <p>Subsection (c):</p> <p>Policy BCC-ADM 008 outlines who should participate in the SAIR. The PREA compliance manger and the regional director are required to co-chair the SAIR committee and determine the composition of the SAIR team. For CCC-Wernersville, the two facility directors are</p>

members of the SAIR committee. At a minimum, policy requires the following team members:

- a. Regional Director
- b. Facility Director/Designee (Two facility directors at CCC-Wernersville)
- c. Other Designated Manager or Supervisor
- d. Bureau of Community Corrections Investigator
- e. Facility Counselor (presence not authorized for staff on reentrant accusations)
- f. Facility Medical/Mental Health Practitioner (only if directly involved)
- g. Department PREA Coordinator (for Department sites) or Contract Agency PREA Coordinator (when necessary).

When interviewed during the onsite audit phase, the facility directors indicated that they were knowledgeable with the policy requirements and their responsibilities to full fill those requirements if an allegation of sexual abuse was reported and a SAIR would be required.

Subsection (d):

Policy BCC-ADM 008, Section 6 states that the team will carefully review the documentation surrounding the incident. The SAIR must occur at the facility where the incident occurred. The review will focus upon the events associated with the incident, such as housing assignment, location of the alleged incident, measures taken as a result of the allegation, need for follow-up for the alleged victim, etc. The review committee will consider, at a minimum, the items outlined in the PREA Sexual Abuse Incident Review (Attachment 6-A). The team shall review at a minimum the following:

- a. Consider whether the incident or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable sexual abuse;
- d. Assess the adequacy of staff levels in that area during different shifts;
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff
- f. Take action necessary to address immediate safety concerns.

The SAIR committee shall utilize the PREA Sexual Abuse Incident Review (Attachment 6-A) to prepare a confidential report with findings and recommendations and forward the completed report with attachments via email, to the Bureau Major/designee and Facility Director/designee within five working days of the incident review. When interviewed during the onsite audit phase, the facility directors indicated that they were knowledgeable with the policy requirements and their responsibilities to full fill those requirements if an allegation of sexual abuse was reported and a SAIR would be required.

Subsection (e):

Policy BCC-ADM 008, Section 6 stipulates that the Bureau Director/designee shall ensure the recommendations for improvement made by the Department's PREA committee are implemented by the facility. If they are not implemented, documentation of the reasoning must be submitted to the Executive Deputy Secretary and the Department PREA Coordinator.

Correction Action: The audit team recommends no corrective action.

115.287	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. Report of Incident; completed</li> <li>c. Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 1 (Data Collection) (effective 5/30/17)</li> <li>d. PREA Sexual Abuse Incident Review Form (effective 5/30/17)</li> <li>e. PREA Annual Report (2013)</li> <li>f. PREA Annual Report (2014)</li> <li>g. PREA Annual Report (2015)</li> <li>h. PREA Annual Report (2016)</li> <li>i. PREA Annual Report (2017)</li> <li>j. Survey of Sexual Victimization, State Prison Systems, Summary Form (2015); blank</li> <li>k. Survey of Sexual Victimization, Substantiated Incident Form (2016); completed</li> <li>l. Survey of Sexual Victimization, Substantiated Incident Form (2017); completed</li> <li>m. PREA Tracking System Screenshots</li> <li>n. Contractor Sexual Abuse Incident Reviews</li> <li>o. Completed Sexual Abuse Investigation and Sexual Abuse Incident Review</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a-c):</p> <p>During the pre-onsite audit phase, CCC-Wernersville reported in their response to the PAQ that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, which includes, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by DOJ. Policy BCC-ADM 008, Section 1 (Data Collection) indicates the Bureau of Standards, Audits, and Accreditation (BSAA) shall collect the data elements described above using a standardized instrument and set of definitions, in addition to any other information that is required by the SSV and DOJ Bureau of Justice Statistics.</p> <p>The auditor reviewed one completed Report of Incident Form, which includes all of the data elements required by the SSV. CCC-Wernersville is required to complete this form following all substantiated incidents of sexual abuse and sexual harassment and submit it to the agency's PREA Compliance Division for data analysis. The auditor also reviewed agency annual reports from 2013, 2014, 2015, 2016, and 2017. All included a uniform standard of measuring sexual abuse and sexual harassment incidents, as well as a standardized set of definitions, which mirror the federal PREA Standards.</p> <p>Policy BCC-ADM 008, Section 1 (Data Collection) directs the agency to aggregate data</p>

annually. The auditor reviewed aggregated data from 2011 – 2016 to confirm that the agency, indeed, aggregates incident-based data annually so as to complete the Survey of Sexual Victimization, State Prison Systems, Summary Form.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (d):

