

PREA Facility Audit Report: Final

Name of Facility: Self Help Movement Residential Treatment Programs

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/18/2022

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: Patrick J. Zirpoli	Date of Signature: 08/18/2022

AUDITOR INFORMATION	
Auditor name:	Zirpoli, Patrick
Email:	pzirpoli@ptd.net
Start Date of On-Site Audit:	07/11/2022
End Date of On-Site Audit:	07/12/2022

FACILITY INFORMATION	
Facility name:	Self Help Movement Residential Treatment Programs
Facility physical address:	2600 Southhampton Road, Philadelphia, Pennsylvania - 19116
Facility mailing address:	

Primary Contact	
Name:	Wendell Alston
Email Address:	walston@selfhelpmovement.org
Telephone Number:	215-677-7778 ex122

Facility Director	
Name:	John Cooper
Email Address:	jcooper@selfhelpmovement.org
Telephone Number:	215-677-7778 ex.186

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	120
Current population of facility:	93
Average daily population for the past 12 months:	84
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:	20-75
Facility security levels/resident custody levels:	Community/Community
Number of staff currently employed at the facility who may have contact with residents:	28
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Self Help Movement, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	2600 Southhampton Road, Philadelphia, Pennsylvania - 19116
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Wendell Alston	Email Address:	walston@selfhelpmovement.org
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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• 115.231 - Employee training
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Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-07-11
2. End date of the onsite portion of the audit:	2022-07-12

Outreach

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:	I contacted the Philadelphia and Drexel University College of Medicine (DUCOM) Philadelphia Sexual Assault Response Center (PSARC), they knew of no issues at the facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	120
15. Average daily population for the past 12 months:	93
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 type="radio"/> No <input checked="" 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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	92
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:	2
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

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:	0
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:	0
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):	No text provided.
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:	28
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:	1
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:	0
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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	9
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 type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewees were geographically diverse by utilizing above characteristics.
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7
<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:	1
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:	2

<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>Confirmed with staff.</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>Confirmed with staff.</p>
<p>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:</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>Confirmed with staff.</p>
<p>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:</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>Confirmed with staff.</p>
<p>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:</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>Confirmed with staff.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

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 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 checked="" type="radio"/> Yes <input type="radio"/> No
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):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	6
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" 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>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p> <input type="checkbox"/> Agency contract administrator <input 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 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 type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other </p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>

82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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).	No text provided.
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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.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

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	0	0	0	0
Total	0	0	0	0

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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	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	0	0	0	0	0
Total	0	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	0	0	0	0
Total	0	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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	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:	0
a. Explain why you were unable to review any sexual abuse investigation files:	No incidents during auditing period.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <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 <input type="radio"/> No <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>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" 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 type="radio"/> Yes <input type="radio"/> No <input checked="" 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>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>No incidents during auditing period.</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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)</p>
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<p>110. Did your sample of INMATE-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 inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<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>
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<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>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<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>
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Non-certified Support Staff

<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>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" 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 type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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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
	<p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Self Help Movement PREA Policy</p> <p>Organizational Chart</p> <p>DC-ADM 008 Prison Rape Elimination Act (PREA) Policy and Procedure entirety Effective April 22, 2019</p> <p>DC-ADM 008 PREA Policy Statement</p> <p>DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 1 - Sexual Abuse/Sexual Harassment Prevention – Responsibilities</p> <p>DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Glossary of Terms DCADM</p> <p>801, Inmate discipline Procedures Manual Section 1 - Misconducts/Rule Violations</p> <p>DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 17 - Discipline Related to Sexual Abuse, Sexual Harassment, and retaliation</p> <p>Subsection (a) The agency has developed a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment, this policy also outlines the agencies approach to preventing, detecting, and responding to such conduct. This policy is the Self-Help Movement PREA Policy the Commonwealth of Pennsylvania Department of Corrections, policy subject Prison Rape Elimination Act (PREA), policy number DC-ADM 008 also applies at the facility. These policies had been in effect since the incorporation of PREA. Both policies address all aspects of the Prison Rape Elimination Act Standards for Community Confinement. The policies further define all prohibited acts, the definitions listed in the glossary of terms are consistent with the definitions in the PREA Standards.</p> <p>Subsection (b) The facility has assigned a PREA Coordinator who oversees the approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The PREA Coordinator reports directly to the Facility Director on any issues related to PREA. During his interview I found the PREA Coordinator to be well versed in the PREA policy and it's daily application at the facility.</p> <p>During the interviews at the facility, I was informed that the PREA Coordinator is always accessible to answer questions and provide advice on PREA related issues.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Subsection (a)(b)(c) The agency does not contract for the housing of residents.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.213	Supervision and monitoring
	<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="242 271 501 300">Documentation reviewed:</p> <p data-bbox="242 327 485 356">Pre-Audit Questionnaire</p> <p data-bbox="242 383 580 412">Self Help Movement PREA Policy</p> <p data-bbox="242 439 373 468">Staffing Plan</p> <p data-bbox="242 495 504 524">Daily Assignment Rosters</p> <p data-bbox="242 551 491 580">Facility camera locations</p> <p data-bbox="242 669 1461 734">Subsection (a) Self Help Movement PREA Policy addresses supervision and monitoring of the residents at the facility. The policy states the following:</p> <p data-bbox="242 761 1461 857">Self Help Movement Inc. Administration will review the staffing plan annually in order to adequately supervise and monitor the inmate/detainee population. Staffing levels and video monitoring will be reviewed during this process. In calculating staffing levels and determining the need for video monitoring, Self Help Movement Inc. shall consider:</p> <ol data-bbox="242 884 1310 1317" style="list-style-type: none"> 1) Generally accepted correctional practices; 2) Any judicial, federal investigative and internal/external oversight agency findings of inadequacy; 3) The physical plant including blind-spots or areas where staff, inmates or detainees may be isolated; 4) The composition of the resident/client population; 5) The number and placement of supervisory staff; 6) Facility programs occurring on a particular shift; 7) The prevalence of substantiated and unsubstantiated incidents of sexual abuse and harassment; 8) Applicable State, or local laws, regulations, standards or any other relevant factors. <p data-bbox="242 1344 1414 1440">Any deviation from the plan will be documented. Likewise, reviews of, and the planning of substantial expansion or modification of the existing facility or upgraded video surveillance equipment shall determine whether adjustments are necessary to aid in the prevention of sexual abuse and harassment.</p> <p data-bbox="242 1467 1469 1599">Subsection (b) The auditor reviewed the staffing plan policy which takes into consideration all the factors outlined in the standard. I further discussed the staffing plan development with the PREA Coordinator and confirmed that these factors are taken into consideration during the development of the staffing plan. During the interview with the staff, they confirmed that the placement of the cameras throughout the facility is always being evaluated to enhance the overall facility safety.</p> <p data-bbox="242 1626 1461 1758">Subsection (c) The policy dictates that whenever necessary, but no less frequently than once a year, the facility shall address, determine, and document whether adjustments are needed to the staffing plan, prevailing staffing patterns, video monitoring systems or other monitoring technologies and the resources the facility has available to commit to ensure adequate staffing levels. I confirmed the assessment during the staff interviews.</p> <p data-bbox="242 1785 1461 1917">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.215	Limits to cross-gender viewing and searches
	<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="242 271 501 300">Documentation reviewed:</p> <p data-bbox="242 327 485 356">Pre-Audit Questionnaire</p> <p data-bbox="242 383 580 412">Self Help Movement PREA Policy</p> <p data-bbox="242 439 485 468">Pat Search Lesson Plan</p> <p data-bbox="242 495 400 524">Training rosters</p> <p data-bbox="242 613 1485 741">Subsection (a): The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances or when performed by a medical practitioner. I confirmed this procedure during staff and resident interviews, as well as review of policy. I also confirmed that the facility has not conducted a search under these circumstances.</p> <p data-bbox="242 770 1054 799">Subsection (b): The facility is an all-male facility and does not house any females.</p> <p data-bbox="242 826 1469 891">Subsection (c): The facility does not conduct strip searches and visual body cavity searches. This was confirmed during the staff and resident interviews.</p> <p data-bbox="242 920 1490 1048">Subsection (d): The above policies outline procedures and practices that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine housing unit checks. The policies further dictate that staff of the opposite gender announces their presence when entering a resident housing unit.</p> <p data-bbox="242 1077 1490 1173">During interviews, staff, and residents all confirmed whenever a female enters the housing unit floor, an announcement is made prior to entry onto the floor, and the staff will state loudly, "female on the floor." I heard the announcements being made while conducting the audit.</p> <p data-bbox="242 1202 1477 1299">A sign designates the bathroom is the only location a resident may be unclothed. The facility does not have any female staff who make rounds. Staff confirmed that if female staff would make rounds, they would knock on the bathroom door when doing rounds and announce their presence.</p> <p data-bbox="242 1328 1490 1523">Subsection (e): The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it is determined 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. I further confirmed the practices during the staff, and medical interviews. When a transgender or intersex resident is placed at this facility, they would have been identified as such by the facility they were being transferred from.</p> <p data-bbox="242 1552 1481 1747">Subsection (f): The agency has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This was confirmed by reviewing the provided training materials. I further verified this training during staff interviews. All staff interviewed confirmed having been trained on the proper searching techniques. During their interviews, they were able to describe these techniques and the importance of being professional and respectful during the search and to conduct searches in the least intrusive manner possible consistent with security needs.</p> <p data-bbox="242 1776 1465 1904">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.216 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Self Help Movement PREA Policy

