

PREA Facility Audit Report: Final

Name of Facility: Progress Community Corrections Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/25/2020

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"/>
Auditor Full Name as Signed: Dave Cotten	Date of Signature: 02/25/2020

AUDITOR INFORMATION	
Auditor name:	Cotten, Dave
Address:	
Email:	ddcotten55@gmail.com
Telephone number:	
Start Date of On-Site Audit:	01/16/2020
End Date of On-Site Audit:	01/17/2020

FACILITY INFORMATION	
Facility name:	Progress Community Corrections Center
Facility physical address:	179 Progress Drive, Waynesburg, Pennsylvania - 15370
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	David LeMasters
Email Address:	dlemasters@Pa.gov
Telephone Number:	724-288-2792

Facility Director	
Name:	David
Email Address:	LeMasters
Telephone Number:	724-288-2792

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	David LeMasters
Email Address:	Dlemasters@pa.gov
Telephone Number:	M: 724-852-5561

Facility Characteristics	
Designed facility capacity:	140
Current population of facility:	80
Average daily population for the past 12 months:	74
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	21-75
Facility security levels/resident custody levels:	Parole Violators
Number of staff currently employed at the facility who may have contact with residents:	35
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7
Number of volunteers who have contact with residents, currently authorized to enter the facility:	7

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

Agency Chief Executive Officer Information:	
Name:	John Wetzel
Email Address:	██████████
Telephone Number:	██████████

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

AUDIT FINDINGS

Narrative:

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

The on-site PREA Audit of the Progress Community Corrections Center (CCC), an adult male community confinement facility, of the Pennsylvania Department of Corrections (PADOC) was conducted on January 16-17, 2020. The audit was conducted by Dave Cotten, a certified National PREA auditor under contract with the PREA Auditors of America, LLC.

During the pre-audit phase PADOC and Progress CCC provided the auditor with pre-audit documentation using the on-line audit system (OAS). Progress CCC notified the auditor, on December 5, 2019, of the posting of the upcoming audit notice containing the auditor's name and contact information to allow for confidential correspondence with the auditor prior to the on-site audit phase. Per the facility notification and photos of the posting locations, all inmates and staff could access this information for at least six weeks prior to the on-site audit.

Several email or phone conversations transpired between the auditor and the facility PREA Compliance Manager prior to the on-site to discuss logistics, additional documentation and items needed for the on-site visit.

An initial in-brief and welcome meeting was held at 8:00 a.m. on January 16, 2020 with Progress CCC Facility Director and Correctional Counselor Supervisor Tiffany Guyton. Staff introduced themselves and provided professional background as did the auditor. The Director provided the auditor with an overview of the Progress CCC and the offender population it serves. Progress CCC recently changed its mission to one of housing technical parole violators for a minimal specific amount of time to complete specific programming to address each re-entrant's needs for success.

Note: While the residents of this CCC are referred to as re-entrants, much of the documentation refers to the overall population of the PADOC, so for the purposes of this report and related policy and documents the terms "inmate" and "re-entrant" are interchangeable.

The auditor was given a complete tour of the facility led by the Director and Counselor Supervisor. Throughout the tour, the auditor observed the notices of this PREA audit in all the buildings, as well as posters that called attention to the PADOC's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. Female staff were announced in the housing units throughout the tour.

One area was observed during the facility tour which could allow for cross gender viewing of inmates. A discussion with the Director resulted in corrective action being taken by the facility to lessen the chance of cross gender viewing of offenders while not adversely affecting security. The facility provided the auditor with the adjustment/construction plan and provided the auditor with a purchase order for the items that had been ordered to make the corrections.

Following the tour, the auditor began the interviews and reviews of investigative files, training and personnel files, offender files, and documents.

A total of twenty (20) re-entrants were interviewed using the inmate questionnaires. Of the 20, three were interviewed as disabled (cognitive), one inmate who had reported sexual abuse and one who disclosed victimization at screening. Fifteen (15) of those interviewed were randomly selected, by the auditor, from a list of all the offenders by their housing assignment at the facility. The auditor received no letters of correspondence from offenders.

Twelve (12) staff were interviewed who were randomly selected by the auditor from all three shifts and/or other areas. Seventeen (17) interviews were conducted with thirteen (13) specialized staff with several staff interviewed who functioned in multiple specialized duties. Specialized interviews included the Director who also serves the PREA Compliance Manager, PREA Coordinator, contract administrator, medical staff, the human resources manager, administrative investigator, staff who conduct screening for risk of abuse or victimization, intake staff, an incident review team member, the staff member who monitors for retaliation, a representative for SANE at the local hospital, volunteers and first responders. The agency head interview was conducted previously by another auditor and provided to this auditor. Also interviewed was one representative from the Pennsylvania Coalition Against Rape and its affiliate in the local community for Sexual Trauma Treatment and Recovery Services (STTARS) who provides victim advocacy and emotional support services for victims of sexual abuse at the facility. In total, thirty (30) staff/volunteer/other interviews were conducted as part of the audit.

Staff at the facility responded quickly and appropriately to all requests by the auditor for specific information or documentation.

The auditor conducted a short de-brief on January 17, 2020. The auditor gave an overview of the audit process and thanked the Director and his staff for their hard work and commitment to the Prison Rape Elimination Act.

During the on-site and post-audit phase, the auditor requested some follow up documents which, again, was provided quickly and appropriately by the facility.

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.

Progress Community Corrections Center is an adult male community confinement facility located near Waynesburg PA. The building currently used for Progress CCC was originally built in 1995 for SCI Greene (next door) to house level two inmates. The building was acquired by the PADOB Bureau of Community Corrections (BCC) for Progress and began housing re-entrants in 2010. The designated facility capacity was at 200 but was lowered to 140 to facilitate program changes. The facility's current (1/16/2020) re-entrant population is 120 adult males age of 21 and up. Progress CCC is a single building with three housing units setting on the same property as SCI Greene but fenced separately. With positive progression, re-entrants step up to higher levels of privileges within the three living units.

Progress CCC is a short-term intensive program setting for technical parole violators. The program is designed to address specific needs of parole violators toward successful reentry to parole and society in general. Average length of stay is 85 days.

The facility has limited medical services with one nurse on site, eight to ten hours per day. Most re-entrant medical services are provided by local medical clinics and hospitals. SANE, if needed, would be conducted at Washington Health System, Greene County. The facility reports no incidents of sexual abuse within the last 12 months.

Staffing at the facility is thirty-five with twenty-one of those being monitors or security staff covering three shifts. The facility has an extensive camera system for the size of the facility.

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.

Number of standards exceeded:	3
Number of standards met:	38
Number of standards not met:	0

The 2020 PREA audit conducted at Progress CCC concluded with the facility being substantially compliant with the PREA standards.

Overall Compliance as Reflected in the Final Compliance Report:

Number of standards exceeded: Three (3)--(115.11, 115.17 & 115.88)
 Number of standards met: Thirty-eight (38)
 Number of standards not met: 0
 Number of standards not applicable:
 Total Standards: 41

One standard required corrective actions to meet the standard:
 115.15 (d)--Corrective actions required: One area was observed, in the housing units, during the facility tour which could allow for cross gender viewing of re-entrants. While showers were well covered, the re-entrants had no place to hang or set their towel/clothing while showering and had to exit the shower and step away from the shower to access their towels/clothing thereby potentially becoming exposed to opposite gender staff performing normal duties.
 Action taken: Upon discussion with the Director, a work order was submitted, and material ordered to attach hooks or hangers near the shower allowing re-entrants to access their towels/clothing from the shower stall.

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, Prison Rape Elimination Act (PREA) outlines the zero-tolerance program and the agency's approach to the prevention, detection and response to such conduct. Policy addresses definitions of prohibited behaviors, strategies and responses to sexual abuse and harassment, sanctions applied to those who violate policies, etc... Policy 801 addresses discipline and is in place.</p> <p>The PADOE employs an agency wide PREA Coordinator who reports to the Director of the Bureau of Standards, Audits, Assessments, and Compliance as directed by policy and verified by a position description for the Coordinator.</p> <p>In an interview with the PREA Coordinator, he states he does have sufficient time and authority to oversee the PADOE's PREA program with the assistance of an assistant PREA Coordinator the facility compliance managers. This position is the coordinator's primary job. The coordinator indicated he interacts with the 35 PREA Compliance Managers (PCM) at state prisons or community corrections facilities and 25 lock up facilities by regular annual meetings, email and phone conversations, some of which are conference calls or with the use of tele-communications such as Skype. He trains or ensures appropriate training for all newly assigned PCMs. The coordinator also states he addresses compliance issues by effecting policy changes, addressing training or communications issues, uses bulletins to PCMs or facility heads, talks with the PREA Resource Center and other coordinators, etc...</p> <p>Although not required by standard, PADOE policy identifies the facility director as the PCM for all Community Corrections Centers (CCC), including the Progress CCC.</p> <p>Policy, organizational charts and position descriptions were reviewed.</p> <p>Based on policy, other documents provided, observations during the on-site tour, and the interviews conducted, the agency and facility exceeds the requirements of this standard.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, Prison Rape Elimination Act (PREA) addresses contracting in section 02. All contracts, which were renewed in February 2019, require PREA compliance. There are no contracts that do not require PREA compliance. All current contracts do require the PADOE to monitor for compliance. PREA reports are available for review and several were provided for the auditor review.</p> <p>In interviewing the contract administrator, he states contracts are monitored by assigned staff who submit compliance reports to his office. This includes ensuring PREA audits are completed for each contract facility. None of the current contract facilities have failed a PREA audit. All allegations at contract facilities are reviewed by agency staff. Each contract facility must submit a monthly report and all criminal investigations are completed by State investigators.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC PREA Policy addresses requiring each facility develop, document and make best efforts to comply with a staffing plan and identifies each element of the standard. Policy 08.03.01, section 15 outlines the responsibility of the Bureau of Community Confinement (BCC) Director to develop the staffing plan for the community confinement facilities. The BCC Major shall conduct annual reviews at every CCC and prepare a report with recommendations. BCC staffing plans shall be provided to the Deputy Secretary for approval and a copy provided to the PREA Coordinator.</p> <p>The PDOC Bureau of Community Confinement (BCC) oversees operation of all CCCs to include the development of staffing plans for each facility. Staffing plans for each CCC is contained in a single document but does address each element of the standard.</p> <p>The facility provided the BCC Staffing Plan which addresses each issue for each CCC, including Progress.</p> <p>The Facility Director states they do have a staffing plan which is kept electronically and in his office.</p> <p>The Director states he is involved in all staffing analysis for the facility to further ensure staffing levels consider the protection of inmates from sexual abuse. The facility has numerous cameras which are included in the staffing plan and subsequent reviews. He states all elements of the standards are considered in the staffing plan. Each element of the standard is addressed through the staffing plan. Supervisors are directed to never fall below minimum staffing. When the potential is identified, mandatory overtime or call ins occur.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, Prison Rape Elimination Act (PREA), section, section 08 addresses stating staff are not to conduct cross gender strip searches except in emergent circumstances. Progress CCC Procedures Manual BCC-ADM 008 reaffirms on the facility level. This section also states staff shall be trained in cross gender pat searches and in searches of transgender or intersex inmates. This policy also addresses announcements of cross gender staff entering the living units. Section 19 of this policy states inmates will not be searched or physically examined for the sole purpose of determining their genital status.</p> <p>One area was observed, in the housing units, during the facility tour which could allow for cross gender viewing of re-entrants. While showers were well covered, the re-entrants had no place to hang or set their towel/clothing while showering and had to exit the shower and step away from the shower to access their towels/clothing thereby potentially becoming exposed to opposite gender staff performing normal duties.</p> <p>Corrective action: Upon discussion with the Director, a work order was submitted, and material ordered to attach hooks or hangers near the shower allowing re-entrants to access their towels/clothing from the shower stall.</p> <p>Interviews with random re-entrants indicate female staff are announced when entering housing units most of the time. Re-entrants mostly stated they never felt they had to be naked in front of female staff. Two re-entrants stated they had to step out of the shower naked to get their towels and shorts.</p> <p>Random staff interviewed stated female staff are always announced and staff felt inmates are never viewed by female staff using the shower or toilet or when changing clothes. All random staff interviewed were aware they could not search a transgender or intersex inmate for the sole purpose of determining that person's genital status. Most staff knew this was in policy. Staff stated they had received cross gender/transgender/intersex search training. When queried, staff were able to describe appropriate pat search techniques.</p> <p>The facility had no transgender re-entrants at the time of the on-site audit.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, Prison Rape Elimination Act (PREA), section, section 04 addresses in policy to include materials will be delivered in alternative formats that accommodate an inmate’s disability or shall be delivered through alternative methods , such as staff reading it to the inmate or communicating through an interpreter. Policy also addresses providing LEP inmates with qualified staff or contract interpreters or, if not available, use a contract translation service. This policy also requires inmate interpreters or other inmate assistants not be used except in emergent, time sensitive situations which could compromise the inmate victim’s safety.</p> <p>Policy BCC ADM 005, section 001 requires placement of disabled re-entrants at facilities which can accommodate that re-entrants. This policy further reiterates the above policy requiring the BCC office to provide direction for alternative translator if a staff translator is not available and re-entrant interpreters will not be used.</p> <p>The re-entrant handbook Spanish versions available and Spanish PREA posters were observed during the facility tour.</p> <p>The facility has available, a list of approved foreign language employees for translation. Also available is an instructions card for the use of the language line which provides over the phone translator services for multiple languages.</p> <p>An available management directive defines the acquisition and use of sign language interpreters.</p> <p>The agency head states policy outlines the use of translators or services necessary to ensure re-entrants receive the necessary information.</p> <p>Most random staff knew not to use re-entrant interpreters. Some indicated they could be used in emergent situations.</p> <p>Of the re-entrants interviewed who are disabled, all three stated they did receive the information in a format they could understand.</p> <p>The facility had no LEP re-entrants at the time of the on-site audit.</p>