During the pre-onsite audit phase, CCC-Wernersville stated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency added that all sexual incident review information is provided to the PREA Compliance Division for analysis and statistical purposes. Policy BCC-ADM 008, Section 1 (Data Collection) restates this provision. The auditor reviewed one completed Report of Incident Form, which includes a compilation of data elements from the investigation and sexual abuse incident reviews. This incident-based information is transmitted to the PREA Compliance Division for data analysis and aggregation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (e):

CCC-Wernersville indicated in their response to the PAQ that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its reentrants. Moreover, the data from private facilities complies with SSV reporting requirements. Policy BCC-ADM 008, Section 1, directs the agency to collect such information from every facility the agency contracts with for the confinement of reentrants. The auditor reviewed the agency's PREA Tracking System which includes space to record incident-based data from contracted facilities and viewed incident-based data entries for four contracted facilities, in addition to two investigation packets from two facilities, to confirm that data from contractors is collected and recorded.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (f):

During the pre-onsite audit phase, CCC-Wernersville indicated in their response to the PAQ that the agency provided DOJ with data from the previous calendar year upon request. Policy BCC-ADM 008, Section 1 (Data Collection) states that the agency's annual report shall be complete and posted to the agency's website by June 30 of each year. The auditor confirmed by review of the agency's public website that the agency submitted data per DOJ's request for 2011-2017. As of this report date, DOJ has not requested data for the previous calendar year (2018).

A final analysis of the evidence indicates the facility is in substantial compliance with this

provision.

Corrective Action: The audit team recommends no corrective action.

115.288	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. PA DOC BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 1 – Data Collection and Retention (effective 9/22/16)</li> <li>c. Public website screenshots</li> <li>d. PREA Annual Report (2013)</li> <li>e. PREA Annual Report (2014)</li> <li>f. PREA Annual Report (2015)</li> <li>g. PREA Annual Report (2016)</li> <li>h. PREA Annual Report (2017)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head/Designee (completed 10/26/18)</li> <li>b. PREA Coordinator (completed 2/1/19)</li> <li>c. Facility Directors/PREA Compliance Manager</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>During the pre-onsite audit phase, CCC-Wernersville indicated in their response to the PAQ that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Policy BCC-ADM 008, Section 1 (Data Collection and Retention, Section Annual PREA Report) states that the PA DOC Bureau of Standards, Audits, and Accreditation shall review data collected and aggregated annually in order to assess and improve the effectiveness of the items listed above. The auditor reviewed the agency's 2017 annual report and confirmed it includes the following components: annual prevention, training, and external collaboration efforts; incident-based agency-wide and contractor data analysis; corrective action steps; and a summary statement.</p> <p>The Agency Head/Designee reported that incident-based sexual abuse data is used to identify and understand what sexual abuse trends might exist so that the agency can develop a response. The response may include additional training for staff or policy changes based upon the data. Each facility is required to submit a plan of action, which is, then, shared across facilities for prevention and response purposes.</p> <p>An interview with the PREA Coordinator (completed 2/1/19) indicated that the PREA Compliance Division evaluates every sexual abuse incident review, which facilities are</p>

mandated to forward, from PA DOC State Correctional Institutions, PA DOC Bureau of Community Confinement, and contracted community facilities. The PREA Compliance Division uses their PREA Tracking System to understand the types of allegations at each facility. The PREA Coordinator reported he, generally, attempts to review and analyze the data quarterly.

Along with the sexual abuse incident reviews, the PREA Compliance Division reviews SSV data from substantiated cases to determine where there are opportunities for improvement. For example, the PREA Compliance Division identified that there are a number of verbal allegations occurring on level 5 housing units. In response, they are trying to develop a training curriculum for sites with high levels of sexual harassment allegations in restrictive housing. One facility identified the camera in the food service area was not properly positioned to capture pat searches. Following the incident review, the camera was moved to accommodate the area. These modifications are reflected in the agency's annual report, which is published by June 30 and posted to the agency's public website. The PCM indicated that CCC-Wernersville completes and forwards a monthly report to the PREA Coordinator, which informs agency-level data.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (b):

During the pre-onsite audit phase, CCC-Wernersville indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. Moreover, the annual report provides an assessment of the agency's progress in addressing sexual abuse. Policy BCC-ADM 008, Section 1 (Data Collection and Retention, Section Annual PREA Report) restates that the annual report shall include comparative data, including an assessment of the agency's progress. The auditor reviewed annual reports from 2013, 2014, 2015, 2016, and 2017. All included comparative data, corrective action, and a discussion of progress.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (c):

CCC-Wernersville indicated in their response to the PAQ that the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head. According to BCC-ADM 008, Section 1 (Data Collection and Retention, Section Annual PREA Report), the annual report shall be approved by the agency's Secretary and posted to the agency's public website by June 30 of each year. The auditor reviewed annual reports from 2013, 2014, 2015, 2016, and 2017. Since 2014, PA DOC's Secretary has approved and signed the reports. The Agency Head/Designee affirmed that the agency head reviews and approves the annual reports. In addition to posting the agency's annual reports to the public website, the agency also posts annual Survey of Sexual Victimization, State Prison Systems, Summary Forms.