Translated materials (regarding PREA)

Translated materials (regarding PREA)

Interpreter's List (employees)

Orientation materials

DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 4 - Sexual Abuse/Sexual Harassment Prevention - Access to Special Populations

BCC- ADM 005, Bureau of Community Corrections Resident legal Procedures Manual Section 1 - Reasonable Accommodations

Management Directive Subject: Hiring/Contracting Sign Language Interpreters/Transliterators Dated September 12, 2014

Photograph of Intake Handout written in Braille Viewed PREA Information in English and Spanish PROPIO LS LLC language Services Purchase Order

Over-the-phone Interpreting instructions

DOC Foreign Language Employee Directory

Reporting Sexual Abuse and Sexual Harassment notice written in Spanish

PREA Information handout written in Spanish Handbook written in Spanish

Foreign Language Employee Directory

Subsection (a) The agency has taken appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. These steps include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. The facility outlines the response to residents in these categories in the above policies. This plan outlines procedures for residents who are not only non-English speaking but all who are enumerated in this standard. I confirmed the use of this plan during the staff and resident interviews. The facility also can have the PADOB BCC assist in this area. PADOB Policy DC-ADM 008 dictates that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Written materials shall be delivered in alternative formats or delivered through alternative methods that accommodate a residents disability. These include translated Spanish materials and the intake handout in Braille. BCC-ADM 005 indicates that individuals with disabilities shall be assigned to a Community Corrections Center that provides reasonable accommodations according to the individual needs of the resident, including individuals diagnosed with mental or physical impairments. Facilities are required to evaluate their ability to receive and retain residents with disabilities according to policy. The staff indicated that they evaluate the ability of the facility to accommodate disabled residents according to services available, and the ability of the resident to access all areas of the facility. Through BCC Administrative interviews, I confirmed that they had designated facilities to accommodate residents with specific needs such as blind residents, and disabled. During the staff interviews, I confirmed that they would read the material to residents if needed, and utilize the services provided by the agency and the PADOB to ensure the resident understands the PREA information and reporting avenues.

Subsection (b): The agency has taken 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. Furthermore DC-ADM 008 outlines the steps the PADOc takes to ensure meaningful access to all aspects of the PADOc's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to individuals who are limited English proficient. This includes written materials and interpretation services either through an outside contractor or approved staff. The facility provided copies of the Spanish PREA notices, and these were also viewed at the facility during the facility tour. The interviewed residents confirmed that the notices had been posted in both English and Spanish since their arrival at the facility. BCC-ADM 005, requires qualified staff or contractors to provide translation services for residents.

Pennsylvania Department of Corrections has an eight-page list of staff who are skilled in providing interpretation services. The list contains the staff name and work location and the interpretation service the staff is qualified to provide. Staff is available to interpret in over 55 foreign languages, dialects, and sign language. If staff is not available, the PADOc also contracts for over-the-phone interpretation services through PROPIO Language Services. Staff is provided direction on how to obtain this service.

Subsection (c) The agency does not rely on resident interpreters, resident readers, or other types of resident assistants. The interviewed PADOc investigators are aware of the approved interpreters and confirmed during their interview that they utilize these services. All staff interviewed stated they would not allow a resident to interpret for another resident in reporting sexual abuse or sexual harassment, and they felt that they could not control the information once another resident knew about alleged sexual abuse or sexual harassment. They indicated they would utilize the translation services outlined in the policy or contact the PADOc Management Operations Center (BCC-MOC) for further guidance.

During the past 12 months, the facility has not relied on residents to provide interpretation services for any PREA related matter.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Self Help Movement PREA Policy

Documentation of 5 year Criminal Background Record Checks for Staff

Personal Data Summary Sheet (4B)

Pennsylvania Department of Corrections policy DC-ADM 008

Centralized Clearances Procedures Manual 1.1.4 Section 4 Centralized Clearances Procedures

Subsection (a) Policy dictates that the facility shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- b. 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; or
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in this section.

The PADOE policy dictates that they will not contract with anyone 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 to include state facilities for persons who are mentally ill, disabled or intellectually disabled, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential cares;
- has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and/or
- has been convicted of any offense under the following or equivalent out of state offense:
 - Title 18 Pa C.S.A. Chapter 31 - Sexual offenses
 - Title 18 Pa C.S.A. Chapter 59 - public Indecency

The PADOE also conducts PREA background checks for all contractors and volunteers utilizing the PREA Questionnaire and Consent to Release PREA Information. According to policy 8.3.1, prior employment in any type of confinement facility will be further investigated to ensure that the candidate has not been found to have any of the following:

- engaged in sexual abuse in a prison, jail, lockup, community confinement facility, halfway house, group home, inpatient treatment facility, correctional institution, or juvenile detention facility;
- has been convicted of engaging or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and/or
- has been civilly or administratively adjudicated to have engaged in the activity described above.

Subsection (b) According to policy and procedures, in addition to incidents of sexual abuse, the agency also considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Subsection (c) The policy dictates that before hiring new employees, who may have contact with residents, the facility shall:

- a. Perform a criminal background records check; and

b. 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.

The PADOE also conducts a thorough background check on all contractors.

Subsection (d) Policy dictates that the facility/program shall also perform a criminal background record check before enlisting the services of any contractor or volunteer who may have contact with residents. According to PADOE policy every person, volunteer, or contractor, who provides recurring on-site services and has individual/group contact with residents, are not allowed contact with residents until they:

- submit to a criminal background check by completing the Community Corrections Application electronically and submitting it to the Facility Director or designee
- submit to a Prison Rape Elimination Act (PREA) background check by electronically completing the PREA Questionnaire and Consent to Release PREA Information and submitting the forms to the Facility Director or designee
- receive clearance from the Department after an investigation and criminal history check. Criminal background records checks are maintained in the Centralized Clearance database for staff and contractors.

Subsection (e) The agency conducts criminal background records checks at least every five (5) years of current employees, contractors, and volunteers who may have contact with residents. The Pennsylvania Department of Corrections utilizes the Justice Network (JNET) System to cross check all contractors on a yearly basis. According to PADOE policy contractor and volunteer clearance is valid for a maximum of 24 months; however, policy 8.3.1, requires an annual clearance update conducted on every individual who received clearance and continues to provide services.

Subsection (f) The facility asks all applicants and employees who may have contact with residents directly about previous misconduct described in this section in written applications and interviews for hiring or promotions and in interviews or written self-evaluations conducted as part of reviews for current employees. Employees have a continuing affirmative duty to disclose any such misconduct.