115.217	Hiring and promotion decisions
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 483">The Pennsylvania DOC policy 01.01.04, Central Clearances Procedures Manual, section 04 addresses by stating the PADOc prohibits the hiring or promoting of anyone as outlined in the standard. Policy also requires background checks of potential employees, contractors and volunteers.</p> <p data-bbox="252 499 1485 831">Policy 04.01.01, Human Resources and Labor Relations Procedure Manual, section 41 confirms this above policy using similar language. This policy also requires background checks of all candidates for employment. Policy includes a prior employer questionnaire addressing PREA related questions and a position vacancy interest form requiring the potential employee to answer the relevant questions and sign the document. Section 38 attachment 38-A, application contains an oath with signature which states “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.”</p> <p data-bbox="252 842 1398 958">Policy 08.03.01 BCC Security Procedures Manual, section 31 addresses Contractor and Volunteer Clearances in detail. Much of the policy reiterates policy 04.01.01 above. Candidates shall complete the PREA Questionnaire electronically.</p> <p data-bbox="252 1010 1477 1301">Examples of completed forms were provided to and reviewed by the auditor. Auditor requested additional completed forms for randomly selected staff, which were provided. Documents include PADOc background request forms, application forms which includes prior sexual abuse questions as outlined in standard and criminal history background, authorization for information waiver forms, consent to information release for PREA compliance signed by applicants, for randomly selected staff, which were provided. The PADOc uses JNET on a daily basis. JNET notifies agencies of any staff having any negative law enforcement contact.</p> <p data-bbox="252 1352 1442 1559">Through policy and interviews the auditor determined background and history check for applicants for employment are processed through the HR department while the checks for contractors and volunteers are processed through the BCC Security Office. Both processes use NCIC and JNET. BCC current contractors and volunteers background checks are then completed at least annually.</p> <p data-bbox="252 1615 1422 1686">Per HR staff, employees sign a release of information at hiring which allows the agency to provide relative information upon request from another institutional employer.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 6 addresses the standard with verbiage directly from the standard and requires the PREA Coordinator or PCM's input be documented in meeting minutes involving facility or electronic monitoring system expansions or modifications. Policy 08.03.01 reiterates this and provides specific direction on CCC facilities' new construction or modification ensuring safety from sexual abuse is considered. This policy also addresses monitoring and recording systems for CCCs.</p> <p>The Agency Head stated the camera committee reviews and determines appropriateness of upgrades or expansions.</p> <p>The Director states cameras have been added to blind spots in visiting. While not specifically for PREA, the new cameras do enhance all safety to include safety from sexual abuse.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 18 addresses the standard identifying the Security Office at each facility may investigate administrative cases and all criminal cases are referred to the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police (PSP). Facility investigators and BII are required, by policy, to follow a uniform evidence protocol as required by standard. This section also addresses forensic examination processes and evidence collection.</p> <p>Section 14 of this policy addresses BCC response to reports of sexual abuse requiring; all incidents be reported to PSP through the Management Operations Center (MOC) who will give appropriated direction, forensic examinations will be provided in community based medical facilities and policy includes BCC checklists. This section also addresses forensic examination processes and evidence collection. A CCC Victim Services for re-entrants has the reported victim sign after requesting or denying a medical exam, mental health eval and/or access to rape crisis services.</p> <p>Section 15 addresses inmate access to outside confidential rape crisis services by requiring the PCM of each facility to coordinate with a Pennsylvania Coalition Against Rape (PCAR) approved local rape crisis center to develop a letter of agreement for victim advocacy and emotional support services. This section also requires the advocate to accompany a victim, if requested, through the forensic medical exam.</p> <p>The National Protocol for Sexual Assault Medical Forensic Examinations, second edition is available in file.</p> <p>An MOU between the PADO and PSP states the PSP will endeavor the comply with PREA standard 115.21 and a letter, from the PADO Secretary to the PSP Commissioner, requesting statewide compliance provided.</p> <p>A signed LOA with the Sexual Trauma Treatment and Recovery Services (STTARS) program to provide victim advocates as requested and provide emotional support services.</p> <p>Per documentation provided, the 18 P. S. 11.707, victims cannot be charged for forensic examinations. Examples of completed sexual abuse checklists showing forensic exams conducted and no charges were applied to the victim.</p> <p>The facility reports they do not house inmates under the age of 18.</p> <p>Interviews with random staff indicate most knew the staff responsibilities to initial response to an incident is to isolate and separate the reported victim and reported abuser, report to supervisors and MOC, secure the scene, inform the persons involved to not wash, use the toilet, change clothes, eat or drink, etc.. Most staff were aware PSP or BII investigate criminal sexual abuse cases.</p> <p>The emergency room coordinator for Washington County Medical Center stated their facility has a LOA with Progress CCC to perform forensic medical exams as requested and approved.</p>

The coordinator stated they have numerous nurses trained in forensic examinations and could always provide services. The coordinator also stated re-entrant victims would also receive emergent and on-going medical care.

An interview with the PCM indicates the facility provides victim advocates through the Sexual Trauma Treatment and Recovery Services (STTARS) program associated with the Southwest Pennsylvania Human Services (SPHS). This is a statewide agreement with the Pennsylvania Coalition Against Rape and no other local advocates are used including staff. LOA requires STTARS provide properly trained and qualified advocates.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 18 addresses the standard stating every report shall be investigated promptly, thoroughly and objectively. This section goes on to describe the process of administrative investigations and referrals for criminal investigations. Policy states PSP will investigate all criminal cases. Section also includes checklists for investigations.</p> <p>Section 14 of this policy includes checklists that documents referrals to PSP with the date, time and PSP trooper contacted.</p> <p>08.03.01, Section 35 reiterates much of the above policy and identifies specific actions to be taken by BCC or CCC staff.</p> <p>A screenshot of a page from the PREA Tracking System, investigations shows the tracking mechanism in place to ensure all allegations are investigated timely and completed.</p> <p>An MOU is in place between PADO and PSP for investigations of sexual abuse cases.</p> <p>The facility reports 5 allegations for sexual abuse or harassment were made with all being reviewed administratively. One of the allegations were still under investigation at the time of the pre-audit questionnaire being completed by the facility.</p> <p>The entire PADO PREA investigation policy, to include which agency is responsible which allegations, is posted on the website.</p> <p>The Agency Head designee states PADO ensures facilities complete investigations on all allegations of sexual abuse or harassment either at the facility, administratively, or through PSP for criminal cases. Administrative investigations are either conducted by BII or by trained facility staff under oversight of the BII.</p> <p>The facility heads and/or PCM are the point of contact for all investigations.</p> <p>Administrative investigators interviewed stated any indication of criminal behavior is referred to PSP who determines the next steps in the investigation.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 11 addresses training for employees stating training must include all elements of element (a) of the standard. Training is conducted at basic training and bi-annually at the facilities.</p> <p>Lesson plans for PREA training were reviewed by the auditor. The lesson plans did cover all elements as noted in paragraph (a) of this standard. An additional training titled “Professional Boundaries” is also presented to all employees.</p> <p>Training records for randomly selected employees were reviewed by the auditor and reflected appropriate training was completed. A roster was provided showing all current staff and the date of last PREA training.</p> <p>Of the random staff interviewed, most showed good knowledge of the elements of the required training. When queried on specifics staff were generally well informed</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 11 addresses training for contractors and volunteers. Training is based on the level of inmate conduct as outlined in the policy for high level of contact, requiring the same training as staff; or sporadic level of contact requiring training on zero tolerance, how to report and to whom, etc.... In all cases, contractors and volunteers are required to sign a “PREA Training and Understanding Verification Form.”</p> <p>Informational documentation (handouts and brochures) for PREA training was reviewed by the auditor.</p> <p>Training records for randomly selected volunteers/contractors were reviewed by the auditor and reflected appropriate training was completed. Signed “PREA Training and Understanding Verification Forms” were reviewed.</p> <p>Of the volunteers interviewed, they showed good knowledge of the elements of the required training.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 11 addresses inmate education outlining appropriate education upon intake and again, more in-depth, at orientation within 30 days. Per policy, education includes the video “PREA: What You Need to Know” and a handout with related information. Inmates sign acknowledging receiving the education. Staff presence at the orientation includes asking and answering questions to ensure understanding. Policy requires information be provided in formats accessible to all inmates including; LEP, deaf or hard of hearing, visually impaired, limited reading skills or otherwise disabled.</p> <p>The inmate PREA information handout and handbook were both reviewed by the auditor. Both contained the appropriate PREA information.</p> <p>During the onsite, the auditor did observe posters throughout the facility relating to zero tolerance and how to report in Spanish. The facility provided a Braille version of the handout in pre-audit documentation and reports the video in subtitled in English and Spanish for LEP and hard of hearing.</p> <p>Per policy and as reported by the facility, the facilitator of intake or orientation education for inmates, may read the materials and may meet one-on-one with re-entrants to ensure understanding of the information. Numerous completed education verification forms were provided in pre-audit documentation and others for random re-entrants selected by the auditor.</p> <p>Intake staff interviewed stated all re-entrants coming through intake, regardless of where they come from, for assignment receive the same information which includes the policy on zero tolerance, how to report sexual abuse, harassment or retaliation. Within days of arrival all re-entrants must attend orientation which includes the re-entrants' rights and the PREA policy requirements.</p> <p>Of the random re-entrants interviewed all stated they had received the information at intake and through orientation with many stating the information was received on the 1st day or two, or within the first week. The majority of re-entrants interviewed knew they had the right to not be sexually abused, harassed or retaliated against for reporting sexual abuse or harassment.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 11 requires training for any staff designated to conduct sexual abuse investigations.</p> <p>Pre-audit documentation included cover sheets for each section of the training. Examples of several staff training transcripts reflecting completion of the training including the investigator interviewed by the auditor.</p> <p>The administrative investigator interviewed stated he had received the training related to investigation of sexual abuse in confinement settings along with the training all staff attend. He stated the training was provided by PADOE based on NIC's on-line training curriculum. Training covered topics like interviewing techniques, Miranda and Garrity warnings, evidence types and the collection of evidence, level of evidence needed to substantiate a case and level required for prosecution.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 11 requires any staff providing medical/mental health services shall receive specialized training on working with victims of sexual abuse or harassment.</p> <p>Pre-Audit documentation provided included the participant guide for PREA medical and mental health training as well as the lesson plan itself, which covers all elements required for this standard.</p> <p>The facility pre-audit documentation indicates 2 staff have received this training. Attendance rosters for the specialized training along with PREA training acknowledgment forms were also provided.</p> <p>Medical and mental health staff interviewed stated they had received specialized training regarding their responsibilities regarding sexual abuse and harassment. When queried on specifics, staff responded well indicating a good understanding of the training.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 9 requires screening occurs as outlined in the standard. Screening is to occur during intake of upon receipt into another facility. Policy goes on to require the PREA Risk Assessment Tool (PRAT) be completed within 72 hours of reception.</p> <p>The facility uses an objective screening instrument for screening inmates for level of risk for victimization or abusiveness. The PADOE has published a staff user guide for the PRAT.</p> <p>The opening statement on the PRAT states the inmate will not be penalized for not answering the questions.</p> <p>The auditor reviewed several assessments and re-assessments provided in the pre-audit documentation. The auditor also requested and received assessments and 30-day reassessments of randomly selected re-entrants.</p> <p>Staff responsible for risk screening state all re-entrants are screened upon intake and the screening always occurs within 72 hours. Staff responsible for risk screening also state the process includes addressing all elements of the instrument through a one-on-one private conversation with each re-entrant. Staff had good knowledge of the elements of the standard and the PRAT. Staff re-assessments are completed 20 to 30 days after arrival and the initial assessment completion or, at any time, when requested or warranted by an incident or new information is received that could affect the screening. Staff responsible for risk screening also state a re-entrant is never disciplined for declining to answer any of the questions on the PRAT. Access to PRAT information is limited to only PREA staff, one counselor and the counselor supervisor.</p> <p>The PREA Coordinator and Director/PCM stated only the PREA Coordinator and PCM specified counselor and counselor supervisor have access to the specific information. Security or "at risk" codes are available to those staff who need that information for housing placement, treatment needs, program placement, etc...</p> <p>All random re-entrants interviewed stated they were asked the screening questions shortly after arrival with some saying the same day, some the next day and some within the first week. Many re-entrants did not remember a 30-day reassessment.</p>

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 9 requires PRAT scores be tracked with “high risk” inmates being identified as high risk under “Security Codes” in the Unit Management System. Policy requires no scores be entered. Inmates at risk are identified in the system as “Potential Sexual Assault Victim” and/or “Institutional Sexual Predator”. Section 19 of this policy addresses the facility placement of transgender and intersex inmates. Inmates who self-identify as transgender or intersex are referred to the mental health for beginning the process as outlined in policy 13.2.1, “Access to Health Care Procedures Manual.” If determined to meet the criteria, a PREA Accommodation Committee (PAC) makes individual determinations concerning privacy, housing and programming assignments to ensure safety. The policy contains checklists for initial assessment and re-assessments of each transgender or intersex inmates.</p> <p>Policy 11.2.1, section 5 requires unit management staff to review inmate records, including PRAT generated risk scores, to determine bed/housing placement. Per this policy, this could include “Z” code designation of a high-risk inmate for single cell placement.</p> <p>The PADOE PRAT training states the PRAT score must be considered when making decisions regarding housing, bed, work, education and program assignments with the goal of keeping those inmates/re-entrants at high risk of victimization from those at high risk of abusiveness. The training goes on to describe how inmates are considered for placement in each area.</p> <p>The Director/PCM states once a PRAT is completed that shows a potential high risk victim or abuse, that score is part of the PRAT tracking system and will provide the one person who assigns re-entrants to beds and housing with the information needed to keep separate those re-entrants accordingly. Staff are aware the inmate is high risk for victim or abuse, but not the specifics of why or the PRAT score. The PCM further states the agency PREA Accommodations Committee determines the placement status of a transgender or intersex re-entrant. Once identified or placed at this facility, the Director/PCM meet with that person and discusses housing placement and assignments, including their own views of their own safety at Progress.</p> <p>Staff responsible for risk screening state the PRAT information is used to ensure high risk abusers are kept separate from potential victims, primarily in housing assignments. Staff also stated all transgender and intersex inmates would be assessed at least twice per year. They are questioned at each PRAT meeting about the views of their safety. That would be at initial PRAT, 30-day PRAT and twice per year PRAT.</p> <p>The facility had no identified LBGTI re-entrants at the time of the on-site audit.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 12 defines methods of inmate reporting which includes reporting to staff, contractor or volunteer verbally or in writing, submitting a letter or report to PSP, 3rd party to family or friends, in writing in the facility lock boxes, etc... Section 11 of this policy includes a handout, given to inmates at intake which includes all noted reporting methods. Also, in this policy is the “Zero Tolerance” poster with the same information. This policy also requires staff to accept and document any report received. Policy further provides for a method for staff to privately report sexual abuse or harassment of inmates through the PSP address.</p> <p>Auditor reviewed the inmate handbook given to all inmates at intake which also included all noted method of reporting.</p> <p>The pre-audit documentation included several facility incident reports of alleged sexual abuse or harassment incidents. While the agency/facility specifically does not allow for the use of the grievance system for sexual abuse or harassment reporting, upon denying the grievance on procedural grounds, the form would be forwarded to the MOC to initiate an investigation. The re-entrant is informed of this upon receipt of his grievance denial. Also provided in the pre-audit documentation was examples of written staff incident reports reporting they had received verbal or written allegations.</p> <p>The Director/PCM states re-entrants may write a letter to PSP and reports from PSP are forwarded to the PADOC's Bureau of Investigation and Intelligence (BII) who initiate a case and forward the information to facility staff. Re-entrants may privately file a grievance directly to central office. Based on the nature of the allegation, PSP or BII may respond directly to the facility. Re-entrants have access to phones to call 911 if needed.</p> <p>Random staff interviewed generally knew several ways for re-entrants to report sexual abuse, harassment or retaliation. The commonly mentioned methods are: report to staff either verbally or in writing, website, PSP address. Of note is several staff referred to the PREA hotline, which is no longer used within the facility. Staff stated they knew re-entrants could report anonymously, verbally, in writing and through a 3rd party. All staff stated they immediately report verbally and document the allegation in a written report. Staff interviewed stated they could report privately through their supervisors or directly to the Director/PCM or Management Operations Center (MOC). Some indicated they could report directly to PSP.</p> <p>Random inmates interviewed generally knew several ways to report to include: Staff, call the police or write to the PSP address. Several inmates stated they did know how to report but knew the information was on the posters in the facility. Most random re-entrants stated knew they could report in person, in writing or through a 3rd party. Some stated they were not aware of third party reporting.</p> <p>During the tour, the auditor did see the noted Zero Tolerance poster throughout the facility and inmates did show the auditor their handbooks.</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PADOC does not use the inmate grievance system for the reporting of sexual abuse, therefore exempt.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 15 addresses inmate access to outside confidential rape crisis services. Per policy the PADOE collaborates with the Pennsylvania Coalition Against Rape (PCAR) and PCAR affiliated statewide centers. This section also requires the facility to initiate attempts to enter into an agreement with a local rape crisis center. Section 11 of this policy contains the inmate handout, given to all inmates at intake, which contains the address for PCAR. Progress CCC Procedures Manual BCC-ADM 008 PRG PREA reaffirms policy and identifies STTARS.</p> <p>Policy 11.05.01 states the PADOE does not accept or house inmates that are detained solely for civil immigration purposes.</p> <p>Included in the pre-audit documentation was a “Zero Tolerance” poster which also contains the address for PCAR. Also provided was a form called “Assurance to Victims” which informs inmate victims of PCAR’s services for victim advocate and emotional support and provides the address. The Assurances form also informs inmate victims that the facility shall inform the re-entrant the extent to which communications with crisis intervention services will be monitored. A brochure from the Sexual Trauma Treatment and Recovery Services (STTARS) program (PCAR associate) was provided and is available to re-entrants with phone numbers (one toll free) and addresses. STTARS provides re-entrants, requesting services, with a client agreement form which outlines the extent to which communications will be monitored and what must be reported under mandatory reporting laws.</p> <p>A Letter of Agreement with STTARS was provided during the on-site visit. This agreement provides for victim advocacy and confidential supportive services.</p> <p>Of the random inmates interviewed, none were aware specifically of STTARS. Some indicated they had seen something on the posters or in the handbook.</p> <p>The single re-entrant who had reported sexual abuse stated he was offered access to call STTARS and knew they were a confidential victim advocate and provided emotional support if needed. he elected to not contact them.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 12 addresses by stating 3rd party reporting can be accomplished through friends, family and general public by contacting the Pennsylvania State Police (PSP) BCI PREA Coordinator. (address provided) This section includes the Zero Tolerance poster which has 3rd party reporting information for inmates. Section 11 of this policy includes the inmate orientation education on PREA and informs inmates they can have family or other 3rd parties contact PSP and informs the inmates where to find the address on the posters or in the handout or handbook.</p> <p>Pre-audit documentation provided a snapshot of the website which informs outside sources the information needed to report sexual abuse or harassment. Also provided was an example of a report submitted detailing a 3rd party report made by a family member.</p> <p>Auditor reviewed the PADOCC website for the public posting of 3rd party reporting methods. Included were the number and address for the Bureau of Investigations and Intelligence and the address for PSP PREA reporting address. The website also posts the entire PREA Policy 008 and the inmate handbook both of which includes all 3rd party information.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 12 addresses with verbiage directly from the standard stating staff must report any knowledge, suspicion or information regarding sexual abuse, harassment retaliation for reporting sexual abuse or harassment or any staff neglect or violation of responsibilities by staff. Policy also requires staff to not reveal 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 also addresses the requirements of medical and mental health staff and duty to report. Policy states if an alleged victim is under 18 years of age the allegation will be referred to State or local services as required by law under the Pennsylvania Department of Human Services.</p> <p>Random staff interviewed stated they were fully understood they must report any knowledge, suspicion or information regarding sexual abuse, harassment retaliation for reporting sexual abuse or harassment or any staff neglect or violation of responsibilities by staff. Staff also stated they could not reveal any information about the report or incident except as directed by supervisors or investigators.</p> <p>Medical and mental health staff interviewed stated they do disclose the limitation of confidentiality and their duty to report and were aware they must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.</p> <p>The Director/PCM stated no inmates under the age of 18 are housed at Progress CCC. The Director further states all allegations are reported to facility security investigator and BII through MOC.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 1 states the PCM is responsible to ensure that when department staff learn an inmate is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect that inmate.</p> <p>The Director states if an re-entrant is determined to be at imminent risk of sexual abuse, the re-entrant will be separated for safety, investigation initialed, and the re-entrant moved moved to a safe location and within the unit if necessary, re-entrant may be moved out the unit or facility if necessary. Medical and mental health may be notified along with MOC and BII.</p> <p>Random staff indicate re-entrant would be separated and isolated for protection, report to supervisor or shift commander, director and MOC.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 12, paragraph F addresses Inter-Facility Reports. The Facility Manager of the facility receiving the report is responsible for notifying the facility head of the facility where the alleged incident occurred. Notification shall be forwarded to the PCM and the facility head of the affected facility and must be within 72 hours of receipt. Policy requires the facility housing the alleged victim shall begin 1st responder duties. The facility manager where the alleged incident occurred must ensure an investigation is initiated. This policy includes a “Notification of Sexual Abuse Allegation to Another Facility” checklist. Policy requires such notifications for community confinement facilities be directed to the BCC Director and MOC who will forward the allegation to the facility director. The BCC Director is required to followup on all allegations and the investigation of each.</p> <p>The facility pre-audit questionnaire (PAQ) states the facility received no allegations of sexual abuse or harassment from other agencies or facilities within the last 12 months. Also noted in the PAQ, the facility reports they received no allegations from re-entrants of unreported sexual abuse or harassment at previous facilities.</p> <p>The Agency Head designee states the facility superintendent or director is the point of contact for all such allegations.</p> <p>The Director states once a report is received from a re-entrant here, he would report to MOC. An e-mail would be forwarded to the facility head at the facility where the incident was alleged to have occurred. If we receive an allegation, an investigation would be initiated immediately and the alleged victim would be referred to medical, mental health and emotional support per policy and checklist.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 14, Responding to Reports of Sexual Abuse, outlines security staff response to include all elements in the standard. NOTE: All security staff are considered first responders. Policy includes a checklist for the BCC initial response to an allegation or incident of sexual abuse. Section 12 contains a PREA report for BCC which includes the elements of paragraph (a) of this standard.</p> <p>The facility reports, in the PAQ, no cases requiring 1st responders have occurred in the last 12 months.</p> <p>First response staff carry cards were provided to the auditor during the on-site audit.</p> <p>1st responder staff interviewed had good knowledge of duties required in response to an allegation of sexual abuse.</p> <p>Random staff interviewed had good working knowledge of steps to be taken in immediate response to an incident or allegation of sexual abuse.</p> <p>The single re-entrant interviewed who reported sexual abuse (at another facility) stated staff came to help him immediately upon him reporting the incident. He stated he was separated immediately and taken to the PCM's office. He stated he did see medical and mental health that day.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 14, Responding to Reports of Sexual Abuse, outlines requirements for each facility to develop a coordinated response plan.</p> <p>The Progress specific Coordinated Response Plan is in place. The plan includes first responder duties, shift commander responsibilities to include notifying appropriate investigators, medical responsibilities and mental health responsibilities.</p> <p>The Facility Director states the facility does have a coordinated response plan as well as sexual abuse response checklist.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy 04.01.01, section 5, suspension without pay for exempt employees states suspension is permitted for sexual abuse allegations pending investigation after an informal meeting.</p> <p>A memo from the Director of Human Resources and provided with the pre-audit documentation states “The Department operates within the confines of collective bargaining agreements with eight different unions. None of these collective bargaining agreements contain language that limit the ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The agreements are silent regarding suspensions pending investigation. When the contract is silent on issues, policy then governs.”</p> <p>The auditor reviewed examples of agreements with organizations and found no language that would limit the agency’ ability to remove alleged staff sexual abusers from contact with inmates pending investigation or determination that discipline is warranted.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 13, Protection Against Retaliation, addresses each element of the standard and includes a checklist to ensure appropriate compliance and documentation of monitoring. Section 18 of this policy requires when evidence suggests retaliation is discovered the potential retaliation will be investigated and forwarded to BII.</p> <p>The Agency Head designee states the PADOE has zero tolerance for retaliation for reporting sexual abuse or harassment. All are monitored for at least 90 days.</p> <p>The Director/PCM was also interviewed as the person responsible for retaliation monitoring. He had good knowledge of what indicators to watch for that would indicate retaliation may be occurring, such as behavioral changes, excessive or erroneous discipline or forced moves, poor performance reviews, etc... He stated, as Director he would personally address any identified retaliation with corrective or disciplinary action. If necessary, re-entrants or staff could be moved. He indicates he or the designated monitor would initiate contact with the involved person and would do periodic status checks at least at the 30, 60 and 90 day points. No maximum time limit if monitoring needs to continue.</p> <p>The one re-entrant who reported sexual abuse states he was monitored and feels safe from retaliation as the abuse occurred at a previous facility and is still under investigation there.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 18 addresses investigations or allegations for sexual abuse and sexual harassment. The policy requires all allegations be promptly, thoroughly and objectively investigated regardless of the origin of the allegation. Policy states all investigations will be conducted in accordance with PREA Standard 115.71. Allegations of potential criminal behavior shall be referred to the Bureau of Investigations and Intelligence (BII) of Pennsylvania State Police (PSP). Per policy, all allegations are entered into the statewide PREA tracking system. Both section 18 and section 20 address document sexual abuse retention for as long as the alleged victim or abuser is incarcerated or employed, plus five years. BCC policy 08.03.01, section 35 addresses investigation specific to community corrections facilities.</p> <p>The auditor requested investigative files. Files reviewed indicate all were harassment allegations. The facility reports no criminal investigations have occurred within the last 12 months.</p> <p>An administrative investigator was interviewed and stated:</p> <ul style="list-style-type: none"> • Investigations are started immediately upon notification of an allegation. All allegations are taken seriously and treated the same. • All are investigated regardless of the allegation's origin. • He has received investigator specific training as well as the training all staff take regarding PREA. • The first steps in an allegation include; reviewing reports, interviewing the reported victim and witnesses, collecting evidence from the person and scene(s), medical exam and SANE if warranted, video, history, etc... • Only criminal investigators would conduct compelled interviews if warranted. • No polygraph examinations are required of an alleged victim and all persons involved are considered at the same level of credibility until the evidence proves otherwise. • Facility investigations do include a determination if staff actions or failure to act may have contributed to an abuse incident. All reports are documented and very inclusive to include descriptions of evidence and reasons behind decisions. • Criminal investigators decide if they will refer a case to the district attorney for criminal prosecution. • Nothing about an investigation would be changed should the alleged abuser or victim leave the facility or terminate employment. • Facility investigators and BII support and provide liaison for PSP during criminal investigations. PSP keeps BII updated. • The facility investigator states PSP or BII will supply written reports inclusive of all information at the conclusion of the investigation. <p>The PREA Coordinator states the agency Bureau of Investigation and Intelligence maintains constant communications with the Pennsylvania State Patrol and subsequently keep the facilities up to date on investigations.</p>

The Director/PCM states facility staff and BII assist PSP on investigation by providing all evidence or information available or requested. The agency Bureau of Investigation and Intelligence (BII) maintains constant communications with the Pennsylvania State Patrol and subsequently keep the facilities up to date on investigations through the MOC .

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 18, Investigating Allegations of Sexual Abuse and Sexual Harassment addresses by stating the PADO shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated. BCC policy 08.03.01, section 35 addresses BCC specifically.</p> <p>The administrative investigator interviewed stated the level of evidence to determine substantiated or not is preponderance.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 18, Investigating Allegations of Sexual Abuse and Sexual Harassment addresses by stating the PCM at the facility shall inform in writing, the alleged victim as to whether and allegation has been determined to be substantiated, unsubstantiated or unfounded. Policy further requires inmates be informed whenever the alleged staff member abuser is no longer posted in the inmate's unit, no longer employed at the facility, has been indicted on a charge related to the abuse or has been convicted on a charge related to the incident or; whenever the alleged inmate abuser is indicted on a charge related to the abuse or has been convicted of a charge related to the abuse.</p> <p>The notifications are completed on an attachment to the policy and the alleged re-entrant victim signs acknowledging the notification.</p> <p>The Director and investigative staff state the alleged victim would be notified of the outcome of an allegation and it is in writing, but the facility has had no cases requiring re-entrant victim notification.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 17, Discipline Related to Sexual abuse and Sexual Harassment and Retaliation, addresses staff discipline. Policy requires all staff shall be subject to appropriate disciplinary or administrative action, up to and including termination for violating PADOE PREA policy. Policy also requires staff who have been terminated, or would have been terminated if not for resignation, shall be reported to professional licensing bureaus and law enforcement. Policy refers to PADOE policy 4.1.1, Human Resources and Labor Relations which defines the designated fact-finder being assigned by the facility or bureau manager. Fact-finder must be a staff member who was not involved in the alleged incident. This policy also states termination shall be the presumptive sanction for staff who have engaged in sexual abuse. Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>A bulletin update to 4.1.1 reiterates that licensing bodies and law enforcement will be notified for dismissal cases due to sexual abuse or harassment of inmates.</p> <p>A sample letter was provided which would notify a person resigning that the investigation would continue and local law enforcement and relative licensing bodies would be notified per policy and PREA standards.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 17, Discipline Related to Sexual abuse and Sexual Harassment and Retaliation, addresses contractor/volunteer discipline. Policy requires all contractors and volunteers are subject to disciplinary or administrative action for substantiated violations of PADOE PREA policy. A contractor or volunteer will be removed from alleged victim contact and communication pending investigation completion. Any contractor or volunteer who is found to have engaged in sexual abuse shall have access to all department facilities revoked and shall be reported to licensing bureaus and law enforcement. Any contractor or volunteer who violates PADOE PREA policy, other than sexual abuse, requires the facility to take appropriate remedial measures and shall consider whether to prohibit further contact with inmates.</p> <p>The facility reports no allegations have been made that required notification to licensing bodies or law enforcement.</p> <p>The Director/PCM states contractors or volunteers who are alleged to have violated PADOE PREA policy are removed from contact immediately pending investigation. They may be denied access permanently to any PADOE or any PADOE monitored facilities, depending on the outcome. If incident appears criminal the case is referred to law enforcement. All substantiated cases will be referred to the abuser's licensing body.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 17, Discipline Related to Sexual abuse and Sexual Harassment and Retaliation, addresses inmate discipline for violating sexual abuse or harassment policy. An administrative hearing is required. Policy states sanctions shall be commensurate with the nature and circumstances of sexual abuse or harassment or retaliation committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates. All cases shall be recorded and tracked. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to the behavior when determining sanctions, if any. This policy also states the facility manager or director shall refer an inmate, who is convicted criminally, to Sex Offender Treatment Program for evaluation for that program and, if appropriate for the program, if the inmates will be required to participate as part of the sanctions or as a condition to other programs or benefits. Policy also states an inmate may be disciplined for sexual contact with staff only upon finding the staff member did not consent to such contact. If a report is made in good faith that report shall not constitute false reporting even if the investigation does not substantiate the allegation. The inmate may be disciplined if the allegation is determined to be unfounded. Policy further prohibits all sexual activity between inmates and discipline inmates for such actions. The department shall not deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.</p> <p>Policy 13.8.1, Access to Mental Health Care Procedures Manual, section 11, Sex Offender Treatment requires an inmate formally charged or convicted of criminal sexual abuse will be referred for assessment for SOTP. This policy also requires prisons to conduct mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of such abuse and offer treatment as appropriate.</p> <p>The facility reports no substantiated cases of inmate on inmate sexual abuse within the last 12 months.</p> <p>The Director/PCM states after the administrative hearing, if guilty, the re-entrant will be discharged from the program for non-completion. Criminal charges may occur. Mental illness and/or mental disabilities are considered in the sanctioning process.</p> <p>Mental health staff stated the facility would offer therapy, counseling or other intervention services to address and correct the underlying reasons or motivations for sexual abuse and would offer or require known abusers these services. If a case occurred here at the facility, the abuser would be removed from the program.</p>

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 14 requires timely, unimpeded access to emergency medical services and crisis intervention services to inmate victims of sexual abuse. Service are determined by medical and mental health practitioners according to their professional judgement. If no medical staff are on duty at the time, security staff shall take preliminary steps to protect the alleged victim and shall notify appropriate medical and mental health staff.</p> <p>An attachment (F) to the above policy is provided to an alleged victim of sexual abuse advising the inmate they are offered emergent medical and mental health services and the services are free of charges to the inmate. The inmate signs the document and elects to receive or deny a medical exam, mental health evaluation and rape crisis services if appropriate. Also provide is a checklist for nursing staff for sexual assault evaluation and documentation. A handout providing the information including the contact information for the local rape crisis center is provided to the alleged victim.</p> <p>Section 1 of this policy requires the Bureau of Community Corrections-Management Operations Center to contact 911 in the case of a sexual abuse if emergency medical treatment is needed and ensure a forensic exam is provided if warranted. The MOC must also ensure a victim advocate is provided and the re-entrant victim is provided access to mental health.</p> <p>Section 5 of this policy address CCC re-entrants' access to emergency medical care is through the local hospital.</p> <p>A STTARS brochure states access to crisis intervention is at no cost.</p> <p>Medical and mental health staff state emergent and unimpeded access to medical and crisis intervention services are provided immediately upon notice of allegation. Medical services are provided by the local hospital. Crisis intervention could be at the facility with mental health or through the local crisis center. Staff stated inmate victims are provided information and timely treatment for STDs.</p> <p>All first responders interviewed stated their first actions are to separate the alleged victim from the abuser and keep the inmate with staff and escort the alleged victim to medical and inform mental health. They indicate the checklist used addresses this.</p> <p>The inmate interviewed that reported sexual abuse (at another facility) stated he did receive immediate medial and crisis intervention services</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 14 requires all facility provide medical and mental health services consistent with the community level of care. All inmate victims shall be offered timely information and access to STD treatments. Per policy all inmates allegedly victimized will have ongoing medical and mental health treatment available to include follow-up services and referrals for continued care following transfer or release. Services are available for all inmates victimized in any prison, jail, lockup or juvenile facility. Upon learning an inmate has perpetrated sexual abuse of been a victim, psychology staff shall monitor the inmate monthly for a minimum of 90 days or longer if indicated need. Section 9 and 10 of this policy states all known sexual predators receive a mental health evaluation and offered treatment when appropriate, within 60 days of learning of the history. Policy 13.8.1 reiterates and confirms this.</p> <p>The facility reports no cases of sexual abuse have occurred requiring medical or follow-up care.</p> <p>Screening staff indicate re-entrants are screened for inmate-on-inmate sexual abusiveness and are referred to mental health for evaluation and treatment if warranted.</p> <p>Medical staff indicate follow-up services and treatment plans would be determined by the medical provider and addressed by the facility as appropriate. Services may be offered though referral when the inmate leaves the facility. Medical Staff state the services provided at the facility are consistent with the community level of care as the re-entrants will be treated by the same facilities/staff as the community.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 16 requires each facility to conduct Sexual Assault Incident Reviews (SAIR) at the conclusion of each case. Unfounded cases do not require reviews. Reviews should occur within 15 days of case being completed and notification received. Policy includes a checklist specific for incident reviews. Policy requires the SAIR committee be comprised of, at a minimum, the Bureau Of Community Corrections (BCC) Director, the facility director, another manager or supervisor, a BCC investigator, facility counselor and a facility medical/mental health practitioner (if on-site and if directly involved).</p> <p>The facility reports no allegations or cases occurred in the last 12 months that would require an incident review.</p> <p>The Director/PCM states they do have an incident review team and policy outlines who is required to participate to include (from policy) the Bureau Of Community Corrections Director, the facility director, another manager or supervisor, a BCC investigator, facility counselor and a facility medical/mental health practitioner (if on-site and if directly involved). The Director/PCM who also was interviewed as an incident review team member, states they do conduct incident reviews once a case is deemed available for review by BII. The team reviews all aspects as outlined on the checklist and makes recommendations. The team or specific members will review the site of the incident to review cameras, mirrors, blind spots, windows, etc.. Staffing for the area and the overall staffing for the time period are reviewed to determine shortages, re-assignment at critical times, etc.. Once reviewed and approved by this office, actions are taken as indicated in the recommendations through discussion with BCC-MOC. All incident reviews are forwarded to the PREA Coordinator.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 20 requires every report, complain, or allegations of sexual abuse and/or sexual harassment be entered into the PREA Tracking System, a web-based application designed to track all incidences of sexual abuse and harassment for DOJ reporting purposes. The PREA Compliance Division (PCD) shall review data and aggregate annually to assess and improve the effectiveness of PREA prevention, detection, response and training. This report will include a comparison of current year's data with prior years. The PADOCSecretary will approve the annual report and the report will be posted on the PADOCSite. Section 02 of this policy requires contract facilities and community corrections facilities to report through the PREA Tracking System as well.</p> <p>A snapshot of the tracking system was provided and reviewed by the auditor. The PADOCS annual reports for 2013 through 2018 were provided in pre-audit documentation. A review of the website confirms the annual reports are posted. Also provided was the DOJ's Survey of Sexual Victimization forms for 2015, 2016 and 2017 for PADOCS.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 20 requires every report, complain, or allegations of sexual abuse and/or sexual harassment be entered into the PREA Tracking System, a web-based application designed to track all incidences of sexual abuse and harassment for DOJ reporting purposes. The PREA Compliance Division (PCD) shall review data and aggregate annually to assess and improve the effectiveness of PREA prevention, detection, response and training. This report will include a comparison of current year's data with prior years. The PADOE Secretary will approve the annual report and the report will be posted on the PADOE website. Information will be redacted so no individual is identifiable or would present a clear and specific danger to a facility. Section 02 of this policy requires contract facilities and community corrections facilities to report through the PREA Tracking System as well.</p> <p>A snapshot of the tracking system was provided and reviewed by the auditor. The PADOE annual reports for 2013 through 2018 were provided in pre-audit documentation. Annual reports do include a comparison of current year's data and corrective actions with those from prior year and reflects an assessment of the agency's progress in addressing sexual abuse. A review of the website confirms the annual reports are posted. Also provided was the DOJ's Survey of Sexual Victimization forms for 2015, 2016 and 2017 for PADOE. PADOE annual reports are very inclusive of incident based data, comparisons, assessments of effectiveness, actions taken to address deficiencies or improvements needed in policy, training, etc... With the use of the PREA tracking system, they have an excellent system to reflect exceeding this standard.</p> <p>The Agency Head designee states the PADOE does complete an annual report. Each facility submits a report and a plan of action for corrective actions needed. We may need to address training, staffing, policy, reporting protocols, etc... The Secretary does review and approve the annual reports.</p> <p>The PREA Coordinator states uses the PREA training system which is web based but only accessible by identified staff. My office reviews the tracking system to include incident reports, and investigations with incident reviews. Facilities post a monthly report and an annual report with a plan of action. All incident reviews are posted to this office as well as the plan of action for identified deficiencies. This office follows up on action plans with the facility PCMs. The Secretary approves and signs the PADOE PREA annual report and it is posted to the website by June 30th of each year. We ensure all data required by SSVs are included in reporting. Personal identifiers or any information that could present a danger to a person of a facility would be removed from annual reports.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC policy DC-ADM 008, PREA, section 20 requires the department to securely retain all PREA data for a period of no less than ten years after the date of initial collections unless law requires otherwise.</p> <p>The auditor reviewed the public website which contains the annual reports for 2013-2018.</p> <p>The PREA Coordinator states all specific information is on the PREA tracking system, a web based system with very limited access.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Pennsylvania DOC is in the 3rd cycle of PREA audits. During the PREA audit cycle 2, the previous cycle, the PADOc shows 36 correctional institutes and/or community confinement facilities completing audits. The website lists 38 total facilities within the PADOc system. Two facilities were closed in 2017, therefore all facilities were audited in cycle 2. A review of last fiscal year's audits indicate the agency ensured at least one-third of each facility was audited.</p> <p>The auditor was granted access to all area of the facility. The tour provided was extensive and complete to the auditor's knowledge. The auditor was provided with any/all documents requested, much of it electronically. All re-entrant interviews were conducted in private.</p> <p>The facility notified the auditor of the posting the audit notice in re-entrant accessible areas at least six weeks prior to the on-site audit. The auditor observed the notices in numerous places including all housing units. Several re-entrants stated the posting had been up for several weeks. The notice contained the confidentiality statement and correct auditor contact information.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed several PADOc facility audit reports and found all those reviewed were posted within 90 days of the final report being posted to the facility.</p>

Appendix: Provision Findings

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

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

115.212 (a)	Contracting with other entities for the confinement of residents	
	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)	Contracting with other entities for the confinement of residents	
	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.)	yes

115.212 (c)	Contracting with other entities for the confinement of residents	
	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)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

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

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

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

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	na

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

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine 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)	Limits to cross-gender viewing and searches	
	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)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with	yes

	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?	
	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
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115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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)	Residents with disabilities and residents who are limited English proficient	
	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)	Hiring and promotion decisions	
	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)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining 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

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

115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.218 (a)	Upgrades to facilities and technology	
	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

115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

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

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

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

115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

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

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

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for 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) Employee training		
	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) Employee training		
	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) Employee training		
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a) Volunteer and contractor training		
	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) Volunteer and contractor training		
	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

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

115.233 (a)	Resident education	
	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

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

115.233 (c)	Resident education	
	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

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

115.233 (e)	Resident education	
	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

115.234 (a)	Specialized training: Investigations	
	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 receive 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

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of 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

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

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

115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na

115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (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)	Screening for risk of victimization and abusiveness	
	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)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	Screening for risk of victimization and abusiveness	
	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

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	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

115.242 (b)	Use of screening information	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	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.	yes

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

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

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

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

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

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

115.253 (a)	Resident access to outside confidential support services	
	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)	Resident access to outside confidential support services	
	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)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of 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

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

115.262 (a)	Agency protection duties	
	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

115.263 (a)	Reporting to other confinement facilities	
	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

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

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

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

115.264 (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)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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)	Agency protection against retaliation	
	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)	Agency protection against retaliation	
	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

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.271 (a)	Criminal and administrative agency investigations	
	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

115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

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

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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

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

115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

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

115.271 (i)	Criminal and administrative agency investigations	
	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

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

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	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

115.273 (b)	Reporting to residents	
	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

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

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

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

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

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

115.277 (a)	Corrective action for contractors and volunteers	
	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)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	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)	Disciplinary sanctions for residents	
	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)	Disciplinary sanctions for residents	
	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

115.278 (d)	Disciplinary sanctions for residents	
	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

115.278 (e)	Disciplinary sanctions for residents	
	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

115.278 (f)	Disciplinary sanctions for residents	
	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

115.278 (g)	Disciplinary sanctions for residents	
	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

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

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

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

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

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

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

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

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

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

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

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

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

115.286 (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

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

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

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

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

115.288 (a)	Data review for corrective action	
	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

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

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

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

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

115.289 (d)	Data storage, publication, and destruction	
	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

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na

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

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

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes

115.401 (n)	Frequency and scope of audits	
	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

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes