

PREA Facility Audit Report: Final

Name of Facility: Scranton Community Corrections Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/02/2022

| 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: Brian Sutherland | Date of Signature: 11/02/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|--------------------|
| Auditor name: | Sutherland, Brian |
| Email: | bcsuther@gmail.com |
| Start Date of On-Site Audit: | 09/12/2022 |
| End Date of On-Site Audit: | 09/13/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Scranton Community Corrections Center |
| Facility physical address: | 537-39 Linden St, Scranton, Pennsylvania - 18503 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|--|
| Name: | Lisa Faulkner (Acting Center Director) |
| Email Address: | lfaulkner@pa.gov |
| Telephone Number: | 570-963-4215 |

| Facility Director | |
|--------------------------|---|
| Name: | Lisa Faulkner (Acting Center Director) in Jeff James' absence |
| Email Address: | lfaulkner@pa.gov |
| Telephone Number: | 570-963-4215 |

| Facility PREA Compliance Manager | |
|----------------------------------|-----------------|
| Name: | Jeffrey James |
| Email Address: | jjames@pa.gov |
| Telephone Number: | O: 570-963-4215 |

| Facility Characteristics | |
|--|-------|
| Designed facility capacity: | 48 |
| Current population of facility: | 32 |
| Average daily population for the past 12 months: | 30 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 18+ |
| Facility security levels/resident custody levels: | 1 |
| Number of staff currently employed at the facility who may have contact with residents: | 15 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 1 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
|--|--|
| Name of agency: | Pennsylvania Department of Corrections |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 1921 Technology Parkway, Mechanicsburg, Pennsylvania - 17050 |
| Mailing Address: | |
| Telephone number: | 7177282573 |

| Agency Chief Executive Officer Information: | |
|---|---------------|
| Name: | George Little |
| Email Address: | ██████@pa.gov |
| Telephone Number: | 717-728-2573 |

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

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

| Number of standards exceeded: | |
|-------------------------------|--|
| 2 | <ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.212 - Contracting with other entities for the confinement of residents |
| Number of standards met: | |
| 39 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-09-12 |
| 2. End date of the onsite portion of the audit: | 2022-09-13 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Women's Resource Center, Inc. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 48 |
| 15. Average daily population for the past 12 months: | 30 |
| 16. Number of inmate/resident/detainee housing units: | 1 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 29 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 2 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 1 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 1 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 1 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 1 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 3 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 3 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | The facility reported the following physical plant characteristics: 1 building, 1 housing unit, 6 multiple occupancy areas, and no segregation cells. The facility does not house youthful offenders, or female reentrants. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 14 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 1 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | The staff count on the first day of the audit was 14 and 1 contractor. No volunteers have been authorized to enter the facility in the past 12 months due to the COVID-19 Virus. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |

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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 5 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None |
| If "Other," describe: | Requested at random the fifth reentrant on the housing roster based on the selected criteria and include reentrants from all housing areas. This selection was also conducive regarding the reentrants available due to work assignments within the community. |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | The auditor attempted to select reentrants from each housing area to ensure the sample size demonstrated a diverse mix of the population. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | The auditor was able to interview a sample of reentrants from all areas as the facility was not experiencing a quarantine due to the effects of the COVID-19 Virus. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 5 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 2 |

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| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility does not house reentrants that are blind as they are required to enter the community for work assignments and the PREA Compliance Manager/Facility Director confirmed this statement.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>1</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The PREA Compliance Manager/Facility Director confirmed no reentrants have been housed at the facility that identified as transgender or intersex in the past 12 months. The staff and reentrant random interviews confirmed there were no reentrants at the facility to match this category.</p> |

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| 67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol: | 3 |
| 68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol: | 3 |
| 69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The facility does not have a segregation area, and this was confirmed during the onsite review. The auditor did not identify any areas of the facility that consisted of segregation cells. The facility listed zero segregation cells on the pre-audit questionnaire. |
| 70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | The auditor conducted interviews with the staff that supervise housing, the facility PREA Compliance Manager, and facility Director and all confirmed no reentrants have been housed in segregation for high-risk victimization in the past 12 months. |
| Staff, Volunteer, and Contractor Interviews | |
| Random Staff Interviews | |
| 71. Enter the total number of RANDOM STAFF who were interviewed: | 8 |
| 72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None |
| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

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| <p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p> | <p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>The random sample of staff included selecting the fifth staff member on the daily duty roster, utilizing staff availability, minimizing scheduling conflicts, and ensuring the samples were selected from all shifts.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>18</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

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| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>a. Enter the total number of CONTRACTORS who were interviewed:</p> | <p>1</p> |

| | |
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| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>The interviews with the specialized staff attempted to assist the auditor to determine whether or not particular roles and responsibilities are being completed. No interviews were conducted with volunteers during the on-site review. The facility is prohibiting access for volunteers into the facility due to the effects of the COVID-19 Virus. Once the agency has lifted the restriction on access for volunteers to the facility, all volunteers will have to complete the biometric clearance process and PREA training before being allowed authorization into the facility.</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|---|---|

Was the site review an active, inquiring process that included the following:

| | |
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| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>During the site review, the auditor verified the cross-gender presence of staff as announcements were made while entering the housing units. The auditor verified the use of the language line services, tested the outside reporting mechanisms, identified areas of signage that may need to be posted, received positive feedback from the Women's Resource Center, Inc victim advocate, and inspected all areas for blind spots and cross-gender viewing capabilities. The auditor reviewed the high-risk victim and abuser lists for monitoring the housing and work assignments. The auditor completed a thorough walk-through of the facility, observed the risk screening process, verified all toilet doors have locking devices, showers have curtains for privacy while taking showers. The auditor requested signage to be posted for one reentrant at a time in the showers as this is part of their informal communication process.</p> |
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

| | |
|--|--|
| <p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
|--|--|

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|---|---|
| <p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>During the on-site review the auditor reviewed 5 employee files for PREA questions, criminal history checks, and reference checks. The auditor reviewed 11 employee training files for initial and annual PREA training. The auditor reviewed 8 contract clearance documents, 4 investigative files, and 10 reentrant files for initial intake screenings, 30-day reassessments, initial PREA information, and 30-day comprehensive PREA education. The auditor reviewed the intake packet for clarity and observed the intake and reassessment processes. The auditor observed the PREA video and reviewed all video monitoring equipment for cross-gender viewing.</p> |
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|-------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 1 | 1 | 1 | 1 |
| Total | 1 | 1 | 1 | 1 |

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|------------------------------------|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 1 | 0 | 1 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 1 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|-------------------------------|---------|--------------------------|---------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 1 | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 0 | 0 | 0 |

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 1 | 0 | 0 | 0 |
| Total | 1 | 0 | 0 | 0 |

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|---|---------|--------------------------|---------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 1 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|---|---|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: | 2 |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |

Inmate-on-inmate sexual abuse investigation files

| | |
|--|---|
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
|--|---|

| | |
|--|---|
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>1</p> |

| | |
|--|---|
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>The facility indicated two allegations were reported in the past 12 months and both allegations were reported at other facilities. Both of these allegations remain in a pending status and the auditor reviewed two additional allegation reports of incidents occurring outside of the current audit period. This provided the evidence to support compliance with multiple standards.</p> |
| <p>SUPPORT STAFF INFORMATION</p> | |
| <p>DOJ-certified PREA Auditors Support Staff</p> | |
| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>Non-certified Support Staff</p> | |

| | |
|--|---|
| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|--|---|

AUDITING ARRANGEMENTS AND COMPENSATION

| | |
|---|---|
| <p>121. Who paid you to conduct this audit?</p> | <p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
|---|---|

| | |
|---|---------------------------------------|
| <p>Identify the name of the third-party auditing entity</p> | <p>PREA Auditors of America, LLC.</p> |
|---|---------------------------------------|

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

Standard 115.211 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire responses
2. DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual
3. Scranton Community Corrections Center Organizational Chart
4. Agency Policy 4.1.1 Human Resources and Labor Relations
5. Agency PREA Coordinator Position Description

Interviews:

1. PREA Coordinator
2. Agency Head
3. Center Director/PREA Compliance Manager

Site Review Observations:

1. Staff performing cross-gender announcements upon entry to all housing units.
2. Supervisory staff documenting unannounced security rounds in the post logs.
3. Signs and posters indicating zero tolerance posted throughout the facility.

Findings (By Provision):

115.211 (a) - Agency PREA policy DC-ADM 008, page 1 mandates a zero tolerance toward all forms of sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. The agency policy DC-ADM 008 describes the approach toward prevention, detection, reporting, and response to all forms of sexual abuse and sexual harassment. This includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of reentrants such as: architectural design, security supervision, video monitoring equipment, orientation procedures, medical screening within 24 hours of arrival, housing considerations, separate showers, classification screenings, 30-day reassessments, facility staffing plan, staff referrals, supervisory notifications, mental health screenings, unannounced supervisory rounds, opposite gender housing announcements, community corrections procedures, and training.

During the on-site review, the auditor identified staff performing opposite gender housing announcements when entering all housing units, and unannounced supervisory rounds. The rounds were documented as unannounced in the unit logs, and the cross-gender announcements were made verbally by staff entering the units. The auditor noted postings throughout the facility indicating zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The policy includes definitions of prohibited behaviors in policy DC-ADM 008, Glossary of Terms, and these definitions include sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. There are a total of 11 pages included within this policy as a complete glossary of terms.

Policy DC-ADM 008, Section 17, page 1 explains the presumptive approach toward staff who engage in sexual abuse will be termination and prosecution referral. This was also confirmed in policy 4.1.1 Human Resources and Labor Relations, page 7.

Policy DC-ADM 008, Section 17, page 1 describes the sanctions for contractors, volunteers, and referrals to law enforcement. Agency policy DC-ADM 008, Section 17, page 2 includes disciplinary sanctions for reentrants found to have participated in all forms of sexual abuse, sexual harassment, indecent exposure, kissing, and inappropriate physical contact.

Training is provided for all reentrants, staff, volunteers, and contractors for the education of the duties and responsibilities toward prevention, detection, reporting, and response procedures. The auditor reviewed the facility training plan, and power point presentations that described the facility methods toward prevention, detection, reporting, and response procedures. The training materials also provided information relating to performing cross-gender strip searches, body cavity searches, and pat-down searches. The training provided information relating to avoiding inappropriate relationships and communicating effectively with special populations. Agency policy DC-ADM 008 provides information relating to employee, volunteer, contractor, and reentrant training regarding zero tolerance for sexual abuse and sexual harassment. This policy also informs staff fulfill their responsibilities toward prevention, detection, reporting, and response procedures.

115.211 (b) - Policy DC-ADM 008, Section 1A, pages 1-2, explains the agency employs an upper-level, agency wide PREA Coordinator and designates a PREA Compliance Manager for each facility. The PREA Coordinator position reports directly to the Director of Bureau of Standards, Audits, and Accreditation, and this position is documented in the facility organizational chart as an upper-level Chief position. The auditor reviewed a signed position description by the Statewide PREA Coordinator, and this document was certified on December 3, 2020. The position description emphasized the importance of regulated duties and requirements. The interview with the PREA Coordinator indicated sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Coordinator explained the duties and responsibilities associated with the position, direct communication with leadership staff, and confirmed the agency support toward improving the sexual safety of the facility. The Facility Director/Center Director has been designated as the PREA Compliance Manager at the Scranton Community Corrections Center.

Conclusion: Interviews conducted with the PREA Coordinator, and the Facility Director/PREA Compliance Manager confirmed sufficient time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor, PREA Coordinator, and the PREA Compliance Manager was professional, timely, and truly knowledgeable. Interviews conducted with staff, reentrants, volunteers, and contractors indicated knowledge regarding the facilities zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator and the PREA Compliance Manager was always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency and the facility continue to enhance their efforts toward PREA compliance by attending collaborative meetings with other states, obtaining grant funding for additional data collection options, and continuously developing new methods of documentation. Based on the evidence provided the auditor has determined the facility exceeds this standard and no further action is required.

115.212 Contracting with other entities for the confinement of residents

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Standard 115.212 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire responses
2. DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual
3. Statement of Work-Residential Housing and Treatment Initiation to Qualify (ITQ) Contract enacted June 28, 2018
4. PREA Contract Compliance Monitoring Report, pages 1-3, April 22, 2019
5. PREA Contract Compliance Monitoring Worksheet, pages 1-3, PREA Policy, and PREA Audit Final Report
6. PDOC, PREA Contract Compliance Monitoring report, pages 1-3, Columbia County Prison, and Butler County Prison, October 21, 2021

Interviews:

1. Agency Contract Administrator
2. Agency PREA Coordinator
3. Scranton Community Corrections Center Director

Findings by Provision:

115.212 (a-c) Agency policy DC-ADM 008, Section 2, page 1 describes, the Department shall include in any new contract or contract renewal for the housing of a reentrant with a private entity or other entities, including other government agencies, the entity's obligation to adopt and comply with the Prison Rape Elimination Act (PREA) Standards and the Department's policies related to PREA compliance. The agency PREA Coordinator serves as the agency contract administrator and the interview indicated all community confinement contracts were renewed on April 1, 2019; and will remain in effect until January 31, 2024. The Scranton Community Corrections Center does not have any responsibility, separate from that on the Agency level, to enter or maintain contracts for confinement of reentrants with other agencies or jurisdictions.

The Pennsylvania Department of Corrections currently has 12 contracts for confinement of its reentrants with 21 community confinement facilities. These contracts include Fire tree LTD, Lehigh County Department of Corrections Community Corrections Center – Work Release, Gateway Rehabilitation Centers – Braddock, Gaudenzia, Inc., Keystone Correctional Services, Renewal Incorporated, Self-Help Movement Incorporated, the Kintock Group Incorporated, Tomorrows Hope LLC, Transitional Living Centers Incorporated, Treatment Trends Incorporated, and the GEO Group, Inc. The Pennsylvania Department of Corrections entered contract with the Columbia County and Butler County Prison systems for temporary housing of parole violators. The auditor reviewed the PREA Contract Compliance Monitoring Report for both agencies and confirmed PREA compliance is required within the contract. The document indicted both facilities have been audited during the previous audit cycle. The Auditor reviewed the PREA Contract Compliance Monitoring Report and Monitoring Worksheet of each agency. The contract monitoring activity was conducted within the dates required by agency policy. The agency performs status checks regarding the contract policy toward PREA and the current PREA Audit Report. The agency contract monitoring process is very impressive, and the requirements are documented in agency policy DC-ADM 008.

Agency policy DC-ADM 008, section 2, page 2-1 confirms the following statement: "Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA Standards have failed, shall the Department enter a contract for community confinement with an entity that fails to comply with these standards. All unsuccessful attempts shall be clearly documented." The auditor did not identify any facilities that were not required to

comply with the PREA Standards.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard. The agency level does require all contract participants to comply with the PREA standards. The agency level of compliance monitoring exceeds the overall expectations of the standard as the agency has developed policy, procedure, and practice documentation and forms. The PAQ documentation provided an extensive amount of contract monitoring as the agency includes the PREA Audit Report, contract policies, and a monthly monitoring practice toward compliance. No further action is required for this standard and the auditor determined standard 115.212 exceeds the expectations.

115.213 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.213 Analysis

The following evidence was analyzed in making the compliance determination:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire responses
2. 2021 Facility Staffing Plan
3. Agency policy DC-ADM 008 PREA Procedures Manual, Section 3 Sexual Abuse/Sexual Harassment Supervision/Monitoring. (Effective 07-29-21)
4. Scranton Community Corrections Center Annual PREA Staffing Review
5. Daily Duty Rosters
6. 8.3.1 Bureau of Community Corrections Security Procedures Manual, Section 15 – Facility Staffing, pages 15-1&2, October 25, 2021

Interviews:

1. Facility Director/PREA Compliance Manager
2. Intermediate and Higher-Level Facility Staff
3. Agency PREA Coordinator
4. Informal Staff Interviews
5. Random Staff Interviews

Site Review Observations:

1. Viewed video camera footage, monitors, and storage
2. Inspected facility identified blind spots for locking devices, staff patrols, and log entries

Findings (By Provision):

115.213 (a) - The auditor conducted a review of the documented 2021 facility-staffing plan. Agency policy 8.3.1, Section 15, pages 15-1-2, indicates monitor positions allocated. These positions are broken down into the following classifications: 1 Center Director, 14 CCCM's, 3 Corrections Counselors, and 1 Clerk Typist for a total staff compliment of 19 employees. The facility reported 14 staff on the first day of the onsite review and a vacancy rate of 26 percent. The facility reported hiring 4 staff in the past 12 months.