A final analysis of the evidence indicates the facility is in substantial compliance with this

provision.

Subsection (d):

During the pre-onsite audit phase, CCC-Wernersville indicated in their response to the PAQ that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. When redactions are necessary, the agency indicates the nature of the material redacted. Policy BCC-ADM 008, Section 1 (Data Collection and Retention, Section Annual PREA Report) repeats this provision verbatim. The auditor reviewed annual reports from 2013, 2014, 2015, 2016, and 2017. There was no data enclosed that required redaction. The PREA coordinator stated the agency does not include any personal identifying information in their annual reports. However, if they could not avoid such an inclusion the information would be redacted and the nature of the redaction would be described.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action: The audit team recommends no corrective action.

115.289	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Wernersville Pre-Audit Questionnaire</li> <li>b. PA DOC BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 1 – Data Collection and Retention (effective 9/22/16)</li> <li>c. Public website screenshots</li> <li>d. Prison Rape Elimination Act Annual Report (2017)</li> <li>e. PA Board of Probation and Parole, PREA Annual Report (2017)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Coordinator (completed 2/1/19)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (a):</p> <p>During the pre-onsite audit phase, CCC-Wernersville reported on the PAQ that the agency ensures incident-based and aggregate data are securely retained. According to policy BCC-ADM 008, Section 1 (Data Collection and Retention, Section Annual PREA Report), the agency shall securely retain all aggregate PREA data on the agency’s secure servers.</p> <p>The PREA coordinator affirmed that data is securely retained on the agency’s network. PREA Tracking System access is controlled by user rights and is granted by the PREA Compliance Division to those staff with a need to know at each location. Sexual abuse incident review data is securely retained in the PREA Compliance Division electronic file system, which can only be accessed by staff members of the PREA Compliance Division.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Subsection (b):</p> <p>CCC-Wernersville indicated in their response to the PAQ during the pre-onsite audit phase that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts is made readily available to the public at least annually through its website. Policy BCC-ADM 008, Section 1 (Data Collection and Retention, Section Annual PREA Report) directs the agency to make all aggregated sexual abuse data information from facilities under its direct control and contracted facilities, readily available to the public through the agency’s website, at least annually.</p> <p>The auditor reviewed PA DOC’s public website, wherein aggregated sexual abuse data is listed in the form of an annual report for all agency facilities, in addition to those with which it</p>

contracts for the confinement of reentrants and offenders. Specifically, the auditor reviewed two reports titled, PREA Annual Report 2017 and PA Board of Probation and Parole, PREA Annual Report 2017.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (c):

During the pre-onsite audit phase, CCC-Wernersville indicated in their response to the PAQ that the agency removes all personal identifiers before making aggregated sexual abuse data publicly available. Policy BCC-ADM 008, Section 1 (Data Collection and Retention, Section Annual PREA Report) states that specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. By review of PREA Annual Report 2017 and PA Board of Probation and Parole, PREA Annual Report 2017 posted to PA DOC's public website, the auditor confirmed that no personally identifying information is listed in the contents of either report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Subsection (d):

CCC-Wernersville reported during the pre-onsite audit phase that the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. The facility stated that data is maintained by the agency's PREA Compliance Division on its secure drive and within the agency's PREA Tracking System. Policy BCC-ADM 008, Section 1 (Data Collection and Retention, Section Annual PREA Report) directs the agency to maintain aggregated PREA data for a period of no less than 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action: The audit team recommends no corrective action.

115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="252 416 1040 707" style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. PA DOC PREA Audit Reports – PA DOC Website</li> <li>b. PA DOC PREA Audit Schedule for Cycle Two (2017-2019)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Coordinator (Completed 2/1/19)</li> <li>b. PREA Compliance Managers/Facility Directors</li> </ol> </li> </ol> <p data-bbox="252 752 561 786">Findings (By Provision):</p> <p data-bbox="252 842 450 875">Subsection (a):</p> <p data-bbox="252 931 1433 1223">The PA DOC PREA coordinator reports 25 state correctional facilities (prisons) and 11 community confinement facilities are under the operational control of the executive branch. Based upon a prior interview with the Statewide PREA coordinator (2/1/19) and informal discussions during the onsite audit phase, the auditor was informed that there are no contracted prisons that house state inmates and there are no state facilities operated on behalf of the agency by a private organization. The auditor observed all 36 facilities' PREA audit reports posted on the agency's public website for the first audit cycle (2014-2016).</p> <p data-bbox="252 1267 450 1301">Subsection (b):</p> <p data-bbox="252 1357 1487 1559">During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. The agency reports 25 state correctional institutions (prisons), 11 community confinement facilities operated by the state and 14 contracts to house state adult reentrants.</p> <p data-bbox="252 1615 1487 2029">The agency PREA coordinator informed the auditor in a correspondence that acknowledges "the agency found audits between community confinement and prisons were out of balance and not evenly distributed in thirds across both types. We were heavy with prison audits and light with community confinement. We plan to correct this by auditing half of the remaining community confinement centers in year 2 and 3. We can also audit a third of our prisons for year 2; however, because we conducted more audits of prisons in year 1, by the time we reach year 3, there will be slightly less than 1/3 of our prisons to audit." The agency provided the auditor the agency's PREA audit schedule for cycle two by facility type which supported the communication from the PREA coordinator as noted above. A listing of the PREA audit schedule is also posted on the PA DOC public website.</p> <p data-bbox="252 2085 450 2119">Subsection (h):</p>

During the onsite audit phase, all three members of the audit team had unfettered access to all areas of the facility. We reviewed every room within the facility and entered every door open or secured. We were able to view any operation within the facility upon our request. If a specific task or process was not occurring or scheduled to occur during our onsite review, facility staff demonstrated by recreating a process as requested by the auditors; reentrant intake functions, inmate showering process and PRAT assessments, for example.

Subsection (i):

During all phases of the audit, staff consistently made available to all three members of the audit team; documents, records, files, videos, and photo records (electronic/hard copy) in a timely manner. The PREA coordinator who was onsite during the extensive walkthrough of both Building #18 and Building #30 took photos of specific items and areas within CCC-Wernersville upon request for the auditor's use and reference in preparing the audit findings. During the onsite phase of the audit, the auditors had unfettered access to files, reports and automated information systems at the agency and facility levels.

Subsection (m):

During the onsite audit phase, the audit team members, the facility directors/PCMs, and staff worked cooperatively to develop a confidential process and private setting for conducting interviews of both staff and reentrants. A total of 21 formal reentrant interviews (random and targeted) occurred and 17 random and specialized staff interviews occurred during the onsite audit phase.

Subsection (n):

The two facility directors/PCMs (Building #18 and Building #30) at CCC-Wernersville coordinated the postings of the auditor supplied "Notice of Audit" posters in English and Spanish. These posters were placed throughout the reentrant dormitory rooms, dayroom areas, hallways, and other conspicuous places within both buildings. The facility directors/PCMs provided the auditor pictures when the postings were posted (weeks in advance of the onsite audit) and the audit team members observed these posters throughout the facility when conducting the onsite audit phase. The "Notice of Audit" posters state in part, that any person with information relevant to this compliance audit may confidentially correspond with the lead auditor (address provided).

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

Corrective Action: The audit team recommends no corrective action.

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. PA DOC PREA Audit Reports – PA DOC Website</li> <li>b. PA DOC PREA Audit Schedule for Cycle Two (2017-2019)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Coordinator (Completed 2/1/19)</li> <li>b. PREA Compliance Managers</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>Subsection (f):</p> <p>The PA DOC maintains a public website and a website link dedicated to PREA information. Included on the agency’s public website is a link to all PA DOC facility final PREA audit reports since 2014. All final audit reports have been posted on the website within 90 days of issuance by the auditor based on the information on the website and according to a prior interview conducted with the PREA coordinator and the onsite audit phase interviews with the facility directors/PCMs.</p> <p>The agency has the final date of the report listed on the website as part of the “naming scheme” (facility name, final report date). CCC-Wernersville’s last audit report is available on the agency’s website and was viewed by the auditor; “Wernersville CCC Final PREA Report dated 11-12-15.”</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

## Appendix: Provision Findings

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

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

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

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

115.212 (c)	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	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.)	na

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

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

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

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

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

115.232 (b)	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

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

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

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

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

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

<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

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

<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	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.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes

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

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

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

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

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

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

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

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

115.253 (a)	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

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

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

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

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

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

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

<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

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

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

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

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

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

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

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

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

115.267 (b)	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: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)	Agency protection against retaliation	
	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?	yes

<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

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

115.282 (b)	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

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

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

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

115.283 (b)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

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

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

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

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

<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

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

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

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

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

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

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

<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

<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