Subsection (g) Policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Subsection (h) Staff interviewed stated that the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee when the information is requested from an institutional employer for whom the employee has applied to work.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Documentation reviewed:</p> <p data-bbox="229 318 1509 380">Pre-Audit Questionnaire</p> <p data-bbox="229 380 1509 443">Self Help Movement PREA Policy</p> <p data-bbox="229 497 1509 631">Subsection (a)(b) The agency has not made any substantial expansion or updated a video monitoring system, electronic surveillance system, or other monitoring technology in this facility. During the interviews, I confirmed that if any expansion or acquisition or updating of the video monitoring system, electronic surveillance system, or other monitoring technology should take place, the overall security and safety is taken into consideration, including the sexual safety of the residents.</p> <p data-bbox="229 658 1509 799">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Self Help Movement PREA Policy

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 1- Sexual Abuse/Sexual Harassment Prevention-Responsibilities Section 14- Responding to Reports of Sexual Abuse

Section 15- Access to Outside Confidential Support Services

Section 18- Investigating Allegations of Sexual Abuse and/or Sexual Harassment Memorandum between the Pennsylvania Department of Corrections and Pennsylvania State Police dated February 16, 2017, with an amendment to include 26 Lockup Facilities operated by the Pennsylvania Board of Probation and Parole

Policy 8.3.1 Bureau of Community Corrections Security Procedures Manual Section 24- BCC Evidence Control

National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition

Pennsylvania Victims Compensation Assistance Program Manual for Compensation Assistance

Memorandum of Understanding (MOU) between the PADO and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) dated October 21, 2015

Subsection (a) The PADO is responsible for all administrative investigations at the facility, all investigations of a criminal nature are investigated by the Pennsylvania State Police. Policy DC-ADM 008 addresses their obligation to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy directs staff to follow the initial Response Checklist and the Instructions for PREA Evidence Retention, which are contained within section 14. The Response Checklist and the Instructions for PREA Evidence Retention outlines the uniform evidence protocol, which is designed to maximize the retention/collection of usable evidence. The Pennsylvania State Police follows a uniform protocol which maximizes evidence identification, collection, and retention, and far exceeds any requirements of the PREA Standards. During interviews with the PADO Investigators and BCC Administration, I confirmed that they follow the protocols outlined in the policy. I have also reviewed PADO agency-wide investigations and found that they follow the policy and a uniformed evidence protocol.

Subsection (b) I confirmed through review of policy DC-ADM 008 and interviews that the protocols were developed from the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition, dated April 2013. It should be noted that the Commonwealth of Pennsylvania utilizes Child Advocacy Centers for all child victims (under the age of 18). The protocols developed by the Pennsylvania Chapter of Children's Advocacy Centers and Multidisciplinary Teams are developed also utilizing the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition, dated April 28, 2013.

Subsection (c) Policy DC-ADM 008 Section 1 dictates that an alleged sexual abuse victim is provided access to a forensic medical examination as outlined in Section 14. Section 14 further describes the procedure to obtain the services of a hospital to provide these examinations. The PADO has entered into a MOU with the Philadelphia Sexual Assault Response Center (PSARC) to provide these services. The Sexual Assault Nurse Examiner at the Philadelphia Sexual Assault Response Center (PSARC) will conduct a sexual assault examination. These services are provided at no cost to the victim under Pennsylvania Law. This is outlined in the Pennsylvania Victims Compensation Assistance Program Manual for Compensation Assistance. I contacted a supervisor at Philadelphia Sexual Assault Response Center (PSARC) and verified that the services outlined in the letter of agreement are offered at the hospital and are at no cost to the victim.

Subsection (d)(e) Policy directs the facility PREA Coordinator to coordinate victim services related to sexual abuse. The PADO has entered a Memorandum of Understanding (MOU) between the PADO and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) to provide these services. A qualified victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals if needed. The PADO stated that a victim would be provided the information for these services and can contact them at any time. The residents at the facility can leave the facility and have private cellular telephones. I contacted the Philadelphia Sexual Assault

Response Center (PSARC) and verified they provide the services as outlined in the MOU, and they further informed me that due to confidentiality, if these services were provided, they would not provide me that information.

Subsection (f) (g) The Pennsylvania State Police investigates the criminal incidents that occur at the facility. The PADOE holds a Memorandum of Understanding with the Pennsylvania State Police (a state entity) to conduct the criminal investigations, the MOU outlines the responsibilities of the State Police and ensures they follow the subsections of the standard. I contacted the Pennsylvania State Police Bureau of Criminal Investigation and confirmed that the State Police would follow the MOU.

Subsection (h) The agency does not utilize staff members for victim advocacy; this was confirmed during interviews.

No incidents of sexual abuse or sexual harassment were reported at the facility where these services were utilized or needed to be utilized.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Self Help Movement PREA Policy</p> <p>Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 18- Investigating Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>Memorandum between the Pennsylvania Department of Corrections and the Pennsylvania State Police dated February 16, 2017, with an amendment to include 26 Lockup Facilities operated by the Pennsylvania Board of Probation and Parole</p> <p>Policy 8.3.1 Bureau of Community Corrections Security Procedures Manual Section 24- BCC Evidence Control Section 35- Investigations</p> <p>Bureau of Community Corrections and Lockup PREA Report-Sexual Abuse</p> <p>Subsection (a)(b)(c) The PADOc is responsible for all administrative investigations at the facility, all investigations of a criminal nature, are investigated by the Pennsylvania State Police. Policy DC-ADM 008 states that every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved parties and anonymous reports, shall be investigated promptly, thoroughly, and objectively. Investigations shall be conducted in accordance with all related Department policies and Prison Elimination Act Standard. Policy 8.3.1 outlines the investigative steps to be taken; initially all investigations are reported to the Office of Special Investigations and Intelligence (OSII) for tracking, utilizing the Sexual Abuse Coversheet; this is completed via email. The PADOc trained investigators will begin an administrative investigation, if the incident is criminal in nature, the administrative investigation will stop, and the Pennsylvania State Police will be notified, this notification is documented in the written report. The Major and Captain of the Bureau of Community Corrections are notified of the investigation and the investigations are tracked by them as well. The PADOc policy for investigations is available to the public on the PADOc website at https://www.cor.pa.gov. The policy outlines the responsibilities of the PADOc and the Pennsylvania State Police. The facility staff related that they would report an incident immediately to the MOC to start this process.</p> <p>Subsection (d) Policy 8.3.1 governs the agency's conduct while conducting the administrative investigations. The Pennsylvania State Police, a state entity, has confidential policies and procedures in place that govern the conduct of criminal investigations. These policies were reviewed by me during my employment with the Pennsylvania State Police, and these policies address all aspects relating to criminal investigations of sexual abuse and sexual harassment in confinement settings. During the interviews with the PADOc Investigators, they confirmed that they follow the conduct outlined in the policy. This was further confirmed by a review of investigations at the agency level.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Self Help Movement PREA Policy

PREA Training PowerPoint

Training Rosters

Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors

Subsection (a)(b)(c)(d) Policy states that staff members shall receive comprehensive training upon hiring in the prevention, detection, and reporting of sexual assault/rape or sexual misconduct.

The staff who may have contact with residents are trained on:

- a. The agency's zero-tolerance policy for sexual abuse and sexual harassment
- b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment

prevention, detection, reporting and response policies and procedures.

- c. Residents right to be free from sexual abuse and sexual harassment
 - The right of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment
 - The dynamics of sexual abuse and sexual harassment in confinement
 - The common reactions of sexual abuse and sexual harassment victims
 - How to detect and respond to signs of threatened and actual sexual abuse
 - How to avoid inappropriate relationships with residents.
 - How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming residents and
 - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
 - The Pennsylvania mandated child protected service laws and mandated abuse reporting.
 - How to respond to residents with disabilities and limited English proficiencies.

Annual in-service training on sexual assault/rape or sexual misconduct is conducted. The PREA training is be tailored to the gender of the residents at the facility.

All staff members acknowledge that they have received and understand the training by acknowledging the training through a signature. I confirmed through interviews with the staff at the facility that they have received the training as outlined above, and all staff were able to explain the training and policy. I further verified the training by reviewing the training records for the staff. The training materials utilized for training were reviewed. The facility is providing yearly training to the staff which far exceeds the expectations of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Documentation reviewed:</p> <p data-bbox="229 318 1509 380">Pre-Audit Questionnaire</p> <p data-bbox="229 380 1509 443">Self Help Movement PREA Policy</p> <p data-bbox="229 443 1509 506">Training Records and Acknowledgement Forms for Volunteers and Contractors</p> <p data-bbox="229 506 1509 743">Subsection (a)(b)(c) Policy states that all volunteers, and contractors who have contact with residents must be trained in their responsibilities under this policy and procedure. The level and type of training shall be based on the services they provide and the level of contact they have with residents, but all will be notified of the agency's zero-tolerance policy regarding sexual abuse, sexual assault/rape, sexual misconduct, and sexual harassment and informed how to report such incidents. All training is documented through signature.</p> <p data-bbox="229 743 1509 806">The facility has trained four contractors during the auditing period.</p> <p data-bbox="229 806 1509 947">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Self Help Movement PREA Policy</p> <p>Zero Tolerance Acknowledgment Signed</p> <p>PREA Handout</p> <p>Posters Posted on Units (regarding PREA and zero tolerance)</p> <p>Resident Files and Case Manager Notes</p> <p>(a)(b)(c)(d)(e) During the intake process, residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and information on agency policies and procedures for responding to such incidents. This procedure is outlined in the agency policy. The staff confirmed that the residents receive the PREA Handout, which is provided by a staff member at intake. The resident will confirm receipt by signing the acknowledgement which is kept in the resident's file. They further confirmed if a resident is limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills, the information will be provided as outlined in standard 115.216. This education would be provided on an individual basis by a staff member. The residents receive an in-depth orientation at which time the facility provided training on the Prison Rape Elimination Act. The training is provided by a staff member who verbally reviews the materials with the residents and answers any questions the residents may have.</p> <p>During the facility tour, I confirmed the key information is readily available to the residents through posters located throughout the facility. These posters are in both English and Spanish.</p> <p>During the resident interviews, I confirmed they are receiving the information upon intake, they also confirmed the information is posted throughout the facility and has been since they arrived.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Subsection (a)(b)(c) The agency does not conduct any form of administrative or criminal sexual abuse investigations. The administrative investigations are conducted by the PADO, and all criminal investigations are conducted by the Pennsylvania State Police.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Subsection (a)(b)(c)(d) The agency does not have any medical or mental health staff at the facility. All services are provided to the residents in the community by community providers.</p> <p data-bbox="229 353 1509 506">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Self Help Movement PREA Policy

Completed screening forms

screening spreadsheet

Subsection (a)(b)(c)(d)(e)(f) Self Help Movement PREA Policy states the following:

Self Help Movement Inc. will evaluate each resident or client for their vulnerability in regards to sexual abuse and their likelihood to be sexually abusive toward other resident's, clients or staff.

- 1) This evaluation will take place during the intake process.
- 2) All information collected during this process to assist in keeping residents and clients vulnerable to sexual victimization from those at high risk of being sexually abusive will be shared with the PREA Coordinator and PREA Compliance Managers.
- 3) This information will be used for housing.
- 4) Residents and clients will not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked about:
 - a) Whether the resident or client has a mental, physical, or developmental disability.
 - b) Whether the resident or client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
 - c) Whether the resident or client has previously experienced sexual victimization.
 - d) The residents or clients own perception of vulnerability.
- 5) Information collected in regards to this section will not:
 - a) Be used to antagonize, embarrass, or harass the resident or client.
 - b) Be shared with other residents or clients.
 - c) Be shared with other staff members when not relevant to their job duties.
- 6) Within 30 days of commitment, the counselor classifying an inmate or detainee will reassess the inmate's or detainee's risk of victimization or abusiveness based on any additional, relevant information received by the facility since the intake screening.
 - a) Shift Commanders and the Records Clerk will inform the counselors of any information relevant to the assessment.
 - b) Additional reassessments will be conducted as needed when a referral, request, incident, or receipt of additional information that may impact on the inmate's or detainee's risk of sexual victimization and abusiveness.
- 7) The PREA Risk Assessment Tool will be utilized to collect the above information from the residents.

Subsection (g) The staff stated that a resident would be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. They further confirmed that they had not assessed a resident under any of these conditions in the past 12 months.

Subsection (h) Policy prohibits disciplining any resident for refusing to answer, or for not disclosing complete information in response to questions asked during the screening. The staff confirmed they had not disciplined anyone for not answering the questions on the screenings.

Subsection (i) The agency has implemented controls on the completed screenings. The screening is stored in a secured office that limits access to general staff. I confirmed with the staff at the facility that the only staff who have access to the information are the PREA Coordinator and Case Managers.

During the resident interviews I confirmed they were screened during the intake process, and within 30 days of being at the facility.

I reviewed the completed screenings for all the residents, and I reviewed the tracking tool for the facility, which listed all residents. For the past 6 months all residents had been screened within 72 hrs., and a second screening was completed within 30 days.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.242	Use of screening information
	<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="242 271 501 300">Documentation reviewed:</p> <p data-bbox="242 327 485 356">Pre-Audit Questionnaire</p> <p data-bbox="242 383 580 412">Self Help Movement PREA Policy</p> <p data-bbox="242 439 520 468">Completed screening forms</p> <p data-bbox="242 495 481 524">Screening Spreadsheet</p> <p data-bbox="242 613 1493 775">Subsection (a)(b) Policy outlines the procedure to utilize the information received from the PRAT to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. During the interviews with the staff, they stated that these decisions are made on an individualized basis. They could assign the residents to rooms that are closer to the monitors station to ensure the resident is monitored closely.</p> <p data-bbox="242 801 1493 1167">Subsections (c)(d)(e)(f) The PADOc policy states that the PADOc considers on a case-by-case basis whether a placement would ensure the health and safety of all impacted residents and whether the placement or accommodation could potentially present management or security problems when assigning a transgender or intersex resident to a facility that is consistent with the residents gender identity and in making other privacy, housing, and programming assignments. When transferred to a facility, transgender or intersex residents are reviewed by the PREA Accommodation Committee (PAC) to make individualized determinations regarding privacy, housing, and programming assignments to ensure their safety at the current facility. Participants in the review consider all aspects of the resident's social and medication transition. Residents are invited to participate in the PAC meetings. The reviews are documented by using the PREA Accommodation Committee (PAC) checklist and the PREA Accommodation Committee Reassessment Checklist which is completed at a 6-month review. By policy, transgender and intersex residents are given the opportunity to shower separately and privately from other residents. At the facility, a transgender resident would be able to utilize one of the single showers.</p> <p data-bbox="242 1193 1493 1355">During PADOc agency level interviews I confirmed the procedures outlined above. As per policy, the agency does not place transgender or intersex residents in dedicated facilities, units, or wings solely based on such identification or status, unless such a placement is in connection with a consent decree, legal settlement, or legal judgment for the purposes of protecting such residents. The Bureau of Community Corrections Administration and the Office of Population Management will strive not to place transgender and intersex residents in dedicated facilities.</p> <p data-bbox="242 1382 1493 1480">During the PADOc PREA Coordinator interview, I confirmed PADOc is not under any legal action or consent decrees. I confirmed that every contracted facility in BCC can safely house transgender inmates; the agency does not have a dedicated CCC to house transgender or intersex residents.</p> <p data-bbox="242 1507 1493 1637">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.251

Resident reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Self Help Movement PREA Policy

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 11- Sexual Abuse-Sexual Harassment Prevention Training with attachments 11-D and 11-H

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 12- Sexual Abuse-Sexual Harassment Prevention Reporting Sexual abuse and Sexual Harassment with Attachment 12-C

Inmate Handbook

PADOC Public Website

Subsection (a) and (b) The policy requires all staff to report knowledge or suspicion of sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A resident may report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any staff member, either verbally or in writing. A resident may correspond directly with the Program Director or PREA Coordinator.

The facility also utilizes the reporting avenues through the PADOC. PADOC DC-ADM 008 requires all staff, contractors, volunteers, and residents to report knowledge or suspicion of sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The policy provides a number of ways in which residents may report allegations of sexual abuse, sexual harassment, retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. DC-ADM 008 lists the following reporting avenues:

- Tell any staff member to immediately report the incident
- Tell any supervisor or manager to immediately report the incident
- Make a written request to any staff member, supervisor or manager
- Send a written report to the third party reporting address established with the Office of State Inspector General (OSIG):

ATTN: PREA Coordinator

Office of State Inspector General

555 Walnut Street, 8th Floor

Harrisburg, PA 17101

- Have your family call to notify the facility or contact OSIG

The same information is provided to residents in the Intake Handout, which is given to all residents at the time of intake at the facility. The reporting information is also posted throughout the facility. During the staff and resident interviews, I confirmed that they are familiar with the reporting avenues and understood how to report. They further understood that the reports could be made anonymously and through a third party.

Subsection (c): The policy requires all staff to accept and document reports made verbally, in writing, anonymously, and from uninvolved parties. The procedure further requires staff to promptly forward the information to the Bureau of Community Corrections - Management Operations Center (BCC-MOC). All reports are immediately documented and retained in the investigative file. The staff understood the requirements under the policy, and all stated that they would notify the MOC and

the PREA Coordinator.

Subsection (d): Staff are trained during the PREA Training, that they have the option to privately report an allegation of sexual abuse, sexual harassment, or retaliation. The interviewed staff understood the reporting avenues available to them, and they knew they could report to the PREA Coordinator or Director.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 501 297">Documentation reviewed:</p> <p data-bbox="242 329 485 356">Pre-Audit Questionnaire</p> <p data-bbox="242 387 580 414">Self Help Movement PREA Policy</p> <p data-bbox="242 501 1094 528">The agency does not have a grievance system to report sexual abuse or harassment.</p> <p data-bbox="242 560 1468 685">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Self Help Movement PREA Policy</p> <p>Memorandum of Understanding (MOU) between the agency and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) dated October 2019</p> <p>Subsection (a)(b) Self Help Movement PREA Policy outlines the facility's obligation to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. Policy states that residents shall be provided information about and access to outside victim advocates for emotional support services related to sexual abuse. The facility shall enable reasonable communication between residents and these organizations and agencies in as confidential a manner as possible. Prior to being given access to communication, the facility will communicate to the resident the extent to which the communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The PADOc who investigates all allegations of sexual abuse and sexual harassment has policies in place to dictate the use of emotional support services throughout the investigative process. DC-ADM 008 outlines the PADOc's obligation to provide residents with access to outside victim advocates for emotional support services related to sexual abuse.</p> <p>During staff interviews at the facility and PADOc Investigator interviews I confirmed that the resident would be provided the contact information for the Philadelphia Sexual Assault Response Center (PSARC). They further confirmed that there are no restrictions on contacting them, the residents have the ability to utilize the unrecorded telephones anytime they wish and leave during the day. The facility also has the information for the Pennsylvania Coalition Against Rape (PCAR) posted throughout the facility. This provides all residents the ability to contact PCAR.</p> <p>Subsection (c) The agency has a Memorandum of Understanding (MOU) with the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) a community service provider that can provide residents with confidential emotional support services related to sexual abuse. I contacted the Philadelphia Sexual Assault Response Center and confirmed that they provide these services. They further stated that these services free of charge to all victims of sexual abuse.</p> <p>The staff confirmed that the facility has not had an investigation where the services needed to be offered; the staff understood their obligations under the policy.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.254	<p>Third party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Self Help Movement PREA Policy</p> <p>Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 12- Sexual Abuse-Sexual Harassment Prevention Reporting Sexual abuse and Sexual Harassment</p> <p>PADOC website</p> <p>Subsection (a) The facility relies on the PADOC to provide the third-party reporting avenues since all of the residents are under PADOC. DC-ADM 008 states that family, friends, and the general public can make reports through the Sexual Abuse Reporting Address with the OSIG. This is an option for the general public to report an allegation of sexual contact. The reporting address is:</p> <p>ATTN: PREA Coordinator</p> <p>Office of State Inspector General</p> <p>555 Walnut Street, 8th Floor</p> <p>Harrisburg, PA 17101</p> <p>It also states that a writer may choose to include his/her name and contact information, but it is not necessary for making a report; complaints can be made anonymously. The PADOC has this information posted on their website. The agency has this information posted throughout the facility.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</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="242 271 499 297">Documentation reviewed:</p> <p data-bbox="242 327 485 353">Pre-Audit Questionnaire</p> <p data-bbox="242 383 580 409">Self Help Movement PREA Policy</p> <p data-bbox="242 501 1490 725">Subsection (a) Self Help Movement PREA Policy dictates that all staff shall 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; retaliation against residents or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Any information regarding sexual misconduct that is received by any staff member shall be immediately reported to the PREA Coordinator, to initiate the appropriate follow- up actions. All interviewed staff understood the responding duties, and all stated that they would immediately contact the PREA Coordinator and the MOC and report the incident.</p> <p data-bbox="242 757 1461 884">Subsection (b) The policy dictates that apart from reporting to designated supervisors or officials, staff shall not reveal 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. The interviewed staff confirmed that they would not divulge the information to anyone unless they needed to know about the incident.</p> <p data-bbox="242 916 999 943">Subsection (c) The facility does not have any medical or mental health staff.</p> <p data-bbox="242 974 1469 1066">Subsection (d) The facility does not house anyone under the age of 18. If the resident was deemed to be a vulnerable adult under law, the Pennsylvania Department of Human Services would be notified. All allegations involving a juvenile would be reported to ChildLine. This was confirmed during staff interview.</p> <p data-bbox="242 1097 1485 1256">Subsection (e) The policy states the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the BCC-MOC for action and investigation. If staff are unsure whether an allegation being made is related to sexual abuse or sexual harassment, the information is still forwarded to BCC-MOC for review. During interviews I confirmed that all allegations of sexual abuse and sexual harassment are investigated and reported to the BCC-MOC.</p> <p data-bbox="242 1288 1466 1415">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Documentation reviewed:</p> <p data-bbox="229 318 1509 380">Pre-Audit Questionnaire</p> <p data-bbox="229 380 1509 443">Self Help Movement PREA Policy</p> <p data-bbox="229 443 1509 586">Subsection (a) Policy dictates that when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p data-bbox="229 586 1509 703">During the staff interviews I confirmed with the staff that they would immediately take the resident to a secure area away from the other residents. The PREA Coordinator and BCC Administration confirmed that they can make housing changes as well as facility changes if the situation dictates.</p> <p data-bbox="229 703 1509 860">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Self Help Movement PREA Policy</p> <p>Subsection (a)(b)(c)(d) Policy states that when information is received of an allegation that a resident was sexually abused while confined at another facility, the PREA Coordinator, or his/her designee, shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <ol style="list-style-type: none"> 1) This will be completed as soon as possible but no later than 72 hours after receiving the information. 2) The head or agency office that receives the allegation shall ensure it is investigated in accordance with PREA Standards. <p>I confirmed with the PREA Coordinator that any allegation received under these circumstances would immediately be reported to the BCC-MOC for investigation.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.264	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Self Help Movement PREA Policy</p> <p>Subsection (a)(b) Policy states the following actions will be taken immediately after a report is made.</p> <ol style="list-style-type: none"> 1) Separate the alleged victim and abuser. 2) Provide appropriate medical care. 3) Secure scene of incident. 4) Ensure the victim and offender do not shower, eat, drink, urinate, defecate, brush his/her teeth, or damage other evidence. 5) Transport victim to hospital for evaluation (if appropriate). 6) Discuss the incident with supervisors only. <p>During the interviews, all staff indicated that they would make the residents safety their priority and follow the policy.</p> <p>The facility has not had an incident of sexual abuse during the audit period.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Documentation reviewed:</p> <p data-bbox="229 318 1509 380">Pre-Audit Questionnaire</p> <p data-bbox="229 380 1509 443">Self Help Movement PREA Policy</p> <p data-bbox="229 443 1509 743">Subsection (a) The agency has adopted the Self Help Movement PREA Policy as the institutional plan which coordinates the actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, facility leadership and the PADO. The PREA Coordinator stated that they or a designated staff would immediately notify the MOC. If an emergency response was needed, the Philadelphia Police Department would also be notified.</p> <p data-bbox="229 743 1509 891">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Subsection (a) and (b) The facility does not enter into any collective bargaining agreement that would limit their ability to remove alleged staff sexual abusers from contact with residents.</p> <p>The PREA Coordinator verified that it is the facilities practice to remove a staff member from contact with residents who allege misconduct by the staff member. This practice has been in place well before the PREA Standards were enacted. This practice shows the facilities ongoing efforts to protect residents and provide a safe and healthy atmosphere.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Self Help Movement PREA Policy</p> <p>Subsection (a) Self Help Movement PREA Policy outlines the agency's duties in protecting residents and staff against retaliation for reporting an incident or cooperating with an investigation of sexual abuse or sexual harassment. It states that any the facility/program shall protect 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 and shall designate which staff members or departments are charged with monitoring retaliation. The PREA Coordinator at the facility would be charged with monitoring for retaliation.</p> <p>Subsection (b) The facility employs 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. The PREA Coordinator and BCC administration confirmed that they have the authority to employ multiple protection measures, such as housing changes or transfer for a resident victim or abusers, or removal of alleged staff or resident abusers from contact with the victim. These protective measures are on an individual basis.</p> <p>Subsection (c) The policy requires that for at least 90 days following a report of sexual abuse, the facility/program shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items to be monitored include resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>Subsection (d) The policy states that in the case of residents, such monitoring shall include periodic status checks.</p> <p>Subsection (e) The policy states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that person from retaliation.</p> <p>Subsection (f) The policy states that the facility obligation to monitor shall terminate if the allegation is unfounded. The PREA Coordinator confirmed retaliation monitoring would occur for a minimum of 90 days and would follow the policy.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.271

Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Self Help Movement PREA Policy

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 18- Sexual Abuse-Sexual Harassment Prevention Investigating Allegations of Sexual Abuse and/or Sexual Harassment

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 20- Sexual Abuse-Sexual Harassment Prevention Data Collection and Retention

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 35 Investigations

Subsection (a) All allegations at the facility are investigated by the PADOc trained investigators or the Pennsylvania State Police. The PADOc polices dictate the investigative process. DC-ADM 008 states that every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved parties and anonymous reports, shall be investigated promptly, thoroughly, and objectively. During the staff interviews, I confirmed that all allegations are reported and investigated. The allegations are reported to the MOC, and an investigator is immediately assigned. The investigations are tracked utilizing the PREA Tracking System. During the BCC Administrative interviews, I confirmed that anonymous and third-party reports are investigated in the same thorough manner.

Subsection (b)(c) DC-ADM 008 states the PADOc will use investigators who have received specialized training in sexual abuse investigations when an incident of sexual abuse is alleged. The interviewed investigators confirmed they had received the PADOc PREA training, as well as the investigator's training as outlined in standard 115.234. They further confirmed that as per the training and policy they would gather and preserve direct and circumstantial evidence such as DNA and electronic monitoring data, interview alleged victims, suspected abusers, and witnesses, and review prior complaints of sexual harassment and report of sexual abuse involving the suspected abuser.

Subsection (d) Policy states that if the evidence appears to support a criminal prosecution, compelled interviews will be conducted. The investigators indicated that if this occurs, they will contact the Bureau Major for guidance. They confirmed that if the investigation indicated any criminal statutes were violated, the Pennsylvania State Police would conduct the compelled interviews.

Subsection (e) The interviewed investigators confirmed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff. They further stated that the PADOc does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition of proceeding with the investigation. This is further outlined in the policy.

Subsection (f) DC-ADM 008 requires investigators to make an effort to determine whether staff actions or failures to act contributed to the abuse. At the conclusion of the investigation, an Investigative Summary is completed and includes a description of the allegation, a detailed description of the reviewed video or other electronic monitoring data which articulates how the allegation was not supported, and a conclusion that articulates how the victim's allegation was determined to be not credible and how the evidence supports a determination of unfounded. This includes descriptions of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings are included. The Investigative Summary includes statements of the victim, witnesses, and abuser, video evidence, and police reports, if available, and how the evidence supports the findings.

Subsection (g) The Criminal Investigations are documented in a report which includes a thorough description of the physical, testimonial, legal documents, and copies of all documentary evidence where feasible. These reports are created by the Pennsylvania State Police.

Subsection (h) Allegations of sexual abuse are referred to PSP. However, according to DCADM 008 if a case has not already been referred for a criminal prosecution, the Bureau of Investigations and Intelligence will refer substantiated allegations of conduct that appear to be criminal for prosecution.

Subsection (i) Policy indicates that each facility and Bureau of Investigations and Intelligence are responsible to securely maintain PREA investigation files, including criminal and administrative agency investigative reports for as long as the

alleged abuser is incarcerated or employed plus five additional years.

Subsection (j) DC-ADM 008 states that if the alleged abuser or victim departs from employment or control of the facility or PADO, the investigation will not be terminated. Interviews confirmed if an alleged abuser submits resignation from employment, the resignation will not be accepted. If the victim leaves the facility, the investigator will make every effort to interview the alleged victim prior to departure or will make efforts to contact the alleged victim wherever the victim is.

Subsection (l) When an allegation is investigated by PSP or another outside law enforcement agency, the policy requires the investigator to maintain regular contact with the criminal investigator for updates and progress, to request a copy of the investigative information to be included in the Department's investigative file, and request notification of the outcome of the investigation in order to notify the alleged victim. The PADO and PSP have a MOU outlining the cooperation between the two agencies when the investigations are conducted. The PREA Coordinator would be in contact with the PADO during the investigation process.

Numerous investigations have been reviewed during audits with the PADO. These investigations are thorough and extremely organized. All provisions outlined in the standard as well as all policy requirements are being followed. The investigations are extremely consistent, and the administrative investigators are ensuring anything that may appear criminal is immediately reported to the Pennsylvania State Police for investigation.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 501 297">Documentation reviewed:</p> <p data-bbox="242 387 485 414">Pre-Audit Questionnaire</p> <p data-bbox="242 443 580 470">Self Help Movement PREA Policy</p> <p data-bbox="242 499 1485 562">Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 18- Sexual Abuse-Sexual Harassment Prevention Investigating Allegations of Sexual Abuse and/or Sexual Harassment</p> <p data-bbox="242 591 588 618">Investigators Training Power Point</p> <p data-bbox="242 647 1251 674">Policy 8.3.1 Bureau of Community Corrections Security Procedures Manual Section 35 Investigations</p> <p data-bbox="242 763 1485 925">DC-ADM 008 and 8.3.1 state that no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated. This is outlined in the training that all investigators receive. The interviewed investigators and BCC Administration confirmed the use of this standard of proof when investigating allegations of sexual abuse and sexual harassment. This was further confirmed during review of PADOCC investigations.</p> <p data-bbox="242 954 1465 1081">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Self Help Movement PREA Policy

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 18- Sexual Abuse-Sexual Harassment Prevention Investigating Allegations of Sexual Abuse and/or Sexual Harassment with attachment 18-C

Resident notification forms

Subsection (a) DC-ADM 008 states that following an investigation of a resident's allegation of sexual abuse or sexual harassment in a Department of Corrections facility, or contract facility, the PCM at the facility where the resident is housed is responsible for notifying the resident of the outcome of the investigation whether the allegation is found to be substantiated, unsubstantiated, or unfounded. The PREA Coordinator confirmed that when they receive the outcome information from the investigator, they would then inform the resident of the investigation finding.

Subsection (b) If a law enforcement agency conducts the investigation, the PADOE will request the relevant information from the investigating agency in order to inform the resident of the outcome of the criminal investigation.

Subsection (c) Following a residents allegation that a staff committed sexual abuse against a resident, the PREA Coordinator is responsible for informing the resident when the following occurs:

- the staff is no longer posted within the residents unit
- the staff is no longer employed at the facility
- the Department learns the staff has been criminally charged related to the sexual abuse within the facility
- the Department learns that the staff has been convicted on a charge related to sexual abuse within the facility.

Subsection (d) Following a residents allegation of sexual abuse by another resident, the PREA Coordinator will inform the victim when the PADOE learns the alleged abuser has been criminally charged related to the sexual abuse within the facility or when the PADOE learns that the abuser has been convicted on a charge related to sexual abuse within the facility.

Subsection (e) PADOE uses as a standard form, PREA Investigation - Inmate Notification, to document and notify alleged victims. Upon completion, this form is filed in the resident file, and a copy is forwarded to the BCC PREA Captain.

When notifying a resident following an allegation of sexual abuse or sexual harassment, the PREA Coordinator uses the standard PREA Investigation - Inmate Notification form "Staffing Update" a section includes checkboxes for:

- transferred to another post
- transferred to another facility
- temporarily restricted from this facility
- permanently restricted from this facility
- permanently restricted from all Department of Corrections sites and its contracted sites
- is no longer employed by the Department of Corrections
- is no longer employed by the contract Facility
- other (please define below)

The form includes a section titled "Criminal Action" which lists two checkbox options when notifying residents who alleged sexual abuse by another resident:

- Criminal charges have been filed against the abuser in relation to the sexual abuse report filed

- The abuser has been convicted of criminal charges related to the sexual abuse report filed.

Subsection (f) Notifications occur when the resident has been transferred to another facility within the PA Department of Corrections or contracted facility. However, the PADO's obligation to report the results of the investigation to the alleged victim terminates if the alleged resident victim is released from the PADO's custody.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 501 297">Documentation reviewed:</p> <p data-bbox="242 327 485 353">Pre-Audit Questionnaire</p> <p data-bbox="242 383 580 409">Self Help Movement PREA Policy</p> <p data-bbox="242 501 1469 694">Subsection (a)(b)(c) Self Help Movement PREA Policy dictates that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Additionally, staff may be subject to criminal sanctions. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="242 725 1437 819">Subsection (d) The policy states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 851 1485 945">The facility has not had any staff member subject to disciplinary action for sexual abuse or sexual harassment within the past 12 months. It was confirmed with PADOE that any substantiated allegations will result in the revocation of the staff members security clearance.</p> <p data-bbox="242 976 1469 1102">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Self Help Movement PREA Policy</p> <p>Subsection (a) Self Help Movement PREA Policy dictates that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal.</p> <p>Subsection (b) The policy dictates that the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>I confirmed during interviews that the facility has not had a contractor or volunteer reported to law enforcement or relevant licensing bodies for allegations of sexual abuse. The PADOC and Agency confirmed that if a contractor or volunteer was alleged to have engaged in sexual abuse or sexual harassment of residents, they would not be allowed to enter the facility nor have contact with residents. Upon notification of the allegation, the allegation would be documented and the MOC would be contacted to assign an investigator. I further confirmed that the contractor's or volunteer's security clearance would be immediately suspended; and if the allegations were substantiated the security clearance would be revoked.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Self Help Movement PREA Policy

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 17- Sexual Abuse-Sexual Harassment Prevention Discipline Related to Sexual Abuse Sexual Harassment and Retaliation

Policy DC-ADM 801 Inmate Discipline

Policy 13.8.1 Access to Mental Health Care Procedures Manual Section 11 Sex Offender Treatment

Subsection (a) The residents fall under the PADOE discipline system for sexual abuse and sexual harassment allegations. DC-ADM 008 states that residents are subject to disciplinary sanctions according to the formal disciplinary process, following an administrative finding that the resident violated the zero-tolerance policy, engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Subsection (b) DC-ADM 008 states that sanctions will be commensurate with the nature and circumstances of the sexual abuse, sexual harassment or retaliation committed, the residents disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories.

Subsection (c) The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the behavior when determining what type of sanction if any, should be imposed.

Subsection (d) DC-ADM 008 states that when a resident is found guilty of a Class 1 Misconduct related to sexual abuse in a facility that offers Sex Offender treatment Program the Unit Manager/Facility Director will refer the resident to the Sex Offender Treatment Program for evaluation to determine whether or not the resident is appropriate for the program, and if the resident will be required to complete the program as part of the sanctions or as a condition to accessing programming or other benefits. Policy 13.8.1 outlines actions for inmates without a sexual conviction who sexually assaults during incarceration. If a sexual assault results in a formal legal charge and a criminal conviction in a Pennsylvania court of law, the individual will be referred for assessment. The policy directs all facilities to 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 a mental health practitioner. If the facility offers Sex offender Treatment, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. Residents who have been found to have engaged in sexual abuse without an accompanying criminal conviction shall be evaluated for Sex Offender Treatment and offered the opportunity to participate voluntarily in programming. The Facility Director confirmed that a resident who engages in sexual abuse or sexual harassment would be removed from the center and transferred to a State Correctional Institution. The resident would then be offered programming at the receiving institution according to policy.

Subsection (e) It was confirmed that the facility would discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact. If this is determined, the incident would be reported to the Pennsylvania State Police, since this activity is criminal in nature.

Subsection (f) DC-ADM 008 states that a report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Subsection (g) The Department and agency prohibits all sexual activity between residents and may discipline residents for such activity. The Department will not deem such activity as sexual abuse, if through the investigative process determines, the activity was consensual.

The facility has not disciplined any resident for sexual abuse or sexual harassment within the past 12 months.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

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

Documentation reviewed:

Pre-Audit Questionnaire

Self Help Movement PREA Policy

Forensics Examinations Law

Memorandum of Understanding (MOU) between the PADO and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) dated October 21, 2015

Memorandum of Understanding (MOU) between the Agency and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) dated October 2019

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 14- Sexual Abuse-Sexual Harassment Prevention Responding to Reports of Sexual Abuse with attachment 14-F

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 1- Sexual Abuse-Sexual Harassment Prevention Responsibilities

Policy 8.1.1 Community Corrections Procedures Manual Section 5 Resident Procedures

Memorandum of Understanding (MOU) between the PADO and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) dated October 21, 2015

Subsection (a) 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 the medical and mental health practitioners according to their professional judgment. The agency has a memorandum of Understanding (MOU) with the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC). The victim would be transported to DUCOM, and the medical and mental health practitioners would make all determination for care. The staff indicated that they would notify law enforcement via 911 if the alleged victim requires emergency medical treatment and ensure the alleged victim is provided access to a forensic medical examination. Victims of sexual abuse are provided the form "If you are the Reported Victim of Sexual abuse - CCC's and Lockups" which quotes 28 C.F.R. 115.282 (a)(d) and requires the victim to indicate whether the victim is requesting or declining a medical examination, mental health evaluation, and rape crisis services. The victim is asked to sign and date the form. Health care is provided to community correctional center residents in the community rather than on-site.

Subsection (b) The policy states that where available, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take the preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. The facility utilizes Philadelphia Sexual Assault Response Center (PSARC); the Supervisor at the hospital indicated that a Sexual Assault Nurse Examiner is always available as well as victim advocates.

Subsection (c) The resident victims of sexual abuse while in the program shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The supervisor at Philadelphia Sexual Assault Response Center (PSARC) confirmed that this is provided to all victims of sexual assault.

Subsection (d) Through policy and Pennsylvania Law, all treatment services are provided to the alleged victim without financial costs and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident. Pennsylvania State law prohibits a provider from billing a victim for forensic rape exams. The State also does not require a victim of sexual assault to cooperate with law enforcement or prosecution for the examination to be paid for by the victim's Compensation Assistance program. The supervisor at Philadelphia Sexual Assault Response Center (PSARC) confirmed that victims of sexual assault receive services without cost to the victim. She also confirmed that victims are not required to cooperate with an investigation to receive an examination and treatment.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Self Help Movement PREA Policy</p> <p>Forensics Examinations Law</p> <p>Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 14- Sexual Abuse-Sexual Harassment Prevention Responding to Reports of Sexual Abuse with attachment 14-F</p> <p>Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 1- Sexual Abuse-Sexual Harassment Prevention Responsibilities</p> <p>Policy 8.1.1 Community Corrections Procedures Manual Section 5 Resident Procedures</p> <p>Memorandum of Understanding (MOU) between the PADO and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) dated October 21, 2015</p> <p>Subsection (a) Policy requires the facility to offer medical and mental health evaluation and if appropriate, treatment to all residents who have allegedly been victimized by sexual abuse in any prison jail, lock up, or juvenile facility. In Community Corrections Centers, residents receive medical and mental health care in the community. Residents are notified of services via the "If you are the Reported Victim of Sexual Abuse - CCCs and Lockups," which is provided to residents upon the report of an incident of sexual abuse.</p> <p>Subsection (b) Ongoing medical and mental health treatment is available for residents who have been allegedly victimized by sexual abuse. This includes appropriate follow-up services, treatment plans, and as necessary referrals for continued care following the residents transfer to another facility or released. All of these services are provided in the community by community providers.</p> <p>Subsection (c) The facility is required to provide alleged victims with medical and mental health services consistent with the community level of care. The facility will provide services to residents through community providers.</p> <p>Subsection (d) and (e) The audited facility is an all-male facility.</p> <p>Subsection (f) All alleged victims of sexual abuse are offered testing for sexually transmitted infections. This was further confirmed with the supervisor at the Philadelphia Sexual Assault Response Center (PSARC).</p> <p>Subsection (g) Pennsylvania State Statute dictates treatment services are provided to alleged victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Victims are provided services at no cost and are not required to file a report or consent to the rape kit being tested.</p> <p>Subsection (h) The facility requires a mental health evaluation to be conducted on abusers within 60 days of learning of the abuse history and offer treatment when deemed appropriate. PADO Policy 13.8.1 requires the same and states that the treatment may be required. Residents who have been found to have engaged in sexual abuse without an accompanying criminal conviction shall also be evaluated for Sex Offender treatment, as appropriate, and offered the opportunity to participate voluntarily in programming.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.286	Sexual abuse incident reviews
	<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="242 271 501 300">Documentation reviewed:</p> <p data-bbox="242 327 485 356">Pre-Audit Questionnaire</p> <p data-bbox="242 383 580 412">Self Help Movement PREA Policy</p> <p data-bbox="242 499 1481 629">Subsection (a)(b) The policy dictates that at the conclusion of every sexual abuse investigation, whether substantiated or unsubstantiated, the facility will conduct a Sexual Abuse Incident Review. This review should take place within 30 working days. During the auditing period no incidents or allegations of sexual abuse have occurred at the facility, where a review has taken place.</p> <p data-bbox="242 656 1318 685">Subsection (c) The Sexual Abuse Incident Review team consists staff designated by the PREA Coordinator.</p> <p data-bbox="242 712 791 741">Subsection (d) The policy states the review team shall:</p> <ul style="list-style-type: none"> <li data-bbox="242 768 1442 831">a) Evaluate policy and practices in relation to the allegation and if improvements need to be made to better prevent, detect, or respond to sexual abuse. <li data-bbox="242 857 1465 920">b) Evaluate 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. <li data-bbox="242 947 1453 976">c) Examine the physical plant at the location of the incident and assess any physical barriers that may enable abuse. <li data-bbox="242 1003 1050 1032">d) Assess the adequacy of staffing levels in that arear during different shifts. <li data-bbox="242 1059 1374 1088">e) Assess whether monitoring technology should be added or augmented to supplement supervision by staff. <li data-bbox="242 1115 1458 1178">f) Generate a report of the team's findings that include, but not limited to, determinations made related to this section and any recommendations for improvement. <p data-bbox="242 1205 1474 1267">Subsection (e) The facility will implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p data-bbox="242 1294 906 1323">The interviewed staff understood their obligations under the policy.</p> <p data-bbox="242 1350 1469 1480">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Self Help Movement PREA Policy

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 20- Sexual Abuse-Sexual Harassment Prevention Data Collection and Retention

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 02- Sexual Abuse-Sexual Harassment Prevention Contracting

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 18- Sexual Abuse-Sexual Harassment Prevention Investigating Allegations of Sexual Abuse Sexual Harassment

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 16- Sexual Abuse-Sexual Harassment Prevention Sexual Abuse Incident Reviews

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 17- Sexual Abuse-Sexual Harassment Prevention Discipline Related to Sexual Abuse Sexual Harassment

2013 through 2021 PADOc Annual Reports PREA Tracking System Collection

Data Collection and incident Based Monitoring from Contract Facilities Sample Data from Contract Facilities

Subsection (a) Both the agency and the PADOc collect data from the facility, the data is also included in the PADOc yearly report. The agency directs the facility to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions developed by the PREA Coordinator. PADOc DC-ADM 008 directs the PREA Compliance Division to collect accurate, uniform data for every allegation of sexual abuse at facilities under the direct control of the Department of Corrections, using a standardized instrument and set of definitions. The PREA Tracking System is used to track every report, complaint, or allegation of sexual abuse and/or sexual harassment, according to DC-ADM 008. The tracking is a web-based application, tracking the same information for each report. As confirmed in DC- ADM 008, this tracking includes County Jails, who provide contract services to the Bureau of Community Corrections. BCC Administration and the PREA Coordinator confirmed the use of the PREA Tracking System for all reports of sexual abuse and sexual harassment, including those stemming from contracted agencies.

Subsection (b) The PREA Coordinator would aggregate the incident-based sexual abuse data at least annually. PADOc policy dictates that the PREA Compliance Coordinator is responsible for reviewing data collected and to aggregate the data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This information is compiled into a PREA Annual Report. I reviewed the annual reports for both the agency and PADOc from 2013 through 2021.

Subsection (c) The PADOc also reports any additional information required by the Survey of Sexual Violence required by the Department of Justice, Bureau of Justice Statistics. The Survey of Sexual Violence is completed by DOC for each incident, as indicated by the submission of completed Surveys of Sexual Violence forms from 2015 through 2020. The information included in the Survey is included in the PREA reports submitted by investigators.

Subsection (d) DC-ADM 008 indicates that all data be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The information is housed in the PADOc PREA Tracking System as well as at the agency corporate level.

Subsection (e) The agency does not contract for the housing of their residents.

Subsection (f) DC-ADM 008 dictates that upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.288	Data review for corrective action
	<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="242 271 501 300">Documentation reviewed:</p> <p data-bbox="242 327 485 356">Pre-Audit Questionnaire</p> <p data-bbox="242 383 580 412">Self Help Movement PREA Policy</p> <p data-bbox="242 439 1485 501">Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 20- Sexual Abuse-Sexual Harassment Prevention Data Collection and Retention</p> <p data-bbox="242 528 683 557">2013 through 2021 PADOc Annual Reports</p> <p data-bbox="242 645 1481 741">Subsection (a) The Agency PREA Coordinator and PADOc PREA Compliance Division are responsible for reviewing data collected and annually aggregating the data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by:</p> <ul data-bbox="242 770 1430 943" style="list-style-type: none"> <li data-bbox="242 770 572 799">• identifying problem areas <li data-bbox="242 826 759 855">• taking corrective action on an ongoing basis <li data-bbox="242 882 1430 943">• preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole. <p data-bbox="242 974 1453 1037">The staff confirmed that incident-based data is collected. This information is used to monitor locations and identify a trend and areas of concern to address specific problems or address agency-wide issues through training.</p> <p data-bbox="242 1066 1481 1128">Subsection (b) As per PADOc policy, the annual report includes comparison data and corrective actions for the current year with those from previous years, and an assessment of the agencies progress in addressing sexual abuse.</p> <p data-bbox="242 1158 1490 1285">Subsection (c) As per PADOc policy DC-ADM 008 the annual PREA Report is authored by the coordinator and is forwarded to the Secretary for approval and posted on the Department's website by June 30 of each year. Both agency and PADOc PREA Annual reports were reviewed. The PREA Annual Report for 2021 is currently posted on the Pennsylvania DOC public website.</p> <p data-bbox="242 1314 1490 1411">Subsection (D) The policy states that specific identifying information shall be redacted so that no individual is identifiable. In a review of the PREA Annual Reports, no personal identifying information was included or redacted, and there did not appear to be any information posing a threat to the safety and security of a facility.</p> <p data-bbox="242 1440 1398 1469">All data for the facility is collected through the PADOc, the investigating agency, and contained in the annual report.</p> <p data-bbox="242 1498 1468 1626">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Self Help Movement PREA Policy</p> <p>Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 20- Sexual Abuse-Sexual Harassment Prevention Data Collection and Retention</p> <p>Annual reports</p> <p>Subsection (a) The agency requires that all data collected is securely retained. DC-ADM 008 requires PREA data collected to be securely retained on the Department's secure servers.</p> <p>Subsection (b) (c) PADOc DC-ADM 008 states that the Department shall make all aggregated sexual abuse data information from facilities under its direct control and contracted facilities readily available to the public through the Department website, at least annually. Specific identifying information collected for reported purposes shall be redacted so no individual is identifiable or if publication would present a clear and specific danger to the facility. The nature of the redaction must be indicated. The PREA Coordinator's confirmed that incident-based data is collected, and that information is compiled in an annual report. The annual reports are easily located on the PADOc public website.</p> <p>Subsection (d) As per policy collected PREA data is retained for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.401	Frequency and scope of audits
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 239">Auditor Discussion</p> <p data-bbox="240 271 1493 398">Subsection (a)(b) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency has ensured that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. This was verified by reviewing all of the audit reports from August 20, 2013 to present. The audited facility is the only facility.</p> <p data-bbox="240 427 1123 459">Subsection (h) During the audit process I had access to all areas of the audited facilities.</p> <p data-bbox="240 488 1158 519">Subsection (i) I received copies of all relevant documents associated with the audit process.</p> <p data-bbox="240 548 1078 580">Subsection (m) During the onsite audit I conducted private interviews with residents.</p> <p data-bbox="240 609 1442 669">Subsection (n) Residents and Staff were permitted to send me confidential information or correspondence. Audit notices were posted 8 weeks prior to the first day of the onsite audit. This was confirmed through time stamped photographs.</p> <p data-bbox="240 698 1469 826">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Subsection (f) All final audit reports are available to the public through request to the agency. This was confirmed by the PREA Coordinator.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
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.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

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

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
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.)	na
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.)	na
	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.)	na

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
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)).	na
	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)).	na
	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)).	na
	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)).	na
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).)	na

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.)	na
	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.)	na
	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.)	na
	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.)	na
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.)	na
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.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
	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).)	na
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct 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

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
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.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
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	
	<p>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.)</p>	yes