Agency policy 8.3.1, section 15, explains the Bureau Director/designee shall develop and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect reentrants against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility takes into consideration: the physical size and layout of the facility, the number and type of reentrants assigned to the facility, video monitoring capabilities to protect reentrants against sexual abuse, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. The Director will ensure staff are available in the facility 24 hours a day to respond to reentrants' needs, approve/deny requests for temporary increases or decreases to the staffing levels at a Community

Corrections Center (CCC), approve/deny requests for permanent increases or decreases to the staffing levels at a CCC, request additional positions through the Executive Deputy Secretary for Community Corrections and Reentry (EDSC), request permission to fill vacancies through the EDSC and/or the Position Action Request (PAR) system, assess, determine, and document whether adjustments are needed to each staffing plan annually, and document circumstances and justifications for any deviation from the plan.

The Bureau Major/designee shall conduct an annual review of the staffing patterns at every CCC; and prepare a report with recommendations for staffing level and/or video monitoring changes for submission to the Bureau Director/designee and Deputy Director for Facilities Management (DDFM)/designee. The changes will include changes to the Community Corrections Center Monitor (CCCM). Staffing Requests to temporarily or permanently increase or decrease the CCCM staffing levels at a CCC must be submitted to the Bureau Major/designee. The auditor reviewed the Scranton Community Corrections Center Annual PREA Staffing Review signed by the PREA Coordinator and reviewed by levels of Supervision. The auditor reviewed the daily operation data for the two days during the on-site review and did not find any deviations within the staffing plan for the two days.

The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. Scranton Community Corrections Center has exterior cameras that monitor the perimeter and internal key areas of the facility. There are 32 total cameras that are monitored from stations in the building.

The auditor confirmed the security levels for each shift, support staff, administrative staff, and management by comparing the staff assigned to the daily duty rosters. The facility Director interview indicated the factors considered in the development of this staffing plan includes, accepted detention and correctional practices, no judicial findings of inadequacy from Federal, internal, or external bodies. The composition of the reentrant population averaged 30 reentrants and the facility staffing plan predicated to include 48 reentrants. The monitors are responsible for specific zones, and these include: 6 resident rooms, 3 common areas, 2 resident bathrooms, 1 visitor bathroom, 2 staff bathrooms, 4 staff offices, 1 conference room, 1 staff kitchen, 1 supply/storage room, 1 resident kitchen, 1 laundry room, 1 ingress point, 2 egress points, and 1 staff parking lot.

This auditor verified all programming processes during the site inspection as the staffing levels were consistent with the daily roster report. The elements of State, Local Laws, Regulations, Standards, and other relevant factors are considered when developing the staffing plan. The facility reported 1 substantiated allegation of sexual abuse, and 1 unsubstantiated allegation of sexual abuse incidents considered prior to the review of the current staffing plan. Reentrants that are housed at the facility have off site work assignments and they leave the facility for several hours throughout the day.

115.213 (b) - The facility provided information during the Pre-Audit Questionnaire process indicating no deviations within the staffing plan in the last 12 months. However, they did present one deviation in the staffing plan that occurred in 2020 during the height of the COVID-19 pandemic. This documentation demonstrated proof of written form during all deviations within the plan. All deviations from the post chart are documented in an incident report. In circumstances of non-compliance with the staffing plan, the facility Major shall document, in writing, and justify all deviations from the plan. This documentation shall be forwarded to the facility Director. The auditor reviewed 0 incident reports indicating deviations within the staffing plan in the past 12 months. The facility reported all post assignments are filled with overtime hiring. The most common overtime needs consisted of FMLA status, sick leave, annual leave, and training. The facility Director indicated in the formal interview there are mandates within the labor arrangements that require every post to be filled.

115.213 (c) - The PREA Coordinator and the facility Director interviews confirmed the staffing plan is discussed numerous times throughout the year and changes are necessitated as required. The regulations are established by agency policy 8.3.1 as the following: requests for permanent increases or decreases to the staffing levels at a CCC must be approved through the Executive Deputy Secretary for Community Corrections and Reentry (EDSC). Facilities must request permission to fill vacancies through the EDSC and/or the Position Action Request (PAR) system. Requests should document whether adjustments are needed to each staffing plan annually or as needed and document circumstances and justifications for any deviation from the plan. The Bureau Major/designee shall: conduct an annual review of the staffing patterns at every CCC, prepare a report with recommendations for staffing level and/or video monitoring changes for submission to the Bureau Director/designee and Deputy Director for Facilities Management (DDFM)/designee. Changes to the Community Corrections Center Monitor (CCCM) Staffing Requests to temporarily or permanently increase or decrease the CCCM staffing levels at a CCC must be submitted to the Bureau Major/designee. The BCC Staffing Plan shall be provided to the EDSC/designee for approval and a copy provided to the Department Prison Rape Elimination Act (PREA) Coordinator. The Bureau Office shall securely maintain the staffing plan.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the development and review of a facility staffing plan, intermediate or higher-level supervisors conducting documented unannounced rounds, and the facility has developed a policy that prohibits staff from alerting other staff of the rounds occurring.

115.215 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.215 Analysis

The following evidence was analyzed in making the compliance determination:

Documents:

1. Scranton Community Corrections Center Responses to the Pre-Audit Questionnaire
2. Agency Policy DC-ADM008 Sexual Abuse-Sexual Harassment Prevention - Limits to Cross Gender Viewing
3. 8.3.1 Bureau of Community Corrections Security Procedures Manual, Section 30, pages 4-6
4. PREA Essentials Refresher Training 2022

Interviews:

1. Non-Medical Staff Involved in Strip Searches = 0
2. Random Sample of Staff = 8
3. 1 Informal Staff, and 1 Informal Reentrant Interviewed
4. Transgender/Intersex population = 0 Transgender on-site, 0 interviewed
5. 5 Random Reentrant Interviews

Site Review Observations:

1. Confirmation of posts compared to the daily duty rosters.
2. Intake Risk Screening and Classification Review.
3. 0 - Transgender reentrants observed during the on-site review
4. Opposite gender announcements entering housing units.

Findings (By Provision):

115.215 (a) - Agency policy DC-ADM 008, Section 8, page 1 indicates the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The Scranton Community Corrections Center reported no cross-gender strip or visual body cavity searches were conducted in the last 12 months. This includes no searches that involved exigent circumstances or performed by nonmedical staff. This was confirmed through 8 random interviews with staff. As all 8 staff interviews advised the facility does not perform cross gender strip or visual body cavity searches. The auditor conducted 5 random interviews with reentrants and all interviews indicated no cross gender strip or visual body cavity searches have been performed. The reentrant population advised female staff do not conduct strip searches of male reentrants only the male staff. This information was also confirmed during informal interviews with staff, and informal reentrant interviews as the interviews confirmed the female staff are only allowed to perform pat searches.

During the on-site review, the auditor received notice of no reentrants currently housed at Scranton Community Corrections Center that identifies as a transgender female. The auditor interviewed no reentrants that identify as transgender but other interviews with reentrants indicated they have not been stripped searched by a cross gender staff member. No non-medical staff involved in cross gender searches were available for interview due to the facility reporting 0 cross-gender searches. One

reentrant interview indicated the facility staff are very respectful.

Agency policy DC-ADM 008, Section 19, page 8 indicates when an exigent circumstance exists regarding a cross-gender search, all searches will be documented on an incident report and forwarded to the facility Director/PREA Compliance Manager. The auditor reviewed a strip search log provided by the facility that indicates no cross gender strip searches have been conducted in the past 12 months. Agency policy 8.3.1, Section 30, page 5 includes the following information: When authorized by the Facility Director/designee, strip searches may be authorized for offenders upon failure to clear the metal detector, upon entrance/return/admission to the facility, as part of a general search of the facility, as part of a random or investigative room search, when there is reason to believe that an offender is in possession of contraband, prior to being transported to a correctional facility (state, county, local), or prior to being transferred to another facility. The Facility Director/designee shall consider the circumstances and staffing prior to the authorization of a strip search. When possible, strip searches shall be conducted by two trained staff members of the same gender or with a supervisor on-site.

115.215 (b) - The Scranton Community Corrections Center is an all-male facility, and no female reentrants were observed during the time of the audit. The facility reported no male reentrants that identify as a transgender female within the male population. The facility Director confirmed this statement during the onsite review. No female reentrants were observed by the auditor during the on-site review, and the facility website indicates Scranton Community Corrections Center is an all-male facility. The auditor reviewed housing unit logs indicating no female gender listings for the population cited in the past 12 months.

115.215 (c) - Agency policy DC-ADM 008, section 8, page 1 requires the facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of male reentrants. Facility policy indicates the Strip Search Log, Attachment 30B, will be utilized when conducting cross-gender searches. The facility Director confirmed this statement during the on-site review. No female reentrants were observed by the auditor during the on-site review. The Scranton Community Corrections Center has not performed any cross-gender strip searches or cross gender body cavity searches. Interviews conducted with 1 informal reentrant confirmed they have not been strip searched by a cross gender staff member.

115.215 (d) - Agency policy DC-ADM 008, Section 8, page 2 explains reentrants shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower areas that is monitored by staff only. The reentrant rooms include 8 beds to each area, the showers have curtains, and the toilets have restroom doors for privacy. Informal interviews with 1 staff and 1 reentrant indicated no concerns with viewing of this nature. No video monitoring equipment was identified to be positioned to allow for cross gender viewing in this capacity.

Agency policy DC-ADM 008, Section 8, page 2, indicates a procedure for staff of the opposite gender to announce their presence when entering a reentrant housing unit. This practice was observed throughout the facility site review as staff announced their presence verbally and noted the response in the unit logs. The Scranton Community Corrections Center provided signage at the door of each unit, restroom, and shower area requiring this announcement. The auditor reviewed the Scranton Community Corrections Center method of notifying the hearing-impaired reentrants when a female staff member is on the unit. This is performed through a loudspeaker notification.

Agency policy DC-ADM 008, Section 19, page 2 forbids staff to examine reentrants for the sole purpose of determining the reentrant's genital status. This policy includes transgender and intersex reentrants, and if the genital status is unknown, the information will be obtained during the reentrant conversations, medical records, or by performing a broader examination conducted by a medical practitioner. The facility Director confirmed this through random staff and reentrant interviews. The PREA Compliance Manager interview and the PREA Coordinator interviews confirmed all reentrant information is utilized to ensure this process is adhered too.

The agency policy DC-ADM 008, Section 19, pages 1-9 explain the departments approach to working with transgender and intersex reentrants. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully toward this specialized population. Each facility is required to develop a Plan of Action to prepare for reception and housing of transgender and intersex populations. The daily process was described to the auditor during the on-site review to include the following: The PREA Accommodation Committee (PAC) is utilized to measure the proper placement toward housing, security, programming, and other needs. The following methods of interaction are described within this policy: Reception and Classification, Prison Rape Elimination Act (PREA) Risk Assessment Tool (PRAT), Mental Health Referral Form, Access to Health Care Procedures Manual, PREA Accommodation Committee Checklist (PAC), PREA Accommodation Committee Review, Administrative PREA Accommodation Committee (A-PAC), Transfers, Case Management, Searches, Commissary, and Special Accommodations. Each reentrant is considered on a case-by-case basis and the final determination is mandated by the Executive Staff as recommended by the Administrative PREA Accommodation Committee (A-PAC). No current reentrants at Scranton Community Corrections Center identify as a transgender female. Reentrants that identify as transgender or intersex may be offered a single room status or transferred to other facilities that can better accommodate their needs.

115.215 (f) - Agency policy DC-ADM 008, Section 8, page 3 indicates all custody staff are trained to conduct proper pat down searches on reentrants to include cross-gender searches. The policy describes the methods of conducting clothed searches, strip searches, body scanner screenings, and body cavity searches. The training curriculum consists of a Power point titled, "Offender Searches" and the auditor reviewed the entire power point that consisted of 49 slides. This is a mandated training for all employees and the facility indicated all security staff have received the mandatory training in the last 12 months. Random interviews with 8 staff and 1 informal staff interview indicated knowledge of the training and verbal demonstrations regarding proper conduct. The training curriculum described proper conduct as utilizing the back of the hand to conduct the pat-down search, maintaining strict professionalism, utilizing correct terminology, providing a private area for the search, limited cross-gender viewing, and being respectful toward population needs.

Conclusion: Based upon the review and analysis of all the available evidence, interviews, on-site observations, and policy, procedure, and practice considerations, the auditor has determined that the facility is fully compliant with this standard. No corrective action is required.

115.216 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.216 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire responses
2. DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual, Section 4, Sexual Abuse/Sexual Harassment - Access to Special Populations
3. BCC ADM 005, Bureau of Community Corrections Resident Legal Procedures Manual, Section 1 – Reasonable Accommodations, page 1
4. Agency memo posted July 19, 2019, Intake Reentrant PREA Handout (Braille)
5. Pennsylvania Department of Corrections Foreign Language Employee Directory List July 12, 2022
6. DBA PROPIO Language Line Services LLC. Contract January 1, 2021, to December 31, 2023

Interviews:

1. Agency Head (Designee)
2. Reentrants with a Physical Disability
3. 1 Reentrant with a Hearing Disability
4. 1 Reentrants with Limited English Proficiency
5. 1 Reentrant with Cognitive Disabilities
6. 8 Random Staff Interviews
7. 1 Informal Staff Interview

Site Review Observations:

1. Sign Language Interpreter Service
2. Signs and posters indicating zero tolerance posted throughout the facility English/Spanish formats
3. The unit phones are available with a TTY service and Spanish options

Findings by Provision:

115.216 (a) Policy DC-ADM 008, Section 4, page 1 indicates the agency has established procedures to provide disabled reentrants equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing reentrants, blind or having low vision, reentrants who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficient. The facility reported 1 limited English proficient reentrants were at the facility during the onsite review. The auditor utilized the facility contract language line to ensure reentrants with a limited English proficient disability has the means to communicate with staff. The facility advised limited English proficient reentrants would be provided the PREA materials, handbook, and posters in a language they understood. The Agency Head interview indicated the State has a

contract to provide language line services, the facilities are required to post materials in both English and Spanish formats, there are braille options for the blind, a state contract for sign language services, and all PREA related materials are available in multiple languages. The auditor inspected the reentrant phone systems, and the TTY options are available for hard of hearing populations, and the voice recorded options are available in Spanish formats. The auditor reviewed a memo posted by the Agency PREA Coordinator on July 19, 2019, regarding the available use of the Braille Intake Reentrant PREA Handout.

115.216 (b) The reentrant handbooks are written in both English and Spanish format. The PREA and Americans with Disabilities Act provisions are documented in policy DC-ADM 006, pages 1-18 and indicate the following resources are available for the reentrants: closed captioning, large print material, reading of materials to reentrants by staff, department translator lists, and the language line services. Reentrants are provided the PREA education pamphlet in their primary language upon request and the auditor reviewed the intake process. The auditor observed the closed captioning included within the television viewing, and the intake staff reading the PREA pamphlet to the reentrants. The auditor was able to interview reentrants with limited English proficiency and the auditor did verify the operation of the language line service. The facility Director advised using this service in the past and ensuring the PREA materials were provided in Spanish format. The auditor reviewed the Pennsylvania Department of Corrections Foreign Language Employee Directory List and noted 61 different languages are available for interpretation throughout the State.

115.216 (c) The facility provides interpreter services with a language line service known as PROPIO Language Line Services, Inc. This company also requires its interpreters to undergo a medical interpreter credentialing process. This service is available for reentrants with limited reading skills in both English and Spanish. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. This auditor reviewed an agency translator list indicating 61 potential interpretive languages. Staff training files reviewed indicated training received for managing reentrants at risk of sexual abuse and identified the policy against using reentrant interpreters. The auditor interviewed 8 random staff, and most of the staff indicated the use of the language line to conduct interviews with limited English proficient reentrants. The auditor observed the intake process for a limited English proficient reentrant during the onsite review. The reentrant watched the PREA video in Spanish and included closed captioning. The interview was conducted in a private setting with the counselor and the reentrant. The counselor utilized the language line to perform the risk screening. All risk screening questions were asked to the reentrant in Spanish and the documents received were written in Spanish.

Conclusion: The evidence reviewed by the auditor reveals a significant level of facility importance regarding reentrants with disabilities or reentrants with limited English proficiency having the ability to communicate effectively with staff, and be included in each facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken an above average approach to accommodate steps to communicate effectively with reentrants who are deaf or hard of hearing, have speech disabilities, are blind or low vision, intellectual disabilities, limited reading skills, psychiatric disabilities, or limited English proficient. This includes the braille formats, sign language contract, language line contract, and the 61 potential staff interpreter lists. The reentrant and staff interviews did not indicate concerns regarding the use of reentrant interpreters, readers, or assistants during sexual abuse or sexual harassment investigations. The agency has a policy in a written format and the on-site review indicated the facility practice aligns with the written policy. The Agency head interview indicated a strong knowledge base and the expected communication results designed within the intent of the written policy. The facility meets the expectation of this standard.

115.217 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.217 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire responses
2. Policy 1.1.4 Centralized Clearances Procedure Manual, Section 4, Centralized Clearance Check Procedures
3. 12 Random Staff Personnel Files
4. 4.1.1 Human Resources and Labor Relations Procedure Manual, Section 41, Employment of Job Applicants having Prior Adverse Contacts with Criminal Justice Agencies (CJA)
5. DC-ADM 008, Section 20, page 4, PREA Procedures Manual, Data Collection and Retention
6. 4.1.1 Human Resources and Labor Relations Procedure Manual, Section 40, pages 1-3, Conducting Pre-Employment Background Investigations
7. 4.1.1 Employee Arrests - Felony, Misdemeanor, and Summary Offenses, Section 3, page 1

Interviews:

1. 1 Human Resource Staff
2. Facility Director/PREA Compliance Manager
3. 1 Informal Interview with Staff
4. 1 Contract Staff Interview

Site Review Observations:

1. 12 Random Staff Personnel Files
2. Biometric Screening Equipment and Identification
3. 11 Contractor Background Screenings Confirmed
4. 1 Contract Staff Personnel File

Findings by Provision:

115.217 (a) Policy 1.1.4, Section 4, page 3 prohibits hiring or promoting anyone who may have contact with reentrants and prohibits enlisting the services of any contractor who may have contact with reentrants who has engaged in, been convicted of, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with 1 Human Resource staff member. Each staff member must provide responses to specific questions relative to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed 12 staff personnel files that indicated a response to these PREA related questions.

115.217 (b) Policy 1.1.4, Section 4, page 4 requires the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with reentrants. This

was confirmed during the interview with 1 Human Resource staff member. The auditor reviewed 12 staff personnel files indicating their signatures on the background release forms. All background checks were completed prior to offering employment.

115.217 (c) The Pennsylvania Department of Corrections agency policy 4.1.1, Section 40, pages 1-3 indicate a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with reentrants, criminal background records checks and 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 is completed. The auditor spoke with the PREA Compliance Manager and determined 4 criminal background checks were completed in the past 12 months. These record checks were through the National Crime Information Network, and all current staff background checks are performed prior to employment. The background checks include the following: Biometric information, driving records, investigation files, licensure, military records, and drug related convictions.

115.217 (d) The Pre-Audit questionnaire indicated 11 background checks were completed for staff covered under contracts for services that may have contact with reentrants. This number was confirmed during the PREA Compliance Manager interview. The auditor reviewed 1 background check that was conducted for contracted services.

115.217 (e) Policy 1.1.4, Section 4, pages 1-8 indicate criminal background checks conducted on all current employees, volunteers, and contractors, at least every 2 years. This was confirmed during the 1 human resource staff interview. This is captured within the agency reporting mechanism and discussed during the human resource interview. The system that captures this information is the Pennsylvania Justice Network (JNET). A centralized clearance check form is submitted, and the system consistently captures clearance information that includes driver license information, Pennsylvania rap sheets, Interstate Identification Rap Sheets, visitor tracking information, reentrant telephone calls, email and money transactions, and prior employment information.

115.217 (f) All applicants and employees, who may have contact with reentrants, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the 1 human resource staff member. The auditor reviewed 12 staff files and confirmed the signed document was present asking the specific questions relative to sexual abuse, sexual assault, and sexual misconduct.

115.217 (g) Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The policy DC-ADM 008, Section 20, page 4 explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. In addition, 12 staff personnel files were reviewed, and no issues determined regarding this practice.

115.217 (h) The facility tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid driver's license, personal interview, proper documentation provided, social security number compliance, certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The PREA Compliance Manager provided documentation demonstrating a criminal history and driver history inspection was previously conducted for staff. The PREA Compliance Manager confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review.

Conclusion: Based on the evidence reviewed by the auditor to include: 12 staff personnel files, interviews with 1 human resource staff, agency, and facility policy, 1 contractor review, and 1 informal staff interview, the auditor finds no discrepancies within this standard required for corrective action. The steps considered by the facility to ensure the safety of the reentrants with qualified staff is impressive.

115.218 Upgrades to facilities and technology

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.218 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire responses
2. Agency policy DC-ADM 008, PREA Procedures Manual, Section 6, Upgrades to Facilities and Technologies
3. Monthly meeting minutes from the video monitoring committee

Interviews:

1. Agency Head Designee
2. Facility Director
3. PREA Compliance Manager

Site Review Observations:

1. Camera and monitor placement throughout the facility
2. Video and storage areas and camera footage
3. Gender Specific post assignments
4. Cross-gender viewing on video monitoring equipment

Findings by Provision:

115.218 (a) Agency policy DC-ADM 008, Section 6, page 1 indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect reentrants from sexual abuse. The facility Director confirmed no substantial expansions were performed to the Scranton Community Corrections Center facility within the last 12 months. The interview with the Agency Head indicated the safety and privacy needs for reentrants is always considered. Whenever analysis is performed the idea of creating areas of safety and eliminating blind spots are important. The camera committees are in place at all local levels, to ensure when tours are made, the camera placements and electronic monitoring data are all factors to consider when developing budgets.

115.218 (b) Agency policy DC-ADM 008, Section 6, page 1 indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect reentrants from sexual abuse. The facility consists of the most recent video monitoring equipment design and consists of 32 cameras throughout the facility. This was confirmed by the facility Director/PREA Compliance Manager interview and 1 informal staff interview with the staff that monitors the video recordings. There were no immediate concerns identified regarding cross-gender viewing of the video monitoring equipment. The facility has 32 total cameras and the new installations have made a significant impact to monitoring the sexual safety of the facility. The auditor reviewed the video committee meeting minutes that included the agency PREA Coordinator and the facility PREA Compliance Manager.

Conclusion: The facility has implemented a policy and a program to monitor the effects of upgrades, camera placement, and video monitoring equipment throughout the facility. Each camera has a full DVR recording support, and all these modern

additions were provided to assist in preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The efforts provided by the facility meets the requirements of this standard. The facility Director indicated the facility is equipped with state-of-the-art video monitoring equipment and best practice recommendations in today's modern society. The auditor reviewed monthly meeting minutes indicating the PREA Compliance Manager participates in the discussion for future planning.

115.221 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.221 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire responses
2. Agency Policy DC-ADM 008, Section 18, Investigating Allegations of Sexual Abuse/Sexual Harassment
3. Memorandum of Understanding (MOU) between the Pennsylvania State Police and the Pennsylvania Department of Corrections
4. Agency Policy DC-ADM 008, Section 14, Responding to Reports of Sexual Abuse
5. Agency Policy DC-ADM 008, Section 14, Shift Commander Checklist
6. Reviewed for investigations involving a Sexual Assault Nurse Exam Referral
7. Reviewed an MOU for a Certified Sexual Assault Nurse Examiner with Geisinger Community Medical Center, December 7, 2015
8. Agency Policy DC-ADM 008, PREA Procedures Manual, Section 15, Access to Outside Confidential Support Services.
9. Reviewed a MOU with the Women’s Resource Center, Inc., for outside confidential support services, October 5, 2015

Interviews:

1. 8 Random Staff
2. Sexual Assault Nurse Examiner
3. PREA Compliance Manager
4. Reentrants who Reported Sexual Abuse
5. The Women’s Resource Center, Inc. (Victim Advocate)
6. 1 Informal Staff Interview

Site Review Observations:

1. The Women’s Resource Center, Inc., Mailing Address posted in all Living Units
2. The Bureau of Intelligence Mailing Address posted in all Living Units
3. Shift Commander Evidence Protocol Checklist

Findings by Provision:

115.221 (a) The Scranton Community Corrections Center utilizes the facility trained PREA investigators for conducting administrative sexual abuse and sexual harassment investigations, and the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police has the responsibility for conducting criminal abuse investigations. The Bureau of Investigation and Intelligence will only investigate allegations of staff-on-reentrant abuse, typically uncovered during investigations into other unauthorized activity, while the PSP maintains responsibility for all reentrant-on-reentrant investigations. The Bureau of

Investigations and Intelligence and the Pennsylvania State Police utilizes a uniform evidence protocol when conducting sexual assault investigations and forensic medical examinations. Agency policy DC-ADM 008, Section 14, pages 5-7 describe the uniform evidence protocol required for the facility.

The Shift Commander Checklist is designed to ensure proper steps are taken to preserve evidence for the abuser and the victim. The auditor reviewed Shift Commander evidence protocol checklists. The auditor interviewed 8 random staff and most of the interviews indicated securing the scene and the Pennsylvania State Police would be responsible for collecting the evidence at the scene. The agency policy DC-ADM 008, Section 18, pages 1-2 indicate the standard utilized when conducting sexual harassment and discrimination investigations. The auditor reviewed a Memorandum of Understanding (MOU), between the Pennsylvania Department of Corrections and the Pennsylvania State Police confirming this arrangement.

115.221 (b) The Scranton Community Corrections Center does not house youthful offenders, and this was confirmed by the agency website, onsite interviews conducted with staff, and population statistical data. Agency policy DC-ADM 008, Section 18, page 2 explains the protocol established for evidentiary purposes shall be developmentally appropriate for youth. This policy was adapted in correlation with the National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescents.

115.221 (c) The facility offers all reentrants who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. Policy DC-ADM 008, Section 14, page 4 explains the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without cost, where evidentiary or medically appropriate. The Scranton Community Corrections Center utilizes an off-site medical emergency room. The facility reported no forensic medical exams performed by a qualified Sexual Assault Nurse Examiner (SANE) during the past 12 months. The number performed by a SANE was 0, and the number performed by a qualified medical practitioner was 0. The auditor was unable to review an incident report during the onsite review that supported the arrangement with the hospital. This auditor was able to speak with a SANE nurse during the onsite review. The staff indicated they would provide the necessary support at the Geisinger Community Medical Center. This was also confirmed by the facility Director/PREA Compliance Manager and the PREA Coordinator during the on-site review.

The facility Director confirmed all medical procedures will be performed to the victim at no cost to the reentrant. The Scranton Community Corrections Center does not provide onsite mental health treatment, but access is available at outside sources through their crisis stabilization and transitional care units at the Geisinger Community Medical Center. The auditor reviewed the MOU establishing a Letter of Agreement with the Geisinger Community Medical Center to offer certified Sexual Assault Nurse Examiner duties. The hospital has a certified SANE on staff, and they provide sexual assault exams by qualified SANE medical professionals.

115.221 (d) The Scranton Community Corrections Center does not have medical and mental health staff onsite but when reentrants are transferred to another facility for additional care, there staff would complete the specialized medical and mental health training designed specifically to meet department operations. The auditor reviewed the MOU with the Women's Resource Center, Inc., for confidential support services. The auditor identified Women's Resource Center poster in all housing units, and intake areas of the facility. The poster identified the 24- hour services offered by the agency, advocacy, and case management, and hospital accompaniment. The poster offers an address for reentrants to write directly to the agency and the information is also provided in the handbook. The information provided to the reentrants in intake includes a facility sexual abuse awareness pamphlet and the address for the Women's Resource Center. The auditor observed this pamphlet being provided to the reentrants during the intake process. All reentrants are required to sign for receipt of the handbook and the PREA pamphlet. The facility also utilizes the Women's Resource Center for confidential support services.

115.221 (e) The auditor confirmed no incident reports submitted demonstrating a victim advocate present during a sexual assault medical exam as the facility reported no incidents of this service being required during the past 12 months. The Women's Resource Center information was provided in the sexual abuse awareness pamphlet. Policy DCADM 008, Section 15, page 2 explains any reentrant who alleges sexual abuse or sexual battery shall be given a copy of the notification of rights to have crisis intervention services. This was confirmed during the victim advocate interview, and the auditor reviewed the MOU with the Women's Resource Center provider. The auditor interviewed 1 staff from the Women's Resource Center and this volunteer confirmed the MOU with Scranton Community Corrections Center, explained the process regarding notifications, discussed the limits to confidentiality, and expressed appreciation for Scranton Community Corrections Center involving them within their program. The auditor interviewed 3 reentrants that had previously reported an allegation of sexual abuse. The reentrants advised they were aware of the program and had spoken with the volunteer that reports to the facility. They indicated knowledge of how to report an allegation and request for services in the future.

115.221 (f) The Scranton Community Corrections Center utilizes the facility trained PREA investigators for conducting administrative sexual abuse and sexual harassment investigations, and the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police has the responsibility for conducting criminal abuse investigations. This was confirmed during the PREA Compliance Manager interview, and several staff interviews were able to identify the investigator as the point of contact for facility investigations.

115.221 (g) N/A

115.221 (h) The facility PREA Compliance Manager verified the facility will always utilize Women's Resource Center as the community advocate to offer emotional support, crisis intervention, information, and referrals in the area. The Scranton Community Corrections Center does not utilize staff as representatives to provide emotional support services.

Conclusion: Based on the evidence provided by the facility, all provisions were met within standard 115.221 and no further corrective action is required.

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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Standard 115.222 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire responses 2. DC-ADM 008, Section 18, Investigating Allegations of Sexual Abuse and/or Sexual Harassment 3. Reviewed Shift Commander Checklists 4. Reviewed the Facility Website memo provided by the PREA Compliance Manager 5. Reviewed memo referrals to the Pennsylvania State Police and the BII 6. 8.3.1 Community Corrections Security Procedures Manual, Section 35, Investigations, pages 1-7 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. 1 Facility Investigator 3. Facility Director/PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the facility website for Investigative information 2. Reviewed Shift Commander Checklist 3. Reviewed 4 Investigative Files 4. Case Management Log Entry System <p>Findings by Provision:</p> <p>115.222 (a) The auditor received the allegations and investigations overview document as requested along with the following data: 1 staff-on-reentrant allegations of sexual abuse within the last 12 months, 0 reentrant-on-reentrant allegations of sexual abuse within the last 12 months, 0 staff-on-reentrant allegations of sexual harassment in the past 12 months, and 1 reentrant-on-reentrant allegation of sexual harassment in the past 12 months. The auditor also reviewed two allegations not reported during the audit period to gauge a better understanding of the facility procedures while conducting investigations since the two allegations reported during this audit cycle remain pending.</p> <p>The Pennsylvania Department of Corrections does not recognize the grievance system as a method of reporting allegations of sexual abuse. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is rejected and forwarded immediately to the PREA Compliance Manager for investigation. The Pennsylvania Department of Corrections does not provide a hotline number as a method of reporting sexual abuse or sexual harassment. An address is provided to report directly to the Pennsylvania Office of the Inspector General and the Pennsylvania Department of Corrections PREA Coordinator. Scranton Community Corrections Center reported a total of 2 investigations conducted within the past 12 months. This includes, 1 Administrative sexual abuse case, and 1 case involving sexual harassment. The administrative investigations are conducted following the outcome of the criminal investigations. The facility</p> |

reported no investigations resulted in substantiated claims for administrative actions as both cases remain in a pending review status for administrative and criminal investigation.

The interview with the facility Director explained the facility PREA trained investigator is the point of contact for all investigations. All criminal investigations are referred to the Pennsylvania State Police and the Bureau of Investigations and Intelligence will provide oversight to all investigations being conducted. The PREA Compliance Manager will ensure that all cases are completed and documented with complete investigative summaries and the Director is informed of the outcomes.

115.222 (b) The agency policy 8.3.1, Section 35, requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. This policy ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police shall be responsible for criminal investigations in matters relating to the Department of Corrections. This notification policy is posted on the agency website and the procedures for reporting allegations. Policy DC-ADM 008, Section 14, the Shift Commander Checklist must be completed immediately, and the Pennsylvania State Police must be notified. This auditor reviewed documentation indicating all cases were entered into the Case Management Log Entry System. This information was provided and explained by the PREA Compliance Manager. The facility PREA investigator interview confirmed this process and indicated knowledge of the credibility assessments for all parties involved during the administrative investigations. The PREA investigator indicated the burden of proof for administrative investigations to be the preponderance of the evidence. The PREA Compliance Manager confirmed the policy is posted on the agency website.

115.222 (c) Agency policy DC-ADM 008, Section 18, page 1 indicates the Bureau of Investigations and Intelligence (BII), or the Pennsylvania State Police shall conduct all criminal investigations of sexual abuse, sexual battery, and staff sexual misconduct. The BII will conduct investigations for staff-on-reentrant conduct that may have been determined during other investigations involving staff misconduct. The information provided by the agency and facility indicates compliance with this standard. The auditor received referrals provided by the facility to the Pennsylvania State Police for investigation.

115.222 (d) N/A

115.222 (e) N/A

Conclusion: Based on the evidence provided by the facility, the agency has a policy governing the investigations of allegations of sexual abuse and sexual harassment. The facility has a documented investigative policy and documents all reports of sexual abuse and sexual harassment. The facility provided the auditor with documentation of the investigations, including full investigative reports. The facility provided evidence of referrals of allegations of sexual abuse and sexual harassment. The agency policy is posted on the website, and it describes the investigative responsibilities of both the agency and the separate entity that conducts the criminal investigations on its behalf. The facility meets the provisions of this standard.

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| 115.231 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.231 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire responses 2. Agency policy DC-ADM 008, Section 11, Sexual Abuse/Sexual Harassment Prevention Training and Education 3. Basic Training PREA Power Point slides - Zero Tolerance Test 4. PREA Training Lesson Plan 5. PREA Training Curriculum: Women Offenders in Pennsylvania Corrections 6. PREA Training and Understanding Verification Forms <p>Interviews:</p> <ol style="list-style-type: none"> 1. 8 Random Staff 2. Facility Director/PREA Compliance Manager 3. 1 Informal Staff Interview 4. Reentrants that identify as Transgender = 0 <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed 11 Staff Training Files 2. Reviewed 11 PREA Training and Understanding Verification Forms 3. Verified a list of all current staff training dates <p>Findings by Provision:</p> <p>115.231 (a) Agency policy DC-ADM 008, Section 11, page 1 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill staff responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.231 (a) 1-10. The auditor conducted 8 Random staff interviews indicating significant knowledge regarding zero tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward prevention, detection, reporting, and response. The auditor reviewed the 44 slide PREA Power Point provided by the PREA Compliance Manager and slide 15-17 provides the discussion regarding the zero-tolerance standard. The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, reentrant rights to be free from sexual abuse and sexual harassment, reentrant and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities.</p> <p>115.231 (b) This auditor reviewed the staff training curriculum to include rosters, power points, briefing rosters, lesson plans,</p> |

and the on-line training program. This program is an interactive testing software and specifically designed to provide the PREA training elements listed in 115.231 (a) 1-10. The facility trained all staff members in the last 12 months and provided a training spreadsheet demonstrating PREA training across all shifts. The Agency training is tailored to the gender of the reentrants at the facility to include male and female reentrants and staff. The facility search practice appears to match the training received. This auditor was unable to interview reentrants that identify as transgender as the facility indicated no reentrants were present during the on-site review. The facility reported no reentrants at the facility in the past 12 months that identifies as a transgender female. The auditor interviewed 5 randomly selected reentrants that did not identify any concerns with searches.

115.231 (c) The auditor reviewed a total of 11 staff training files. The documentation provided indicated all 11 staff received the on-line PREA training. A complete listing of all staff was provided by the PREA Compliance Manager to the auditor ensuring the training was received by all staff at the end of the on-site review. The on-line program requires a test to be completed at the end of each section to determine satisfactory completion. The PREA Compliance Manager interview confirmed staff receive PREA training on an annual basis in the academy, on-line, during roll call briefings, and in-service.

115.231 (d) Training is documented on the employee's electronic training transcript. However, when electronic documentation is unavailable, Attachment 11-A is utilized to document training. The 8 random staff interviewed during the on-site review and 1 informal staff interview indicated no concerns from staff to properly identify the PREA Compliance Manager, PREA Investigator, and the PREA Coordinator. The auditor identified staff were knowledgeable regarding all questions related to PREA.

Conclusion: Based on the review of the facility training policies, staff training curriculum, samples of the training records, and the documentation of the employee signatures signifying comprehension of the training received, the facility meets substantial compliance with this standard. No corrective action is required at this time.

115.232 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.232 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire responses
2. DC-ADM 008, Section 11, Sexual Abuse/Sexual Harassment Prevention - Training and Education
3. Pennsylvania Department of Corrections Contractor/Volunteer PREA Training Pamphlet
4. Volunteer/Contractor/Public Visitor Forms

Interviews:

1. 1 MAT Contract Program Specialist
2. 0 Volunteers

Site Review Observations:

1. Reviewed Volunteer/Contractor/ Public Visitor Forms
2. Reviewed the facility Biometric process

Findings by Provision:

115.232 (a) Agency policy DC-ADM 008, Section 11, pages 4-5 explain the zero-tolerance standard, and the facility also provides a volunteer and contractor handout. This auditor reviewed the volunteer and contractor handout, and the information includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training received. The auditor reviewed volunteer/contractor/and public visitor forms acknowledging they understand the training received.

115.232 (b) The Scranton Community Corrections Center has trained 17 volunteers and contractors in the past 12 months. However, there is only 1 contractor currently authorized to enter the facility daily. There were no volunteers authorized to visit the facility in the past 12 months due to COVID-19. The level of training provided is based on the services they provide and the level of contact they have with reentrants. A level one contractor or volunteer, which spends at least five hours a week with a reentrant, would receive the same training as the staff. Each contractor and volunteer must complete an application and a background check is completed. The application consists of the following information: personal information, current employment information, personal identification information, education, emergency contacts, criminal history, and previous institutional experience. Each volunteer and contractor are screened through the National Crime Information Center. Most of the programming the reentrants receive is provided at community support locations outside the facility.

115.232 (c) The auditor spoke with 1 contract Medical Treatment Assistant (MAT) Program Specialist and no volunteers were interviewed due to COVID-19 precautions. The information provided relating to the training received included a handbook notification, and background questionnaire. The interview indicated the ability to convey the zero-tolerance policy, preventive actions, notification procedures, and response practices. The contract interview confirmed receipt of the PREA pamphlet. No volunteers have received a copy of the PREA pamphlet in the past 12 months. All previously authorized volunteer clearances will have to be renewed by completing a new background screening prior to authorized entrance.

Conclusion: Based on the review of the evidence provided, the facility ensures all volunteers and contractors that have

contact with reentrants are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training is provided to volunteers and contractors based on their level of contact with the reentrants. The sample of contractors interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors understand the training they have received.

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| 115.233 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 300">Standard 115.233 Analysis</p> <p data-bbox="240 383 954 412">The following evidence analyzed in making compliance determinations:</p> <p data-bbox="240 495 363 524">Documents:</p> <ol data-bbox="240 607 1310 927" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire responses 2. Policy DC-ADM 008, Section 11 Sexual Abuse/Sexual Harassment Prevention – Training and Education 3. Reviewed the PREA Intake Pamphlet (Spanish/English Format) 4. Reviewed the Sexual Abuse/Sexual Harassment Re-entrant Education Program Facilitator's Guide 5. Reentrant Handbook (Spanish/English Format) 6. Reentrant Handbook (Braille Version) <p data-bbox="240 1010 352 1039">Interviews:</p> <ol data-bbox="240 1066 715 1272" style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. 1 Intake Staff 3. 5 Randomly Selected Reentrant Interviews 4. 1 Informally Selected Reentrant Interview <p data-bbox="240 1357 512 1386">Site Review Observations:</p> <ol data-bbox="240 1413 1302 1619" style="list-style-type: none"> 1. Observed the Intake Process and Issue of the PREA Pamphlet 2. Reviewed 10 Reentrant Education Files 3. Reviewed 10 PREA Intake Handout Receipts 4. Observed PREA Posters and Materials Posted in All Living Units, and Activity Rooms (English/Spanish) <p data-bbox="240 1704 467 1733">Findings by Provision:</p> <p data-bbox="240 1760 1477 1991">115.233 (a-e) Policy DC-ADM 008, Section 11, pages 5-6 discuss the reentrant education requirements and (a-e) within the policy. The intake officer described the reentrants receive an initial PREA document upon arrival to the intake section. The auditor observed this process during the intake screening and observed reentrants receive the PREA pamphlet and watch the PREA video. This document includes the facility zero tolerance policy, the reentrants right to be free from sexual abuse, sexual assault, and sexual harassment. It also includes instructions on how to report an allegation by mail. The reentrants can write directly to the Office of State Inspector General to report allegations of sexual abuse, sexual assault, or sexual harassment and they can write directly to Women’s Resource Center, Inc., for victim advocacy.</p> <p data-bbox="240 2018 1477 2145">Agency policy DC-ADM 008, Section 11, page 6 indicates within the first 30 days of reception additional PREA information will be provided to the reentrant population. This information includes the reentrant’s rights to be free from sexual abuse, sexual harassment, and retaliation. Department policies are introduced, response procedures, and directions on how to report an allegation is explained during the comprehensive review. A video is shown, and questions asked at the end of the</p> |

video to ensure the reentrant understands the information received. The facility also proudly displays PREA posters, and one is displayed in the intake section regarding zero tolerance. The facility provides a PREA video to the reentrants in intake prior to any medical screening, and this auditor reviewed the video for quality. The auditor interviewed 5 randomly selected reentrants that indicated the video is played on an ongoing basis. The intake staff are required to print a reentrant orientation acknowledgement form and the reentrants sign acknowledging they understand the training they have received. The auditor sampled 10 reentrant files indicating receipt of the PREA brochure and viewing the video within 30 days of arrival. The PREA Compliance Manager and the intake officer indicated the video is played to the population immediately upon arrival. The PREA Compliance Manager reported a total of 122 reentrants admitted during the past 12 months, and 108 of those length of stay exceeded 30 days. This information was confirmed by the PREA Compliance Manager during the on-site interview.

There are several reporting methods provided to the reentrants and this is discussed in the PREA pamphlet. The PREA information, handout, and the Women's Resource Center information is posted on the wall near the phones in every living unit, in both Spanish and English formats. Posters are visible throughout the facility reminding reentrants regarding zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The auditor interviewed 5 randomly selected reentrant interviews indicating PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation monitoring, and pride in the overall sexual safety of the facility. The reentrant phones are equipped with a TTY system, the facility provides a language line for numerous languages, a list of certified staff interpreters, and the video is played in both Spanish and English formats. The facility employs staff to provide the information verbally to reentrants that cannot read. The video is also shown in closed captioning and the auditor reviewed the video for clarity.

Conclusion: The auditor has determined the agency has a policy governing PREA education for reentrants. The auditor has also determined full compliance with this standard based on a review of the following evidence supplied by the facility: intake records of reentrants entering the facility in the past 12 months, signed documents by the reentrants indicating the understanding of the training received within 30 days of intake, confirmation of all reentrants receiving the PREA information within one year of the effective date of the PREA standards, review of the reentrant handbook, PREA pamphlet, PREA video, education materials in formats accessible to reentrants that are limited English proficient, deaf, visually impaired, disabled or limited reading skills, and observations of materials posted throughout the facility in both English and Spanish formats. The facility has demonstrated substantial compliance and no corrective action requested at this time.

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| 115.234 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.234 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire responses
2. Agency Policy DC-ADM 008, Section 11, Sexual Abuse/Sexual Harassment Prevention - Training and Education
3. Reviewed 8 Specialized Investigator Training Power points
4. Reviewed 12 Correctional Investigator Training Files
5. Reviewed 12 PREA Training and Understanding Forms

Interviews:

1. 1 Facility PREA Investigator

Site Review Observations:

1. Reviewed 8 Specialized Investigator Training Power points
2. Reviewed 12 Correctional Investigator Training Files
3. Reviewed 12 PREA Training and Understanding Forms

Findings by Provision:

115.234 (a-d) Agency policy DC-ADM 008, Section 11, page 3 includes the specialized training requirements for the facility PREA investigators. The required training includes the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The facility utilizes investigators from the Pennsylvania State Police for all criminal investigations and the facility PREA Investigator is assigned to conduct all administrative investigations. The Bureau of Investigation and Intelligence will investigate staff-on-reentrant allegations in special circumstances usually discovered during investigations of other unauthorized activity. The auditor reviewed 12 training records indicating the facility staff members have received specialized PREA training for investigators. This was confirmed during the investigator interview, and the auditor reviewed 4 investigative files and confirmed the investigator of each file has received the specialized PREA investigator training.

The facility PREA investigators completed training presented by the PREA Grant Project titled, "Sexual Assault Investigator Training". This training provided the necessary elements required within this standard to include the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The auditor reviewed the training outline and 8 power points associated with this learning environment. This training identified the 8 PREA standards that apply to investigating sexual abuse of reentrants and demonstrated six critical investigative techniques and protocols of competent investigations. The facility maintains records of all training received and is easily accessible for review. Agency policy DC-ADM 008, Section 11, page 3 indicates training documentation will be maintained by the employee training files and documented on the PREA Training and Understanding Form. The agency updated its training to an on-line format at the onset of the COVID-19 pandemic and all future investigators will complete the 12-module updated course. The auditor was able to review the modules within this course.

Conclusion: Based on the review of the materials provided by the facility: the agency training policy for investigative staff, the investigator training curriculum, documentation that the agency investigators have completed the required training, and the training records and logs presented by the staff, the auditor finds the facility meets all provisions required within this standard. No further action is required at this time.

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| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.235 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 368 530">Documents:</p> <ol data-bbox="240 560 1417 963" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire responses 2. Agency Policy DC-ADM 008, Section 11 Sexual Abuse/Sexual Harassment Prevention - Training and Education 3. PREA Medical and Mental Health Care Standards Participant Guide 4. Medical Staff Training Files 5. PREA Specialized Training: Medical and Mental Health Care Lesson Plan 6. PREA Training and Understanding Verification Forms 7. Agency Policy 8.1.1 – Community Corrections Procedures Manual, Section 5 – Resident Procedures, pages 10-11, Revised January 2009 <p data-bbox="240 1052 352 1079">Interviews:</p> <ol data-bbox="240 1108 687 1249" style="list-style-type: none"> 1. No Medical Staff 2. No Mental Health Staff 3. 1 Sexual Assault Nurse Examiner (SANE) <p data-bbox="240 1339 512 1366">Site Review Observations:</p> <ol data-bbox="240 1395 943 1480" style="list-style-type: none"> 1. Reviewed for medical staff training files 2. Reviewed for PREA Training and Understanding Verification Forms <p data-bbox="240 1570 467 1597">Findings by Provision:</p> <p data-bbox="240 1626 1481 1821">115.235 (a-d) Agency policy DC-ADM 008, Section 11, page 4 explains the agency policy, procedures, and practice associated with this standard compliance and all medical and mental health care practitioners to receive the required specialized PREA training. However, the Scranton Community Corrections Center does not have any medical or mental health staff at their facility. All reentrants are required to receive medical and mental health care offsite and within the community. Agency policy 8.1.1 – Community Corrections Procedures Manual, Section 5 – Resident Procedures, pages 10-11 explain the following process:</p> <p data-bbox="240 1850 1449 1977">Community Corrections Health Care Services - This section establishes procedures for providing adequate health care services for a resident under the jurisdiction of the BCC, for the recording and distribution of all controlled substances, prescribed medicines and over-the-counter drugs used by a resident of a CCC, and for providing first aid and emergency care by non-medical staff to every BCC resident.</p> <p data-bbox="240 2007 1481 2134">Routine Health Care - The support facility's medical staff conducts medical screening, prior to a resident's arrival at a CCC. Counselors provide health education to residents. Health education involves providing written information on medical services and immunizations, personal hygiene, dental hygiene, nutrition, venereal disease, HIV and AIDS, tuberculosis, and other communicable diseases. Routine health care shall be provided to a resident of a CCC by means of the following:</p> |

employer paid health insurance, publicly funded health insurance (Medicare/Medicaid), community sponsored public clinics or, as a last resort, Department resources, by written agreement with a community hospital for out-patient, in-patient, and emergency medical care, in-house and medical resources of the support facility, if there are no other means of personal or public resources available, and providing the use of these facilities does not compromise the health of the resident or security of the facility. All services related to sexual abuse will be provided at the Departments expense.

Every resident who has employer paid health insurance, a publicly funded health plan, or who uses community public clinics may obtain medical/dental care from any source he/she chooses. The obtaining of these services is a matter between the resident and the provider. A resident is expected to pay for medical and dental service whenever possible. A resident who is employed is required to participate in hospital insurance plans, when available, at his/her place of employment. A resident may be returned to a State Correctional facility for continuing health care. The agreement between the CCC and the hospital administration or appropriate hospital employee shall specify that the hospital shall accept a CCC resident who seeks the services of the hospital, whether in-patient, out-patient, or emergency room service. Dental service of an emergency nature may require returning the resident to the support facility to obtain treatment with a licensed dentist when other resources have been exhausted.

The auditor reviewed the agency PREA Medical and Mental Healthcare Lesson plan that included the following topics: PREA medical and mental healthcare standards participant guide, lessons on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor was able to review the blank PREA Training and Understanding Verification Forms that would document the medical staff signatures and verifying they understood the training they have received.

The forensic medical exams are conducted at the Geisinger Community Medical Center. The auditor interviewed a forensic nurse from this location which provided direct knowledge regarding how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, and whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed a Memorandum of Understanding with the Geisinger Community Medical Center to conduct Sexual Assault Nurse Exams (SANE). The auditor was able to interview a Sexual Assault Nurse Examiner that confirmed the presence of the agreement between the two facilities.

Conclusion: Based on the review of the following evidence: agency policy governing training of medical and mental health care practitioners, a review of the training curriculum and signature forms indicating understanding of the training received, and confirmation from the PREA Coordinator indicating the staff on the agency level have received the initial training for employees, contractors, and volunteers dependent upon their status, the auditor finds the agency meets all of the provisions required within this standard with compliance. No further action is required.

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| 115.241 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.241 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 368 530">Documents:</p> <ol data-bbox="240 560 1161 701" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses 2. Agency Policy DC-ADM 008 Prison Rape Elimination Procedures Manual (PREA Manual) 3. PA DOC PREA Risk Assessment Tool (PRAT) <p data-bbox="240 790 352 817">Interviews:</p> <ol data-bbox="240 846 715 1216" style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. 5 Random Reentrant Interviews 3. 1 Informal Reentrant Interview 4. 8 Random Staff Interviews 5. 1 Informal Staff Interview 6. PREA Coordinator 7. Facility Director/PREA Compliance Manager <p data-bbox="240 1305 512 1332">Site Review Observations:</p> <ol data-bbox="240 1361 807 1619" style="list-style-type: none"> 1. Reentrant Risk Screening Process 2. Reentrant Risk Screening Reassessment Process 3. Intake and Classification Housing Assignment Review 4. Reentrant File Reviews = 10 5. 10 PREA Risk Assessment Tool (PRAT) <p data-bbox="240 1709 483 1736">Findings (By Provision):</p> <p data-bbox="240 1765 1489 2089">115.241 (a-l) Agency policy DC-ADM 008, Section 9, page 1 explains the screening procedures for risk of victimization and abusiveness. This policy explains all reentrants are assessed during an intake screening for their risk of being sexually abused by other reentrants or sexually abusive toward other reentrants. Reentrants will also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other reentrants. The Scranton Community Corrections Center utilizes the PREA Risk Assessment Tool (PRAT) to accomplish the risk screening process. This tool is utilized during the intake screening process, 20-30 days after receipt into a correctional facility, whenever a reentrant participates in an incident of sexual abuse, added information is provided within the reentrant's history, and during the annual review process. The auditor observed this process during the on-site review within the initial receipt of the reentrant population within the first 2 hours of arrival. The review was performed by a Counselor in a private office space with a secure workstation. The auditor confirmed the information provided by the reentrant remained confidential.</p> <p data-bbox="240 2123 1477 2150">Agency policy DC-ADM 008, Section 9, page 2 indicates this tool must be completed within the first 72 hours of reception to</p> |

the Department or upon arrival at another facility. The auditor reviewed 10 reentrant files and determined the intake screenings usually take place within the same day of arrival, and usually within the first two hours. This follows the 72-hour mandate required by the standard. None of the 10 files reviewed indicated major concerns regarding the initial intake screening or the reassessment. The facility utilizes an objective classification screening instrument that includes: an individual points system, yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, a booking reentrant risks and needs assessment, and a PREA initial intake screening tool (PRAT). The objective classification screening includes the following criteria for the risk of sexual victimization: reentrant mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent behaviors, prior sex convictions, whether the reentrant is perceived gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, vulnerability perceptions, or if the reentrant is detained solely for civil immigration purposes. The auditor observed the staff performing the risk screening to document the responses of the reentrant and staff indicated the scores also reflected the reentrants' personal perceptions of themselves. The auditor reviewed this process with the staff assigned to conduct the screening and monitored the interview being conducted.

The objective classification system questionnaire also assesses reentrants for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff performing the screening and was advised, each reentrant must be carefully screened, and every evaluation should be unbiased, results should be based on the communication between the staff conducting the review and the reentrants' own perceptions and responses to the questions.

Agency policy DC-ADM 008, Section 9, page 1 indicates within 20-30 days of intake a reentrant's risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the reentrant's risk of sexual victimization or abusiveness. Interviews conducted with 5 random reentrants indicated this process was being applied as the reentrants could explain the questions being asked by the facility counselors. The reentrants identified the counseling staff as conducting the initial assessment and the counselors conducting the reassessment. This information is consistent with the agency policy previously discussed.

Agency policy DC-ADM 008, Section 9, page 3 indicates reentrants will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the agency PREA Coordinator must authorize usage on all electronic devices. The evidence provided indicates compliance with this standard as once the counselor uploaded the responses within the system, she was not able to make revisions. The counselor interview advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Coordinator interview indicated limited access to review these documents once they have been uploaded within the system. The PREA Compliance Manager advised staff are extremely limited to have access to the risk assessment scores.

Conclusion: Based on the review and analysis of all available evidence to include agency policy governing the screening of reentrants upon admission to the facility or transfer to another facility, screening instruments to determine risk of victimization or abusiveness, and detainee records, the auditor has determined that the agency is fully compliant with this standard regarding reentrant risk of victimization and abusiveness.

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| 115.242 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.242 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 368 530">Documents:</p> <ol data-bbox="240 560 1485 873" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire responses 2. Agency policy DC-ADM 008 Sexual Abuse/Sexual Assault Risk Screening 3. PREA Accommodation Committee Checklist (PAC) 4. PA DOC PREA Risk Assessment Tool (PRAT) 5. PREA Accommodation Committee Reassessment Checklist (PACR) 6. Agency Policy 13.8.1 Access to Mental Health Care Procedures Manual, Section 1 – Psychological Services, pages 12-13 <p data-bbox="240 960 352 987">Interviews:</p> <ol data-bbox="240 1016 991 1218" style="list-style-type: none"> 1. PREA Coordinator 2. Facility Director/PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. Reentrants Identifying as Transgender, Reentrants Identifying as Gay =1 <p data-bbox="240 1305 512 1332">Site Review Observations:</p> <ol data-bbox="240 1361 1042 1619" style="list-style-type: none"> 1. Reviewed the PREA Risk Screening Process 2. Reviewed the PREA Risk Screening Reassessment Process 3. Reviewed Reentrant Files = 10 4. Reviewed the PREA Accommodation Committee Checklist (PAC) 5. Reviewed the housing unit cell, shower, restroom, and bunk accommodations <p data-bbox="240 1706 483 1733">Findings (By Provision):</p> <p data-bbox="240 1762 1493 2092">115.242 (a-f) Agency policy DC-ADM 008, Section 9, page 4-5 indicates the facility utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This information was confirmed during the interview with the agency PREA Coordinator as the PREA Coordinator advised all facility risk screenings are objective, case by case evaluations of the reentrants with their own perceptions and views being considered. The views of the reentrant are recognized along with the tally provided by the staff on the risk assessment document. The interview with the Counselor indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignments are carefully reviewed to ensure potential abusers are not interacting with potential victims. All Risk designations are tracked on the risk screening tracking worksheet to verify appropriate housing placements, but work, education, and programming activities occur in the community.</p> <p data-bbox="240 2121 1473 2148">The facility maintains a high-risk abuser and a high-risk victim list to keep the two categories separate from each other. The</p> |

auditor reviewed this process during the on-site review. The auditor spoke with 5 randomly selected reentrants that confirmed no reentrants were on-site that identify or perceived to be transgender. The facility reported no reentrants in the past 12 months at the facility that identified as transgender female. The auditor spoke with 1 reentrant that identifies as gay, and he agreed the housing was discussed during the classification interview. They agreed to the level of housing recommended by the facility and no further issues were discussed.

Agency policy DC-ADM 008, Section 9, page 5 indicates the facility will make individualized determinations on a case-by-case basis to ensure the residents health and safety and personal views are considered. Reassessments shall be conducted by the reentrant's assigned counselor between calendar day 20 and 30 of every reentrant's arrival in the system. Considerations for single cell housing or double cell housing will be determined using the risk assessment tool. The PREA Compliance Manager confirmed the facility Counselor will review and recognize an imbalance of power within the cell assignment. This is performed during individual meetings, conversations, group activities, review of the disciplinary actions, and considerations based on the reentrants' personal views. This was confirmed during the intake screening staff interview, and all assessments will be documented on the PA DOC PREA Risk Assessment Tool (PRAT).

The agency policy DC-ADM 008, Section 19, pages 1-9 explain the departments approach to working with transgender and intersex reentrants. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully toward this specialized population. Each facility is required to develop a Plan of Action to prepare for reception and housing of transgender and intersex populations. The PREA Accommodation Committee (PAC) is utilized to measure the proper placement toward housing, security, programming, and other needs. The following methods of interaction are described within this policy: Reception and Classification, Prison Rape Elimination Act (PREA) Risk Assessment Tool (PRAT), Mental Health Referral Form, Access to Health Care Procedures Manual, PREA Accommodation Committee Checklist (PAC), PREA Accommodation Committee Review, Administrative PREA Accommodation Committee (APAC), Transfers, Case Management, Searches, Commissary, and Special Accommodations. Each reentrant is considered on a case-by-case basis and the final determination is mandated by the Executive Staff as recommended by the Administrative PREA Accommodation Committee (APAC). The A-PAC consists of a representative from each of the following specialties: Psychology office, Bureau of Health Services, Security Division, and a representative from the Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Subject Matter Expert community. The auditor reviewed 1 PREA Accommodation Committee Checklist (PAC), indicating satisfaction with housing considerations, and requested treatment and programming on the agency level. The PAC meetings are conducted every six months and the reentrants will be reevaluated at that time. No additional evaluations were conducted for the facility as they reported no housing reviews for transgender or intersex populations in the past 12 months.

The video monitoring equipment did not indicate concerns regarding cross-gender viewing during episodes of undress or showering. This is especially important when unit counselors are evaluating the housing considerations for transgender and intersex reentrants as they are provided the opportunity to shower separately from other reentrants. The auditor identified shower curtains in the single showers and restroom doors for privacy during sanitary activities.

The facility does not place lesbian, gay, bisexual, transgender, or intersex reentrants in a dedicated housing facility, unit, or wing based on their status. This is forbidden in policy DC-ADM 008, Section 9, page 6. The facility Director interview confirmed there are no consent decrees regarding legislative action pertaining to restrictive housing considerations. The onsite review indicated special populations are not assigned to one housing unit as the auditor was able to interview reentrants from all living units.

Conclusion: Based on the review and analysis of the following available evidence: agency policy governing the use of screening information, documentation of the use of screening, documentation of housing decisions, reassessments, and facility housing considerations for the special populations, the auditor has determined that the agency is fully compliant with this standard regarding reentrant risk of victimization and abusiveness.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.251 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. Agency Policy DC-ADM 008 Prison Rape Elimination Act Procedures Manual (PREA Manual)
3. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment
4. 2017 Reentrant Handbook
5. Facility Issued Reentrant PREA Pamphlet
6. Employee Handbook
7. PREA Intake Training Video
8. DC-ADM 803, Section 1, Mail Processing Procedure
9. 11.5.1, Records Office Operating Manual, Section 1, Processing of Reception
10. 2022 PREA Staff Training Slides discussing Reporting Procedures

Interviews:

1. 8 Randomly Selected Staff
2. 5 Randomly Selected Reentrants
3. 1 Informal Staff Interviews
4. 1 Informal Reentrant Interview
5. PREA Compliance Manager
6. Facility Director

Site Review Observations:

1. Reviewed the Women's Resource Center Victim Advocate information postings.
2. Reviewed the Intake PREA Video and the Third-Party mailing address.

Findings (By Provision):

115.251 (a-d) Scranton Community Corrections Center provides multiple methods for reentrants to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff, neglect, and contributing factors to these incidents. These factors are described in policy DC-ADM 008, Section 12, pages 2-3, and they include: verbally, in writing, anonymously, third-party reporting, request forms, grievance forms, submitting a written report to the sexual abuse reporting address for the Office of State Inspector General, or report directly to a family member or friend.

The agency has a documented Memorandum of Understanding with the Office of State Inspector General to provide one method of anonymous reentrant reporting to a public entity that is not part of the agency. This information is posted in all living units, documented on page 9 of the reentrant handbook, and available upon the intake PREA pamphlet. The auditor interviewed 5 randomly selected reentrants and conducted 1 informal reentrant interview that concluded knowledge of this process. The Scranton Community Corrections Center does not detain reentrants solely for civil immigration purposes and this was confirmed by the facility Director/PREA Compliance Manager.

To maintain the confidentiality of all reentrant mail being sent to an outside reporting entity, the following statement is discussed in agency policy DC-ADM 803, Section 1, page 5: Privileged correspondence will have the facility mailing address with the reentrant's name and number as the return address. EXCEPTION: To preserve the confidentiality of reentrants reporting allegations of sexual assault to the Office of State Inspector General. The Office of State Inspector General has asked that a reentrant reporting an allegation of sexual assault include his or her name and number within the body of the letter contained inside the envelope so that they can identify the person making the allegation and communicate with them, as necessary. However, reentrants have the ability to utilize unmonitored mailing and calling the community through public mailing locations and personal cell phones.

Agency policy DC-ADM 008, Section 12, page 3 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against reentrants or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The facility Director also confirmed any allegations reported by another facility or to another facility will be performed from the agency head to the other facilities agency head in writing. This information will then be passed on to the facility PREA investigator promptly.

Conclusion: Based on the review of all documents provided to the auditor in the preaudit questionnaire, interviews conducted during the on-site review, and site review observations, the auditor determines all provisions were met within this standard and no further corrective action required.

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| 115.252 | Exhaustion of administrative remedies |
| | <p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 300">Standard 115.252 Analysis</p> <p data-bbox="240 383 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 495 368 524">Documents:</p> <ol data-bbox="240 557 1436 965" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 3. DC-ADM 804, Section 1, Grievances, and Initial Review 4. Reentrant Handbook 5. Rejected Grievances 6. Intake PREA Pamphlet 7. BCC-ADM 003, Community Corrections Resident Grievances Procedures Manual, Section 1 – Grievance Procedure, pages 1-4 <p data-bbox="240 1048 352 1077">Interviews:</p> <ol data-bbox="240 1111 711 1249" style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. 5 Randomly Selected Reentrants 3. 8 Randomly Selected Staff <p data-bbox="240 1332 512 1361">Site Review Observations:</p> <ol data-bbox="240 1395 1107 1424" style="list-style-type: none"> 1. Grievance forms are readily available to the reentrant population in all housing units. <p data-bbox="240 1507 483 1536">Findings (By Provision):</p> <p data-bbox="240 1570 1485 1798">115.252 (a-g) The Agency does not follow a standardized acceptance process for grievance procedures for dealing with reentrant grievances regarding sexual abuse. Agency policy DC-ADM 008, Section 12, page 3 explains, Reentrants shall not utilize the grievance system to report sexual abuse or sexual harassment by a staff member or reentrant-on-reentrant sexual abuse, as defined in the Glossary of Terms for this procedures manual. However, if a reentrant file a grievance related to staff-on-reentrant sexual abuse/sexual harassment or reentrant-on-reentrant sexual abuse, the Facility Grievance Coordinator shall reject the grievance and forward it to the facility Security Office and the PREA Compliance Manager (PCM)/designee for tracking and investigation. The reentrant shall be notified of this action.</p> <p data-bbox="240 1832 1493 2022">There have been no allegations of sexual abuse submitted through the grievance process in the last 12 months. Interviews with the PREA Compliance Manager revealed that while the grievance process is not set up for reporting of allegations of sexual abuse and sexual harassment, in the instances such allegations are received through this channel, they are forwarded to the investigator and the Security Office for immediate investigation. The auditor reviewed samples of the rejected grievances forwarded to the Security Office on the agency level. The auditor reviewed complaints during the audit year that were found to not meet the PREA standard definitions in 115.6 for sexual abuse or sexual harassment allegations.</p> <p data-bbox="240 2056 1441 2145">Agency policy DC-ADM 804, Section 1, page 1 states, "The Reentrant Grievance System is intended to deal with a wide range of issues, procedures, or events that may be of concern to a reentrant. It is not meant to address incidents of an urgent or emergency nature including allegations of sexual abuse. Any allegation of a sexual nature (abuse/harassment)</p> |

against a staff member or reentrant-on-reentrant sexual abuse must be addressed through Department policy DC-ADM 008, "Prison Rape Elimination Act (PREA)." When faced with an incident of an urgent or emergency nature, the reentrant shall contact the nearest staff member for immediate assistance. The auditor reviewed the reentrant handbook, and the grievance system is not listed as an available method of reporting allegations of sexual abuse, sexual assault, or sexual harassment. The auditor conducted 8 interviews with randomly selected staff, and these interviews indicated knowledge of the reentrants not being allowed to submit grievances regarding sexual abuse.

Conclusion: The Pennsylvania Department of Corrections does not recognize the reentrant grievance system as a primary method of reporting for the reentrant population. All grievances received relative to sexual abuse will be rejected and forwarded to the facility PREA Investigator for immediate investigation. The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Reentrants are informed the proper ways to submit allegations in the intake PREA pamphlet, comprehensive education, and Reentrant Handbook. The Auditor determined the facility meets the requirements of this standard as its policy is to reject grievances alleging sexual abuse and sexual harassment and provides other means of reporting.

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| 115.253 | Resident access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.253 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 368 530">Documents:</p> <ol data-bbox="240 560 1133 987" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 3. PREA Intake Pamphlet (Spanish/English) 4. Facility PREA Posters (Spanish/English) 5. 2017 Reentrant Handbook, page 9 6. DC-ADM 008, Section 15, pages 1-2, Access to Outside Confidential Support Services 7. Letter of Agreement with Women’s Resource Center, Inc., October 5, 2015 8. Letter of Agreement with Pennsylvania Coalition Against Rape (PCAR) – 2018 <p data-bbox="240 1077 352 1104">Interviews:</p> <ol data-bbox="240 1133 715 1274" style="list-style-type: none"> 1. 5 Random Reentrants 2. Reentrants Who Reported Sexual Abuse 3. Facility Director/PREA Compliance Manager <p data-bbox="240 1364 512 1391">Site Review Observations:</p> <ol data-bbox="240 1420 1461 1536" style="list-style-type: none"> 1. Verified all third-party reporting materials, the Women’s Resource Center, and the Pennsylvania Coalition Against Rape (PCAR) materials are posted in the reentrant living units in both English and Spanish. 2. Verified telephone and mail monitoring notices are posted in the reentrant living units in both English and Spanish. <p data-bbox="240 1626 483 1653">Findings (By Provision):</p> <p data-bbox="240 1682 1489 2045">115.253 (a-c) Agency policy DC-ADM 008, Section 15, pages 1-2 explain the PREA Compliance Manager shall ensure that reentrants are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. During non-working hours, the Counselor shall be responsible to ensure the support services in Scranton Community Corrections Center are offered to the alleged victim. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, within the community, reentrant personal cell phone, and/or in writing. The PREA Compliance Manager shall inform reentrants, 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. Each facility shall ensure that if facility phones or public pay phones within the facility are monitored, that the level of monitoring is clearly posted next to the phone. This shall be posted in English and Spanish, and if a CCF facility monitors re-entrant mail, the level of monitoring must be clearly posted in the facility handbook and re-entrant bulletin boards.</p> <p data-bbox="240 2074 1473 2134">Agency policy DC-ADM, Section 15, pages 1-2 include the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual harassment. Scranton Community Corrections Center</p> |

utilizes the services of the Women's Resource Center, Inc, a nonprofit organization providing confidential services to persons through counseling, preventive education, and advocacy. This is accomplished by reentrants writing a letter to access the services and provide notifications, or they can communicate with them in person within the community. The Pennsylvania Coalition Against Rape (PCAR) is a community-based volunteer program designed to enhance the quality of life for victims of sexual violence and provide survivors of sexual abuse with emotional support. PCAR administers the funds, provides technical assistance and oversight to the Women's Resource Center, and any of the local centers that have agreements with state correctional institutions. Scranton Community Corrections Center established a Letter of Agreement with the Women's Resource Center on October 5, 2015, and the Pennsylvania Coalition Against Rape (PCAR) in 2018. The auditor reviewed both documents for clarity and all signatures are current and binding. The Letter of Agreement may be revised at any time by either party, or the terms of the Letter of Agreement do not expire without written notice by both parties.

The Women's Resource Center and PCAR information is posted in all living units, near the phones, listed on the website, provided in the reentrant handbook, and listed on the initial intake PREA pamphlet provided upon arrival to the facility. The auditor confirmed the facility provides the name and address, at no cost to the reentrant and these services are confidential.

The Scranton Community Corrections Center does not detain persons solely for civil immigration services. This information was confirmed during the facility Director interview. The 8 random staff interviewed were able to identify the Women's Resource Center, as an option for confidential reentrant support services. A total of 5 random reentrant interviews, and interviews that have reported sexual assault allegations, indicated knowledge of the Women's Resource Center, identified the address, and the poster. The reentrants reported feeling confident these services would be useful, and the facility provided information on reentrants currently utilizing the services. The PREA Compliance Manager was aware of current reentrants that utilized the service, and the auditor reviewed documentation provided during the Pre-Audit Questionnaire. The Women's Resource Center volunteer interview confirmed reentrants at Scranton Community Corrections Center have received the services at the facility in the past. Interviews with the reentrants that have reported an allegation in the past advised they were offered the PREA pamphlet in the past and have not chosen to use the services.

Conclusion: Based on the review of all evidence supplied by the facility to include agency policy regarding an outside victim advocate for emotional support and services, a policy describing one method for reentrants to report anonymously, a policy regarding reentrants not being detained solely for civil immigration purposes, a policy for staff to privately report, accepting reports from reentrants in writing, an MOU with the Women's Resource Center, PCAR, and the handbook, the auditor has determined the facility meets the substantial requirements of this standard. No further action is required regarding the provisions of this standard.

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| 115.254 | Third party reporting |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 513 300">Standard 115.254 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 365 528">Documents:</p> <ol data-bbox="242 557 1038 757" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 3. Zero-tolerance and third-party reporting poster (English/Spanish) 4. 2017 Reentrant Handbook, page 9 <p data-bbox="242 844 352 873">Interviews:</p> <ol data-bbox="242 902 711 1043" style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. 5 Random Reentrants 3. 1 Informal Reentrant Interview <p data-bbox="242 1131 509 1160">Site Review Observations:</p> <ol data-bbox="242 1189 1291 1274" style="list-style-type: none"> 1. Identified the PREA posters in both Spanish/English format indicating the third-party reporting address. 2. Reviewed the agency website for the third-party reporting information. <p data-bbox="242 1361 469 1391">Findings By Provision:</p> <p data-bbox="242 1420 1490 1682">115.254 (a) The agency has established a procedure to receive third-party reports of sexual abuse and sexual harassment. This is described in agency policy DC-ADM 008, Section 12, page 4. This information is also published on the agency's website and the notification process is to write a letter to the third-party reporting agency. There are posters throughout the facility such as: living units, intake, visitation, and reception regarding third-party reporting and the address required to file the complaint. The reentrants are provided an address to contact the Office of State Inspector General, and this information is posted on the PREA intake pamphlet, handbook, PREA video, and signs posted near the phones in the living Units. The 5 random and 1 informal reentrant interview indicated knowledge of the third-party reporting methods and reentrants advised they felt extremely comfortable reporting all allegations of sexual misconduct.</p> <p data-bbox="242 1711 1426 1771">Conclusion: Based on the evidence provided, the auditor was able to determine the facility provides publicly distributed information on how to report sexual abuse or sexual harassment on behalf of reentrants.</p> |

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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 515 297">Standard 115.261 Analysis</p> <p data-bbox="242 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 504 368 530">Documents:</p> <ol data-bbox="242 560 1040 757" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 3. DC-121 Allegations of PREA Report Forms 4. 4 Investigative Files <p data-bbox="242 846 352 873">Interviews:</p> <ol data-bbox="242 902 713 1160" style="list-style-type: none"> 1. 8 Randomly Selected Staff 2. 1 Informal Staff 3. Facility Director/PREA Compliance Manager 4. No Medical Staff 5. No Mental Health Staff <p data-bbox="242 1249 512 1276">Site Review Observations:</p> <ol data-bbox="242 1305 1027 1503" style="list-style-type: none"> 1. Reviewed 4 Investigative Files 2. Reviewed 4 Incident Reports 3. Reviewed 4 Allegations of PREA Reports Referred to the PREA Investigator 4. Compared the dates received to the date the investigation began <p data-bbox="242 1592 483 1619">Findings (By Provision):</p> <p data-bbox="242 1648 1477 1977">115.261 (a-e) Agency policy DC-ADM 008, Section 12, page 1 describes the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against reentrants or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the facility Director/PREA Compliance Manager. The auditor verified this process during the 8 random staff and 1 informal staff interview as staff conveyed the directive to notify a supervisor immediately. The staff were able to identify the PREA Investigator, and PREA Compliance Manager during the random staff interviews. Policy DC-ADM 008, Section 12, page 1 indicates apart from reporting to a designated supervisor or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The auditor interviewed 8 random staff indicating knowledge of this policy and the mandatory reporting requirements.</p> <p data-bbox="242 2007 1461 2134">The Scranton Community Corrections Center does not house youthful offenders as confirmed during the census report review. Agency policy DC-ADM 008, Section 12 states, "If the alleged victim is under the age of 18, the Department shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws as outlined by the Pennsylvania Department of Human Services". The auditor interviewed 1 counselor and the interview indicated</p> |

knowledge regarding mandatory reporting requirements as the staff member advised she will always report an allegation to her supervisor and the facility Director.

Agency policy DC-ADM 008, Section 12, page 2 explains, reports received by the Sexual Abuse Reporting Address, established for the third-party and anonymous reporting of sexual abuse or sexual harassment to the Office of State Inspector General (OIG), shall be handled as follows: when the OIG receives Prison Rape Elimination Act (PREA)-related complaint correspondence at this address, the letter shall be scanned and emailed to the Department's PREA Notification email address (CR, DOC PREA Notification) for tracking purposes and dissemination to the appropriate facility, and the PREA Compliance Division (PCD) staff are responsible for monitoring the email box for follow-up and referral purposes. The auditor reviewed DC-121 forms indicating PREA allegations were referred immediately by the OIG. During the on-site review, the auditor reviewed 4 investigative files, 4 incident reports relating to a sexual abuse allegation. The auditor did not find any concerns relating to a delayed investigation. All investigations began either the same day or the next working day.

Conclusion: Based on the evidence provided by the facility, the auditor determined the agency has relevant policies governing the reporting by staff regarding incidents of sexual abuse or sexual harassment, and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to designated investigators. The facility counselor indicated no limits toward confidentiality regarding the reporting of sexual abuse, sexual assault, or sexual harassment allegations as all staff interviewed advised reporting to the management immediately. The facility does not house youthful offenders and the agency policy mandates reporting to the designated State and local services for an alleged victim under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute. The auditor reviewed samples of the reports provided by investigators and determined all investigations began immediately. The facility meets the provision requirements of this standard and no further action is required.

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| 115.262 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.262 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. DC-ADM 008, Section 1, page 4, Sexual Abuse/Sexual Harassment Prevention and Responsibilities
3. DC-ADM 008, Section 14, page 4, Responding to Reports of Sexual Abuse
4. PREA Allegations and Bed Moves Reports

Interviews:

1. Agency Head
2. Facility Director
3. 8 Random Staff
4. No Reentrants in Segregation for High Risk of Sexual Abuse

Site Review Observations:

1. File reviews to determine elevated risk for sexual victimization
2. Reviewed PREA Allegations and Bed Moves Reports

Findings (By Provision):

115.262 (a) Agency policy DC-ADM 008, Section 1, page 4 ensures that when Department staff learn that a reentrant is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the reentrant. Alleged reentrant victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by the facility management according to their professional judgment. Security staff first responders shall take preliminary steps to protect the alleged victim. The facility Director indicated emergency services to the local hospital may be ordered immediately to protect the reentrant or contacting local law enforcement, but the action must be reviewed within 24 hours by the housing committee.

The Agency Head interview determined the agency takes all allegations serious and any reentrant subject to imminent sexual abuse will receive immediate action. The facility reported no incidents in the past 12 months that determined a reentrant was subject to a substantial risk of imminent sexual abuse. The auditor reviewed 4 investigative files that did not include a substantial risk of imminent sexual abuse. The classification files reviewed no reentrants were being housed in segregation for high-risk of sexual victimization during the on-site review. The facility does not have a segregation area, the reentrants may need to be transferred to a facility that could provide this type of housing. The informal staff interview indicated the housing would be for less than 24 hours. No program activities would be interrupted due to this housing assignment. The auditor interviewed informal reentrants and they indicated satisfaction regarding their housing placement and did not convey any sexual safety concerns.

Conclusion: The auditor determined the agency has a policy governing the facilities protection duties when reentrants are subject to a substantial risk of imminent sexual abuse. The auditor reviewed relevant documentation related to the determination of reentrants substantial risks and the agency's response. This includes medical requirements, investigator requirements, and the relevant views of the facility leadership toward compliance. Based on the review of all evidence the facility meets the provision of this standard. No further action is required.

115.263 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.263 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. DC-ADM 008, Section 12, page 5-6, Reporting Sexual Abuse and Sexual Harassment
3. Notification of Sexual Abuse Allegation to Another Facility Form
4. Reviewed 1 case file for notification to another facility
5. Reviewed 1 case file for notification received from another facility

Interviews:

1. Agency Head
2. Facility Director/PREA Compliance Manager

Site Review Observations:

1. Reviewed 1 case file including the case history, email notifications from facility heads, Notification of Abuse Allegation Forms, and investigation report. Reported to another facility.
2. Reviewed 1 case file including the case history, email notifications from facility heads, Notification of Abuse Allegation Forms, and investigation report. Received from another facility.

Findings (By Provision):

115.263 (a-d) Agency policy DC-ADM 008, Section 12, pages 5-6 indicate upon receiving an allegation that a reentrant was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility Director indicated they would personally contact the Superintendent at the facility where the abuse occurred and would expect the other agency to return the same courtesy. The facility Director explained, "All allegations are taken seriously and treated with an immediate response".

The agency policy DC-ADM 008, Section 12, pages 5-6 indicate the documented notification will occur within 72 hours and must be documented in the PREA Tracking System (PTS). Scranton Community Corrections Center has reported 1 allegation of sexual abuse to other facilities in the past 12 months. Scranton Community Corrections Center has received 1 allegation of sexual abuse from other facilities in the past 12 months. The auditor received the PTS number and confirmed the investigative actions. The auditor reviewed email notifications for compliance regarding previously reported incidents and the notification was provided within the mandated 72-hour timeframe to the facility head and documented in an incident report.

The Agency Head advised all notifications are received by the agency PREA Coordinator and the Facility Head. The auditor reviewed 1 case file of allegations reported to another facility. The case file included the following documents: the case history, email notifications from facility heads, Notification of Abuse Allegations Form, and the investigative report. The Pre-Audit questionnaire indicated 1 allegation reported to the facility in the past 12 months. All documents indicated notification between the facility Director within 72 hours. The PREA Compliance Manager interview advised the reentrant was offered medical, mental health assistance, rape crisis counseling, and followed for retaliation monitoring. This information is then

forwarded to the facility where the allegation occurred.

Conclusion: The facility has a policy to ensure reporting of allegations of sexual abuse of reentrants while confined at another facility. The agency policy requires all allegations of sexual abuse received from another facility is investigated immediately. All investigations and notifications are documented and referred to the investigator within 72 hours of the receipt of the allegation. The auditor reviewed the documentation of allegations that a reentrant was abused while in confinement, documentation that the notifications occurred within 72 hours, and the documentation of the notification from each agency head or appropriate staff person. Based on the evidence provided the facility meets the provisions required within this standard and no further action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.264 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. Emergency Response Cards
3. DC-ADM 008, Section 14, Responding to Reports of Sexual Abuse
4. Initial Response Checklist - Alleged Victim
5. Initial Response Checklist - Alleged Abuser

Interviews:

1. 1 Non-Security Staff First Responder
2. 1 Security Staff First Responder
3. Reentrants Who Reported Sexual Abuse
4. 8 Random Staff

Site Review Observations:

1. Reviewed the Initial Response Checklist for the victim and the abuser
2. Reviewed the Emergency Response Card being utilized by the staff

Findings (By Provision):

115.264 (a-b) Agency policy DC-ADM 008, Section 14, page 2 describes the staff first responder duties. The policy indicates the staff responsibilities for security and non-security employees. The directives for the security staff include the following four step action plan: separate the alleged victim and abuser, preserve, and protect the scene, collect the evidence if time is allotted, and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking, or eating. If the first responder is a non-security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a security staff member immediately. The auditor interviewed reentrants who reported an allegation of sexual abuse, and all reentrants indicated a feeling that the staff respected the incident and kept them safe from their abuser.

The facility reported 2 allegations of sexual abuse within the past 12 months, neither case was reported to security staff that involved the separation of the victim and the abuser, and no cases were reported to a non-security staff member. Both allegations were reported to or from another facility and they were not in the allotted time to collect any physical evidence. One of the allegations remain pending for review.

The auditor concluded staff knowledge regarding first responder actions throughout the facility as the auditor interviewed 1 security staff designated as a first responder, and 1 non-security staff. The common response was to notify a supervisor immediately and follow the four-step action plan. The action plan was also noted in the staff training curriculum and verified during the facility Director interview. The auditor interviewed 8 random staff members, and all 8 were able to convey the action plan steps required within the policy to provide an immediate response. The staff also carry emergency response

cards that indicate the four-step action plan. The auditor observed the staff carrying these cards throughout the on-site review.

Conclusion: The agency has a policy governing the staff first responder duties to include a security and non-security staff response. The policy mandates the four-step action plan previously mentioned within the body of the narrative. The auditor reviewed documentation and interviews indicating full compliance with this standard. No further action is required by the facility as they have met substantial compliance.

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| 115.265 | Coordinated response |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 515 300">Standard 115.265 Analysis</p> <p data-bbox="242 383 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 368 528">Documents:</p> <ol data-bbox="242 557 1206 698" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses 2. Agency Policy DC-ADM 008, Section 14, page 1, Responding to Reports of Sexual Abuse 3. DC- ADM 008, Local Policy, Coordinated Response Plan, Effective August 5, 2022, pages 1-4 <p data-bbox="242 786 352 815">Interviews:</p> <ol data-bbox="242 844 520 1043" style="list-style-type: none"> 1. Facility Director 2. PREA Coordinator 3. 8 Random Staff 4. 1 Informal Staff Interview <p data-bbox="242 1131 512 1160">Site Review Observations:</p> <ol data-bbox="242 1189 692 1272" style="list-style-type: none"> 1. Reviewed the First Responder Duty Cards 2. Reviewed the facility response plan. <p data-bbox="242 1359 483 1388">Findings (By Provision):</p> <p data-bbox="242 1417 1481 1646">115.265 (a) Scranton Community Corrections Center has a written plan to coordinate actions for all staff during reported allegations of sexual abuse, sexual assault, and sexual harassment. The action plan describes the procedures for the following participants: security staff, command staff, first responder duties, medical and mental responsibilities, and investigators. The facility plan is documented, provides detailed actions for providers, and the staff were able to convey their specific duties during the 8 random and 1 informal staff interview. The facility Director and the PREA Coordinator interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.</p> <p data-bbox="242 1675 1493 1870">Conclusion: The Scranton Community Corrections Center has a facility institutional response plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health requirements, investigators, and facility leadership. This response plan is separate from the agency response plan, and it is more locally individualized to meet the specific needs of the facility. The auditor reviewed documents and conducted staff interviews to measure the effectiveness of the written plan. Based on the evidence provided by the facility, compliance was indicated, and no further action is required.</p> |

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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.266

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. Policy – 4.1.1 Human Resources and Labor Relations, Section 5 pg. 1-3
3. Memorandum from Secretary of Corrections
4. Pennsylvania Doctors Alliance Agreement
5. American Federation of State, County and Municipal Employees Agreement
6. Correctional Institution Vocational Education Association, Pennsylvania State Education
7. Association, National Education Association Agreement
8. Federation of State Cultural and Educational Professionals Agreement
9. Pennsylvania State Corrections Officers Association Agreement
10. OPEIU Healthcare Pennsylvania Memorandum of Understanding
11. SEIU Agreement
12. Service Employees International Union Healthcare Pennsylvania, CTW, CLC Agreement

Interviews:

1. Facility Director
2. Agency Head

Findings (By Provision):

115.266 (a-b) The Pennsylvania Department of Corrections has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with reentrants pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In deciding to suspend an employee pending investigation, the Department must be able to demonstrate that the "nature of the allegations" is such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offenses. The FLSA regulations, for exempt employees, permit suspensions of less than a full workweek for violations of written workplace policies applicable to all employees. This provision applies to applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law. Discipline for these infractions should be consistent with Section 6 of this procedure's manual.

Conclusion: The auditor reviewed the evidence provided by the facility and found no evidence to deny satisfactory compliance toward this standard. These documents do not limit the agency's ability to remove alleged staff sexual abusers from contact with any reentrant pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility Director interview confirmed this process, and the Agency Head interview indicated disciplinary action will be followed by notification to the Pennsylvania State Police for criminal acts and certifying bodies for decertification review.

115.267 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.267 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. Retaliation Monitoring Form
3. DC-ADM 008, Section 13, pages 1-2, Protection Against Retaliation

Interviews:

1. Agency Head
2. Facility Director/PREA Compliance Manager
3. 1 Staff Member Assigned to Monitor Retaliation
4. Reentrants who Reported Sexual Abuse
5. Reentrants High Risk of Sexual Victimization
6. 8 Random Staff
7. 5 Random Reentrants

Site Review Observations:

1. Reviewed for email transcripts from the facility Director to the agency Director extending the 90-day review.
2. Reviewed 4 Investigative files for retaliation monitoring documents.

Findings (By Provision):

115.267 (a-f) The agency has established a policy to protect all reentrants and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation, and this is described in agency policy DC ADM 008, Section 13. The Department shall protect all reentrants and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other reentrants or staff. Department policy states:

1. Any individual, who seeks to deter a reentrant or other individual from reporting sexual abuse or sexual harassment, or who in any manner, harasses or intimidates any person who reports the alleged contact is subject to discipline.
2. Staff that require retaliation monitoring due to report of sexual abuse or sexual harassment, or because of an expressed fear of retaliation due to cooperation with an investigation of reentrant sexual abuse or sexual harassment shall meet with: a. the Deputy Superintendent for Centralized Services (DSCS) in State Correctional Institutions (SCIs); b. the Facility Director in Community Corrections Centers (CCCs); and c. the District Director/Deputy District Director in Pennsylvania Board of Probation and Parole (PBPP) offices/sub-offices.

The facility Director is the designated staff member charged with monitoring retaliation. This position is provided the necessary support by the agency Director. The interview process with the facility Director indicated an active role toward retaliation monitoring as an ongoing process. The facility attempts to employ multiple protection measures by monitoring

housing changes, transfers for victims and abusers, removal of staff through termination, emotional support services, monitoring the reentrant and staff performance evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and the reentrants are provided with materials to assist the communication process. Literature is posted in the reentrant handbook, posters, and methods of reporting retaliation described in the daily PREA video.

The facility Director indicated additional reviews may be considered once the 90-day review has concluded. Random interviews with 8 staff members and 5 random reentrants indicated no cause for concern with retaliation. The auditor interviewed the facility Director/PREA Compliance Manager, reentrants that previously reported sexual abuse, and no interviews indicated retaliation concerns. The facility reported no allegations of retaliation were reported in the past 12 months, and the investigative files documented the 90-day reviews. The auditor reviewed the Retaliation Monitoring Form and determined an evaluation is conducted on the following days: within 96 hours, within 15 days, within 30 days, within 60 days, and within 90 days. All reviews indicated no concerns regarding retaliation.

Conclusion: The Pennsylvania Department of Corrections has an agency policy protecting all reentrants and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. This extends from retaliation from reentrants or staff and includes the monitoring of reentrants and staff following a report, and the agency response to the suspected retaliation. The auditor reviewed documentation and interviews to support these findings and the auditor finds the facility has met the provisions of this standard with substantial compliance. No further action is required.

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| 115.271 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Standard 115.271 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. 8.3.1 Bureau of Community Corrections Security Procedures Manual, Section 35 – Investigations, pages 1-7 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Reentrants who Reported Sexual Abuse 3. Facility Director/ PREA Compliance Manager 4. PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports <p>Findings (By Provision):</p> <p>115.271 (a-l) The Pennsylvania State Police conducts all criminal investigations regarding allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment for the Pennsylvania Department of Corrections as required in the State policy. The Bureau of Investigation and Intelligence will investigate allegations of staff-on-reentrant sexual abuse, typically uncovered during investigations into other forms of unauthorized activity. This information was confirmed during the investigator interview. Agency policy requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment.</p> <p>The auditor received the allegations and investigations overview document as requested along with the following data: 1 staff-on-reentrant allegations of sexual abuse within the last 12 months, 0 reentrant-on-reentrant allegations of sexual abuse within the last 12 months, 0 staff-on-reentrant allegations of sexual harassment in the past 12 months, and 1 reentrant-on-reentrant allegation of sexual harassment in the past 12 months. The auditor also reviewed two allegations not reported during the audit period to gauge a better understanding of the facility procedures while conducting investigations since the two allegations reported during this audit cycle remain pending.</p> <p>Agency policy requires the facility use investigators who have received specialized training in sexual abuse investigations. This training includes interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or</p> |

prosecution referral. The Pennsylvania State Police will prepare compelled interviews and communicate all activities with the County Prosecutor. The compelled interviews would be conducted while moving forward throughout the investigative process and truth telling devices, such as a polygraph, would not be utilized strictly to continue the investigation.

The Pennsylvania State Police authorizes investigators to support the Scranton Community Corrections Center and the PDOC. The auditor verified investigators have received the specialized PREA investigator training. All investigative records reviewed by the auditor were conducted by trained investigators. The facility spreadsheet used to track the investigations listed the PREA trained investigator as the investigator in administrative investigations. The auditor confirmed the investigator has received the specialized PREA training. The shift supervisors gather the information and the certified PREA investigator conducted all investigations and support was provided by staff interviews, reviewing investigative records, email notifications, and revised spreadsheets. The shift supervisors gathered personal data, secured the scene, and performed first responder duties. The agency performed a joint training session with all agency investigators in September 2021 and implemented a new checklist for investigation reports.

The Pennsylvania State Police will review the evidence provided throughout the investigation to determine if the case will be deemed criminal or administrative. A criminal case will be consulted with the local prosecutor and the administrative case will be directed back to the facility Director for administrative action. The facility Director will consult with the investigator to determine if staff actions or failures to act contributed to the incident. All cases will be reviewed, and determinations made based on the following: written reports, physical and testimonial evidence, credibility assessments, and the investigative facts and findings. All investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter. Agency policy explains the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating the investigation. All parties will cooperate with the investigation and outside licensing bodies will be notified. This was confirmed during the investigator and facility Director interviews. The auditor noted a documented credibility assessment within the 4 investigative reports reviewed. This was supported by the review conducted on the management level by the regional supervisor. In addition, agency policy states the BII has 30 days to review the results of the investigation and notify the facility.

Conclusion: The Pennsylvania Department of Corrections has an agency policy related to the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. The auditor reviewed all evidence provided, reviewed case files, conducted interviews, and reviewed a sample of the retained investigations; the auditor finds Scranton Community Corrections Center meets the provisions of this standard with compliance.

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| 115.272 | Evidentiary standard for administrative investigations |
| | <p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 515 300">Standard 115.272 Analysis</p> <p data-bbox="244 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="244 497 367 524">Documents:</p> <ol data-bbox="244 560 1350 873" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. 8.3.1 Bureau of Community Corrections Security Procedures Manual, Section 35 – Investigations, pages 1-7 <p data-bbox="244 958 352 985">Interviews:</p> <ol data-bbox="244 1021 719 1218" style="list-style-type: none"> 1. Investigative Staff 2. Reentrants who Reported Sexual Abuse 3. Facility Director/ PREA Compliance Manager 4. PREA Coordinator <p data-bbox="244 1303 510 1330">Site Review Observations:</p> <ol data-bbox="244 1366 587 1447" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports <p data-bbox="244 1532 1437 1662">115.272 (a) Agency policy requires the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the facility PREA investigator revealed the facility standard is preponderance of the evidence. This evidence was verified through monitoring the results of 4 total investigations conducted.</p> <p data-bbox="244 1693 1481 1890">The auditor received the allegations and investigations overview document as requested along with the following data: 1 staff-on-reentrant allegations of sexual abuse within the last 12 months, 0 reentrant-on-reentrant allegations of sexual abuse within the last 12 months, 0 staff-on-reentrant allegations of sexual harassment in the past 12 months, and 1 reentrant-on-reentrant allegation of sexual harassment in the past 12 months. The auditor also reviewed two allegations not reported during the audit period to gauge a better understanding of the facility procedures while conducting investigations since the two allegations reported during this audit cycle remain pending.</p> <p data-bbox="244 1921 1458 2011">The agency policy states, in administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="244 2042 1490 2132">Conclusion: The agency has a policy imposing a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment is substantiated. Based on the evidence provided, the auditor has determined compliance with the provisions of this standard. No further action is required.</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.273 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Reentrant Notification
7. 8.3.1 Bureau of Community Corrections Security Procedures Manual, Section 35 – Investigations, pages 1-7

Interviews:

1. Investigative Staff
2. Facility Director
3. Reentrants who Reported Sexual Abuse

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Reentrant Notifications

Findings (By Provision):

115.273 (a-f) Agency policy requires, following an investigation into a reentrant's allegation of sexual abuse, the agency must inform the reentrant as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed a documented investigation and written notification to the reentrant was provided as an unfounded complaint.

The auditor received the allegations and investigations overview document as requested along with the following data: 1 staff-on-reentrant allegations of sexual abuse within the last 12 months, 0 reentrant-on-reentrant allegations of sexual abuse within the last 12 months, 0 staff-on-reentrant allegations of sexual harassment in the past 12 months, and 1 reentrant-on-reentrant allegation of sexual harassment in the past 12 months. The auditor also reviewed two allegations not reported during the audit period to gauge a better understanding of the facility procedures while conducting investigations since the two allegations reported during this audit cycle remain pending.

Agency policy requires if the allegation that a staff member has committed sexual abuse against the reentrant, the agency shall subsequently inform the reentrant whenever the staff member is no longer posted in the reentrant's unit, no longer employed at the facility, indicted on a charge, or have been convicted on a charge related to sexual abuse. The policy reflects these steps are not required if the results of the allegation are unfounded. The facility reported no substantiated

allegations documented within the last 12 months against a staff member. The auditor reviewed documentation indicating notices were provided to the alleged victims in the past. The facility reported two allegations during this audit cycle that the investigations remain pending.

Agency policy requires when the allegation is the result of sexual abuse by another reentrant, the facility must notify the victim when the agency learns that the alleged abuser has been indicted on a charge, or convicted on a charge, and these steps are not required if the result of the allegation is unfounded. The facility Director and the PREA investigator confirmed this communication process during the on-site review. The PREA Coordinator indicated knowledge of this occurring throughout the investigative process. This auditor reviewed documentation of this notification process occurring during the on-site review.

Conclusion: The agency has a policy requiring that any reentrant who makes an allegation of suffering sexual abuse in an agency or facility is informed, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the evidence provided the Scranton Community Corrections Center meets the provisions of this standard with compliance and no further action is required.

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| 115.276 | Disciplinary sanctions for staff |
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.276 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Reentrant Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies
8. DC-ADM 008, Section 17, Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation
9. 4.1.1 Human Resource and Labor Relations Bulletin (Effective 02-17-15)

Interviews:

1. Facility Director
2. Human Resources Staff

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Reentrant Notifications
4. Reviewed the MOU between the PSP and the PDOC

Findings (By Provision):

115.276 (a-d) The presumptive disciplinary sanction for staff who has engaged in sexual abuse at the Scranton Community Corrections Center is termination and this is explained in agency policy. The facility Director confirmed this policy during the interview process. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The disciplinary action is commensurate with the acts committed; staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The auditor reviewed documentation in attempts to determine if other staff actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused a reentrant. Findings of this nature were reported within the 4 investigative reports reviewed. The facility reported no incidents in the past 12 months for staff who have been terminated, and the auditor searched for samples of staff disciplined for violation of the agency sexual abuse or sexual harassment policies. The auditor

reviewed the disciplinary action of staff with the facility Director and the sanctions imposed for violation of this policy is termination.

The facility Director confirmed all incidents of abuse will be referred to law enforcement for prosecution and notifying the applicable licensing board such as the Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. This is required by agency policy 4.1.1 Human Resource and Labor Relations Bulletin effective February 17, 2015. The Pennsylvania State Police conducts all criminal investigations, and the auditor reviewed the Memorandum of Understanding provided by the facility.

Conclusion: The Pennsylvania Department of Corrections has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. The auditor reviewed the agency policy and determined the facility requires no further action as the presumptive expectation of disciplinary action is termination when there are substantiated violations of sexual abuse allegations. The facility provided documentation supporting this practice and no further action is required for compliance.

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| 115.277 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.277 Analysis</p> <p data-bbox="240 383 999 409">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 499 365 526">Documents:</p> <ol data-bbox="240 557 1465 1077" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Reentrant Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. DC-ADM 008, Section 17, Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation 9. 4.1.1 Human Resource and Labor Relations Bulletin (Effective 02-17-15) <p data-bbox="240 1167 352 1193">Interviews:</p> <ol data-bbox="240 1225 424 1305" style="list-style-type: none"> 1. Facility Director 2. Contract Staff <p data-bbox="240 1395 509 1422">Site Review Observations:</p> <ol data-bbox="240 1453 799 1650" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Reentrant Notifications 4. Reviewed the MOU between the PSP and the PDOC <p data-bbox="240 1740 483 1767">Findings (By Provision):</p> <p data-bbox="240 1798 1493 2022">115.277 (a-b) Agency policy requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with reentrants and shall be reported to law enforcement agencies. This procedure is not enforced if the activity is clearly not criminal, or the allegation is unfounded. Notifications will also be made to relevant licensing bodies and the facility shall take appropriate remedial measures to determine further contact with reentrants in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment. This was confirmed during the facility Director interview and informal interviews with the command staff.</p> <p data-bbox="240 2054 1493 2148">The auditor reviewed documentation in attempts to determine if other volunteer or contractor actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead</p> |

to an incident, or deliberately ignoring evidence that a colleague has abused a reentrant. No findings of this nature were reported within the investigative reports reviewed.

Conclusion: The Pennsylvania Department of Corrections has a policy regarding disciplinary violations or acts of sexual abuse or sexual harassment. Based on the review of evidence provided by the facility, the auditor has determined the Scranton Community Corrections Center meets the provisions required within this standard. No further action is required, and the presumptive expectation of disciplinary action is termination.

115.278 **Disciplinary sanctions for residents**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.278 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Reentrant Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies
8. DC-ADM 008, Section 17, Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation
9. 4.1.1 Human Resource and Labor Relations Bulletin (Effective 02-17-15)
10. Reentrant Classification Files
11. Reentrant Disciplinary Files

Interviews:

1. Facility Director
2. No Medical Staff
3. No Mental Health Staff

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Reentrant Notifications
4. Reviewed the MOU between the PSP and the PDOC

Findings (By Provision):

115.278 (a-g) Agency policy informs reentrants shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the reentrant engaged in sexual abuse or following a criminal finding of guilt for sexual abuse. The facility reported no administrative findings of reentrant-on-reentrant sexual abuse or criminal findings in the past 12 months. The facility Director confirmed no substantiated reentrant-on-reentrant abuse allegations reported by the facility in the past 12 months.

The facility Director indicated screenings to address or correct the underlying reasons or motivations for abuse would occur at the facility the reentrant would be transferred to for criminal allegations of sexual abuse. The correctional facilities would utilize medical staff for assistance and for counseling services. This type of treatment does not occur at the community levels.

Agency policy advises the facility may discipline a reentrant for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish enough evidence to substantiate the allegation. The facility prohibits all sexual activity between reentrants and may discipline reentrants for such activity.

Conclusion: The agency has a policy which states reentrants are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the reentrant engaged in sexual abuse. The auditor reviewed all records and findings associated with the provisions of this standard and no further action is required. The Scranton Community Corrections Center meets the substantial compliance required with this standard.

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| 115.282 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.282 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. Reentrant Files
3. Policy – DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1
4. Classification Records

Interviews:

1. Facility Director
2. No Medical Staff
3. No Mental Health Staff
4. Reentrant Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.282 (a-d) Agency policy requires reentrant victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility utilizes the Geisinger Community Medical Center for 24-hour medical care and 24-hour crisis intervention services. The Geisinger Community Medical Center provides the offsite emergency room care and serves as the SAFE/SANE provider. The Women's Resource Center, Inc, provides 24-hour counseling and crisis intervention services, and the hospital would provide any crisis stabilization and transitional care units. The Geisinger Community Medical Center performs all sexual assault examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE provides the notification to the Women's Resource Center for onsite advocacy during the exam. The volunteers will be notified to provide crisis intervention services and advocacy. The facility reported no incidents of sexual abuse requiring a SANE exam within the past 12 months. The facility confirmed a victim advocate provider would be utilized throughout the process of the exam. The staff indicate the level of care at the Scranton Community Corrections Center is consistent with the level of care demonstrated within the community. The auditor was able to speak with the SANE staff and confirmed on-site exams are conducted with the presence of a volunteer advocate. The auditor reviewed the MOU for the Women's Resource Center and the MOU with the Geisinger Community Medical Center. The facility has a signed agreement with the hospital, and they will provide the services with a qualified SANE Nurse.

This auditor reviewed the reentrant handbook provided by the facility to ensure compliance. The treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident. This was confirmed by the facility Director and no concerns were present during the informal reentrant interview. The auditor interviewed reentrants who have reported sexual abuse and they did not indicate any concerns within this standard.

Conclusion: Based on the auditor's review of the evidence provided by the facility to include policies regarding access to treatment services, samples of secondary materials relating to forms, logs, and immediate notification documents, Scranton Community Corrections Center is fully compliant with this standard. No further action is required.

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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.283 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. Reentrant Files
3. Policy – DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1
4. Classification Records

Interviews:

1. Facility Director
2. No Medical Staff
3. No Mental Health Staff
4. Reentrant Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.283 (a-h) The facility Director indicated the facility utilizes the Geisinger Community Medical Center for all medical and mental health evaluation and treatment for reentrants who have been victimized by sexual abuse. The facility Director advised the evaluation and treatment plans are consistent with the level of care demonstrated within the community. At times, the reentrant may qualify for additional services due to their status. The reentrant treatment plans may consist of referrals for continued care, medications, transfers to other facilities, or accommodations upon release from the hospital.

Scranton Community Corrections Center does not house female reentrants and no female reentrants were observed during the on-site review. This was confirmed during the population analysis. Agency policy advises reentrant victims will be offered tests for sexually transmitted infections and all treatment services will be provided at no cost to the victim. The Women's Resource Center will also provide outside emotional support services and their volunteers are supportive of the facility programs. This information was confirmed during the facility Director interview and the informal staff interview. The informal reentrant interview expressed knowledge regarding the free medical, mental health, and emotional support services offered at the hospital. The Women's Resource Center information was posted near every phone in the reentrant living units. Several random interviews confirmed knowledge of this service. The facility Director confirmed the 60-day mental health assessments are conducted for reentrant abusers that would be returned to the state prison facilities due to further incarceration.

Conclusion: Based on the auditor's review of the following evidence provided by the facility: policy governing ongoing medical and mental health care for sexual abuse victims and abusers, medical record policy indicating timely access to treatment plans, referrals, and sexually transmitted infections testing as medically appropriate. The auditor determined the facility was found in compliance with the provisions of this standard and the level of care is consistent with the level of care within the community. No further action is required.

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| 115.286 | Sexual abuse incident reviews |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 515 300">Standard 115.286 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 365 528">Documents:</p> <ol data-bbox="242 557 1038 642" style="list-style-type: none"> <li data-bbox="242 557 1038 586">1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses <li data-bbox="242 613 411 642">2. Agency Policy <p data-bbox="242 728 352 757">Interviews:</p> <ol data-bbox="242 786 580 927" style="list-style-type: none"> <li data-bbox="242 786 424 815">1. Facility Director <li data-bbox="242 842 456 871">2. PREA Coordinator <li data-bbox="242 898 580 927">3. Incident Review Team Member <p data-bbox="242 1012 509 1041">Site Review Observations:</p> <ol data-bbox="242 1070 727 1099" style="list-style-type: none"> <li data-bbox="242 1070 727 1099">1. Discussed the Incident Review Team Process <p data-bbox="242 1184 483 1214">Findings (By Provision):</p> <p data-bbox="242 1243 1469 1370">115.286 (a-e) Agency policy mandates the facility conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30 days of the conclusion of the investigation. This process was confirmed by the facility Director/PREA Compliance Manager interview.</p> <p data-bbox="242 1400 1485 1697">The incident review team consists of the following: facility Director, Command Staff, Classification Supervisor, and the team receives input from line supervisors, and investigators. The facility presents a report of its findings from the sexual abuse incident reviews and makes a final recommendation for improvement or documents the reasons for not performing improvements. The criteria included within the reviews consists of the following: policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and reentrants, appropriate supervision, notifications, and operational considerations. The auditor reviewed two incident review documents from a time not within the audit period and noted the information was provided within the form. The facility Director confirmed no reviews have occurred in the past 12 months.</p> <p data-bbox="242 1727 1457 1823">Conclusion: The auditor determined the facility met this standard with compliance based on the review of the following documentation: policies on conducting sexual abuse incident reviews, sample documentation or completed investigations, documentation of review team minutes, and recommended findings. No further action is required.</p> |

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| 115.287 | Data collection |
| | <p data-bbox="240 143 740 172">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 300">Standard 115.287 Analysis</p> <p data-bbox="240 383 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 499 365 528">Documents:</p> <ol data-bbox="240 557 1040 640" style="list-style-type: none"> <li data-bbox="240 557 1040 586">1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses <li data-bbox="240 611 411 640">2. Agency Policy <p data-bbox="240 728 352 757">Interviews:</p> <ol data-bbox="240 786 582 927" style="list-style-type: none"> <li data-bbox="240 786 424 815">1. Facility Director <li data-bbox="240 842 456 871">2. PREA Coordinator <li data-bbox="240 898 582 927">3. Incident Review Team Member <p data-bbox="240 1014 512 1043">Site Review Observations:</p> <ol data-bbox="240 1072 727 1102" style="list-style-type: none"> <li data-bbox="240 1072 727 1102">1. Discussed the Incident Review Team Process <p data-bbox="240 1189 483 1218">Findings (By Provision):</p> <p data-bbox="240 1247 1490 1541">115.287 (a-f) The auditor reviewed the facility uniform data for every allegation of sexual abuse and compared the data to the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility aggregates the incident-based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence. The auditor reviewed the data collected in 2017, 2018, 2019, 2020, and 2021 as the data is compiled for a one-year (calendar) period after December. The Scranton Community Corrections Center does not operate another facility or contract with other facilities for the confinement of its reentrants. The PREA Coordinator securely maintains all documentation used to compile the agency information and the Pennsylvania State Police maintains the investigative data and records. Approved data is posted on the Agency website and available upon request by the Department of Justice. The agency Director confirmed the use of all facility data relative to this standard.</p> <p data-bbox="240 1570 1490 1666">Conclusion: The auditor reviewed the agency policies for collecting data on sexual abuse allegations, the instrument used for collecting the data, the set of definitions applied, the facility website, and a sample of the historical data used to determine the facility is fully compliant with the provisions of this standard. No further action required.</p> |

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| 115.288 | Data review for corrective action |
| | <p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 518 300">Standard 115.288 Analysis</p> <p data-bbox="242 383 997 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 495 367 524">Documents:</p> <ol data-bbox="242 557 1045 640" style="list-style-type: none"> <li data-bbox="242 557 1045 586">1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses <li data-bbox="242 611 414 640">2. Agency Policy <p data-bbox="242 723 359 752">Interviews:</p> <ol data-bbox="242 786 582 927" style="list-style-type: none"> <li data-bbox="242 786 422 815">1. Facility Director <li data-bbox="242 840 454 869">2. PREA Coordinator <li data-bbox="242 898 582 927">3. Incident Review Team Member <p data-bbox="242 1010 486 1039">Findings (By Provision):</p> <p data-bbox="242 1072 1492 1335">115.288 (a-d) Agency policy requires the facility to review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the facility website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual misconduct by reentrant-to-reentrant and staff-to-reentrant reports in 2017, 2018, 2019, and for 2020. This information is approved by the Agency Secretary of Corrections and posted on the facility website for review. The agency PREA Coordinator advised this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The facility Director confirmed the use and data associated with this report during the interview. No facility data was redacted from the annual report for publication, and this was verified by the PREA Coordinator.</p> <p data-bbox="242 1364 1428 1458">Conclusion: The auditor reviewed evidence provided by the agency such as corrective action plans, an annual report of findings, website materials, and found the facility is fully compliant with the provisions of this standard. No further action required.</p> |

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| 115.289 | Data storage, publication, and destruction |
| | <p data-bbox="242 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 515 300">Standard 115.289 Analysis</p> <p data-bbox="242 383 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 367 528">Documents:</p> <ol data-bbox="242 557 1040 640" style="list-style-type: none"> <li data-bbox="242 557 1040 586">1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses <li data-bbox="242 611 411 640">2. Agency Policy <p data-bbox="242 728 352 757">Interviews:</p> <ol data-bbox="242 786 582 927" style="list-style-type: none"> <li data-bbox="242 786 426 815">1. Facility Director <li data-bbox="242 842 456 871">2. PREA Coordinator <li data-bbox="242 898 582 927">3. Incident Review Team Member <p data-bbox="242 1014 483 1043">Findings (By Provision):</p> <p data-bbox="242 1072 1493 1267">115.289 (a-d) The PREA Coordinator indicated all documentation utilized for data collection is maintained by the PREA Compliance Manager. The PREA Compliance Manager collects the data and maintains electronic files on a secure server. The data report is approved by the Agency Director and the Facility Director and posted on the Agency website annually. The auditor reviewed the report and did not observe any personally identifying information. Agency policy requires the facility shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p data-bbox="242 1296 1437 1357">Conclusion: Based on the auditor's review of the agency policy, facility website, interviews, and historical data, Scranton Community Corrections Center is fully compliant with the provisions of this standard. No further action is required.</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.401 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses
2. Agency Policy
3. PREA Audit Notice Verification
4. Postal Communications from Reentrants

Interviews:

1. Facility Director
2. PREA Coordinator
3. Reentrants Providing Correspondence

Site Review Observations:

1. Reviewed the Agency Website and Facility Data

Findings (By Provision):

115.401(a-n) The Scranton Community Corrections Center conducted the first cycle PREA audit on May 28, 2016. The facility was found in compliance on 39 standards. Two standards were found to exceed the requirements (115.211, & 115.234), 36 met the standards, and was found not applicable at the time of the audit (115.235).

The Scranton Community Corrections Center conducted its second cycle PREA audit on August 15, 2018, and the facility was found in compliance on 41 standards, no standards exceeded the expectation, 41 were evaluated with a meet's determination, and no standards were documented as does not meet or not applicable. This data was confirmed by the facility PREA Compliance Manager during the on-site review.

The third cycle PREA audit was conducted on December 29, 2019, and the facility was found in compliance with 41 standards. Five standards were determined to exceed the requirements (115.211, 115.231, 115.233, 115.234, & 115.271), 36 met the standard, and no standards were found to not meet or not applicable.

The auditor was authorized complete access to the entire facility and provided this access during the on-site review. No restrictions were placed on the auditor during the Pre-Audit, onsite review, and post audit phases. The auditor received all documents requested and was provided electronic viewing upon request. The on-site review provided the auditor the opportunity to conduct private interviews with reentrants, staff, and contractors without limitations. The facility PREA Compliance Manager provided photographic evidence regarding the posting of the PREA Audit Notification in all living units on June 21, 2022. This posting provided the reentrants and staff a name and mailing address for the auditor.

The auditor confirmed this posting during the on-site review as staff and reentrant interviews validated the posting at least 6 weeks prior to the on-site review. The auditor received no postal communications from reentrants at Scranton Community Corrections Center and no correspondence from staff. The interviews with staff and reentrants indicated knowledge of the posting and the address to write to the auditor.

Conclusion: The auditor has determined based on the evidence provided by the facility and review of the facility website; Scranton Community Corrections Center meets compliance with the provisions of this standard. No additional action is required.

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| 115.403 | Audit contents and findings |
| | <p data-bbox="242 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 515 300">Standard 115.403 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 368 528">Documents:</p> <ol data-bbox="242 557 1040 757" style="list-style-type: none"> 1. Scranton Community Corrections Center Pre-Audit Questionnaire Responses 2. Agency Policy 3. PREA Audit Notice Verification 4. Postal Communications from Reentrants <p data-bbox="242 842 355 871">Interviews:</p> <ol data-bbox="242 900 456 987" style="list-style-type: none"> 1. Facility Director 2. PREA Coordinator <p data-bbox="242 1072 512 1102">Site Review Observations:</p> <ol data-bbox="242 1131 751 1160" style="list-style-type: none"> 1. Reviewed the Agency Website and Facility Data <p data-bbox="242 1245 485 1274">Findings (By Provision):</p> <p data-bbox="242 1303 1485 1431">115.403 (a-f) The auditor verified the final audit reports were published on the facility website, and the auditor reviewed all documentation and compliance efforts. The auditor attempted to confirm all prior recommendations were completed from the previous audit. The facility has received three prior PREA audit reports and the auditor confirmed the audit reports are published on the agency website.</p> <p data-bbox="242 1460 1493 1556">The Scranton Community Corrections Center conducted the first cycle PREA audit on May 28, 2016. The facility was found in compliance on 39 standards. Two standards were found to exceed the requirements (115.211, & 115.234), 36 met the standards, and was found not applicable at the time of the audit (115.235).</p> <p data-bbox="242 1585 1485 1713">The Scranton Community Corrections Center conducted its second cycle PREA audit on August 15, 2018, and the facility was found in compliance on 41 standards, no standards exceeded the expectation, 41 were evaluated with a meet's determination, and no standards were documented as does not meet or not applicable. This data was confirmed by the facility PREA Compliance Manager during the on-site review.</p> <p data-bbox="242 1742 1493 1839">The third cycle PREA audit was conducted on December 29, 2019, and the facility was found in compliance with 41 standards. Five standards were determined to exceed the requirements (115.211, 115.231, 115.233, 115.234, & 115.271), 36 met the standard, and no standards were found to not meet or not applicable.</p> <p data-bbox="242 1868 1469 1928">Conclusion: Based on the evidence provided by the facility, the Scranton Community Corrections Center meets compliance with the provisions of this standard, and no further action is required.</p> |

| Appendix: Provision Findings | | |
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| 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 |

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| 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.) | yes |
| 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 the facility does not have female inmates.) | 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 the facility does not have female inmates.) | 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 |

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| 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 | |
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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.216 (b) | 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 |

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| 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 |

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| 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.) | yes |
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 115.252 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.252 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | 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.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 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.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |

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| 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.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.253 (a) | 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 any 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |