

## Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

Date of Report    04/2/2020

### Auditor Information

Name: Patrick J. Zirpoli	Email: pzirpoli@ptd.net
Company Name: Patrick J. Zirpoli LLC	
Mailing Address: 149 Spruce Swamp Road	City, State, Zip: Milanville, PA 18443
Telephone: 570-729-4131	Date of Facility Visit: 2/27/2020 & 2/28/2020

### Agency Information

Name of Agency: Gaudenzia DRC		Governing Authority or Parent Agency (If Applicable): Gaudenzia DRC	
Physical Address: 3200 Henry Avenue		City, State, Zip: Philadelphia, PA 19129	
Mailing Address: Same as above		City, State, Zip:	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.gaudenzia.org			

### Agency Chief Executive Officer

Name: CEO Dale Klatzker	
Email: dklatzker@gaudenzia.org	Telephone: 610-239-9600

### Agency-Wide PREA Coordinator

Name: Director of Clinical & Research & Evaluation Services Bhavani Raghavan Lobo	
Email: brahavanlobo@gaudenzia.org	Telephone: 610-312-3082
PREA Coordinator Reports to: CEO Dale Klatzker	Number of Compliance Managers who report to the PREA Coordinator: 1

## Facility Information

**Name of Facility:** Gaudenzia DRC

**Physical Address:** 3200 Henry Avenue

**City, State, Zip:** Philadelphia, PA 19129

**Mailing Address (if different from above):**

**City, State, Zip:**

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** www.gaudenzia.org

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: Pennsylvania Department of Drug and Alcohol Programming)

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
NA

### Facility Director

**Name:** Patricia O'Connor

**Email:** poconnor@drcp.org

**Telephone:** 215-991-9700

### Facility PREA Compliance Manager

**Name:** Gerald McCormac

**Email:** gmccormac@drcp.org

**Telephone:** 215-991-9700 ext. 229

**Facility Health Service Administrator**  N/A

**Name:** Dr. Neil Abramson

**Email:** nabramson@drcp.org

**Telephone:** 215-991-9700

Facility Characteristics	
Designated Facility Capacity:	258
Current Population of Facility:	170
Average daily population for the past 12 months:	195
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	20-75
Average length of stay or time under supervision	6-8 months
Facility security levels/resident custody levels	Treatment and Community
Number of residents admitted to facility during the past 12 months	1115
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	929
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	773
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: <b>Community Behavioral Health</b> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	112

Number of staff hired by the facility during the past 12 months who may have contact with residents:	101
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	5
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	13
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
<b>Physical Plant</b>	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	95
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<b>Are medical services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:

## Investigations

### Criminal Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

### Administrative Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	10
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: PA DOC) <input type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

### Pre-Onsite Audit Phase

#### Audit Planning and Logistics:

I had the opportunity to discuss the audit process and expectations of both parties with the Agency PREA Coordinator Bhavani Raghavan Lobo and Director Pat O'Connor. We coordinated the date for the onsite audit at the facility.

During these conversations we outlined an overall audit schedule and notified the facility of the estimated time of arrival onsite.

#### Posting Notice of the Audit:

I forwarded the audit postings on January 6, 2020. The posting included the dates of the audit, purpose of the audit, my contact information and a statement regarding the confidentiality of any communication received. The postings were placed throughout the facility, including all housing units, visiting areas, recreational areas and all common areas. I verified the placement of the audit notices during the onsite portion of the audit during the facility tour, and during the resident and staff interviews. No staff nor residents contacted me.

#### Review of Agency and Facility Policies, Procedures and Supporting Documentation:

The facility PREA Coordinator provided me with all facility level Policies and Procedures, as well as documentation that all Pennsylvania Department of Corrections Policies and Procedures were practiced on a daily basis. They also provided me a completed PRE-Audit Questionnaire. The Policies, Procedures and Documents reviewed during this phase of the audit are listed under Onsite Audit, with all documentation reviewed during the course of the audit.

#### Outreach to Community Advocacy Organizations:

I contacted the Women Organized Against Rape, who would provide victim advocacy for the facility. They knew of no issues at the facility. I also contacted the Pennsylvania Department of Corrections Bureau of Community Corrections, who would conduct all administrative investigations for PA DOC residents. They knew of no issues at the facility related to PREA.

### Onsite Audit Phase

#### Site Review:

I arrived at the on February 27, 2020 at approximately 8:00 a.m. After a brief meeting, a facility tour was conducted; during the tour, I had the opportunity to view all areas of the facility. I interacted with both staff and residents, as well as observed the interaction between the staff and residents. I was able to verify the location of cameras throughout the facility, as well as the camera monitor locations. While in the housing areas I observed the related PREA information, Audit Posting, and applicable policies and procedures which

are accessible to all residents. These postings were further observed in common areas throughout the facility.

Upon completion of the facility tour, the resident interviews were conducted. They were conducted in a vacant common area; this provided privacy while conducting the interviews. I randomly selected the residents from the daily roster.

Interview Type	Number
Random Resident Interviews	10
Youthful Residents	Facility does not house
Residents with a Physical Disability	1
Residents who are Blind, Deaf, or Hard of Hearing	0
Residents who are Limited English Proficient	0
Residents with a Cognitive Disability	4
Residents who Identify as Lesbian, Gay or Bisexual	2
Residents who identify as Transgender or Intersex	0
Residents who Reported Sexual Abuse	2
Residents who Reported Sexual Victimization During Risk Screening	3
Total Resident Interviews	22

During the interview process, several targeted categories of residents were not being housed at the facility.

I conducted the interviews with all residents, in the same manner, a preamble to the interview was related to the resident explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No residents refused to speak with me. During the interviews, I utilized a copy of the initial PREA information received by residents to visually stimulate the resident's recollection of their initial intake process.

Staff interviews were conducted on both February 27<sup>th</sup> and 28<sup>th</sup> 2020. These interviews were conducted in private areas throughout the facility.

Interview Type	Number
Random Staff Interviews	7
Intermediate or Higher-Level Staff Conducting Unannounced Rounds and Intake Staff	1
Medical and Mental Health Staff	2
Administrative Staff	3
Victim Advocate	1
Volunteers and Contractors	0
Investigative Staff	3 PA DOC AND PSP
Staff who Perform Screening	1
Staff on the Sexual Abuse Incident Review Team	1
First Responders	1

PREA Coordinator and Designated to Monitor for Retaliation	1
Director	1
Total Staff Interviews	22

I conducted the interviews with all staff in the same manner, a preamble to the interview was related to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No staff refused to speak with me.

The following is a list of documentation reviewed during the Pre-Audit, Onsite Audit and Post Audit Phases, with the applicable standard to each.

Documentation Reviewed Pre-Audit, Onsite Audit and Post Audit Phases	Applicable Standard
GAUDENZIA DRC POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Pennsylvania Department of Corrections Policy DC-ADM 008 Organizational Chart	Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
The agency does not contract to house residents	Standard 115.212: Contracting with other entities for the confinement of residents
GAUDENZIA DRC POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Pennsylvania Department of Corrections Policy DC-ADM 008 Staffing Plan Daily Assignment Rosters Master Roster & Post Order Guidelines Facility diagrams showing camera locations Facility Brochure	Standard 115.213: Supervision and Monitoring



<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008          Training rosters</p>	<p>Standard 115.215: Limits to cross-gender viewing and searches</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008          Translated materials (regarding PREA)          Translated materials (regarding PREA)          Interpreter's List (employees)          Resident Rosters (showing disabilities)          Orientation materials</p>	<p>Standard 115.216: Residents with Disabilities and Residents who are Limited English Proficient</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008          Documentation of RAP Back system through JNET utilized by the PA DOC</p>	<p>Standard 115.217: Hiring and Promotion Decisions</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)</p>	<p>Standard 115.218: Upgrades to facilities and technologies</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.221: Evidence Protocol and Forensic Medical Examination</p>

<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)  Pennsylvania Department of Corrections Policy DC-ADM 008  Investigative Files</p>	<p>Standard 115.222: Policies to Ensure Referral of Allegations for Investigations</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination A Pennsylvania Department of Corrections Policy DC-ADM 008  PREA Training PowerPoint  Training Rosters  Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors  PA DOC Training materials</p>	<p>Standard 115.231: Employee Training</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)  Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors</p>	<p>Standard 115.232: Volunteer and Contractor Training</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)  Pennsylvania Department of Corrections Policy DC-ADM 008  Zero Tolerance Acknowledgment Signed Resident Handbook, relevant pages, (English and Spanish)  Posters Posted on Units (regarding PREA and zero tolerance)</p>	<p>Standard 115.233: Resident Education</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)</p>	<p>Standard 115.234: Specialized training: Investigations</p>

<p>Pennsylvania Department of Corrections Policy DC-ADM 008 Training materials for investigators training</p>	
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Pennsylvania Department of Corrections Policy DC-ADM 008 Training materials for medical and mental health staff</p>	<p>Standard 115.235: Specialized training: Medical and mental health care</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Pennsylvania Department of Corrections Policy DC-ADM 008 Completed screening forms</p>	<p>Standard 115.241: Screening for risk of victimization and abusiveness</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.242: Use of screening information</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.251: Resident reporting</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.252: Exhaustion of administrative remedies</p>

<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.253: Resident access to outside confidential support services</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)</p>	<p>Standard 115.254: Third-party reporting</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008          Investigative Reports</p>	<p>Standard 115.261: Staff and agency reporting duties</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.262: Agency protection duties</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.263: Reporting to other confinement facilities</p>

<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)  Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.264: Staff first responder duties</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)  Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.265: Coordinated response</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)</p>	<p>Standard 115.266: Preservation of ability to protect resident s from contact with abusers</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)  Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.267: Agency protection against retaliation</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)  Pennsylvania Department of Corrections Policy DC-ADM 008  Pennsylvania State Police MOU</p>	<p>Standard 115.271: Criminal and administrative agency investigations</p>

<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.272: Evidentiary standard for administrative investigations</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.273: Reporting to residents</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.276: Disciplinary sanctions for staff</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.277: Corrective action for contractors and volunteers</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)          Pennsylvania Department of Corrections Policy DC-ADM 008</p>	<p>Standard 115.278: Disciplinary sanctions for residents</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to</p>	<p>Standard 115.282: Access to emergency medical and mental health services</p>

<p>Prison Rape Under the Prison Rape Elimination Act (PREA)  Pennsylvania Department of Corrections Policy  DC-ADM 008</p>	
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)  Pennsylvania Department of Corrections Policy  DC-ADM 008</p>	<p>Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)  Pennsylvania Department of Corrections Policy  DC-ADM 008</p>	<p>Standard 115.286: Sexual abuse incident reviews</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)  Pennsylvania Department of Corrections Policy  DC-ADM 008</p>	<p>Standard 115.287: Data collection</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)  Pennsylvania Department of Corrections Policy  DC-ADM 008</p>	<p>Standard 115.288: Data review for corrective action</p>
<p>GAUDENZIA DRC POLICY &amp; PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)</p>	<p>Standard 115.289: Data storage, publication, and destruction</p>

Pennsylvania Department of Corrections Policy DC-ADM 008	
GAUDENZIA DRC POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Pennsylvania Department of Corrections Policy DC-ADM 008	Standard 115.401: Frequency and scope of audits
GAUDENZIA DRC POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Pennsylvania Department of Corrections Policy DC-ADM 008	Standard 115.403: Audit contents and findings

At the conclusion of the Onsite Audit, an exit conference was held with the administration. At this time, I provided an overview of the audit findings during the onsite audit portion.

**Post Audit:**

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of each 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. After taking all of these factors into account, I found that the facility has met all of the standards and are in compliance with the Prison Rape Elimination Act National Standards for Community Confinement.



## Facility Characteristics

The facility is an extremely large single building that is located within the city limits of Philadelphia, PA. The facility is located on Henry Avenue, the immediate area surrounding the facility consists of both commercial and residential properties. The facility also houses an outpatient treatment center, this center has a separate entrance, and reentrants cannot access this area from within the building.

The building is broken down into two towers, one being a female tower and the other a male tower. The female housing units are located on floors four through seven. The floors are utilized for the following housing assignments, the seventh floor is for the inpatient program, the sixth floor is for the CCF, the fifth floor is for the CCF mental health, and the fourth floor is for the partial treatment program. The male tower has five floors with the floors being utilized as follows, the fifth floor is for inpatient treatment, the fourth floor is for the partial treatment program, the third floor is for the CCF, and the second floor is for the CCF mental health.

The separate floors can be accessed in two ways, either by an elevator or a main stairwell. All of the doors to each floor are alarmed, and entrance or exit is controlled by the residential aide assigned to the floor. The main entrance to the building is located on the third floor, entrance to the building is controlled by residential aides, and a supervisor.

Anyone entering the building is subject to passing through the metal detector, and search of all belongings. All reentrants returning is subject to clearing of the metal detector and a pat down search. The kitchen and dining areas are located on this floor, the kitchen is staffed by employees no reentrants work in the kitchen. The males and females have separate dining areas, which allow the facility to keep the separation.

The nursing area and offices are located on the second floor. Offices for counselors are located on the housing units, this allows multiple staff to be present at the same time. All of the residential aides have a separate secured office on the units as well.

The facility houses both Pennsylvania Department of Corrections reentrants as well as private pay clients. During the audit process I found the facility very efficient in not only housing but also the comings and goings of the reentrants.

The movement of the reentrants is restricted within the facility, with staff members making unannounced rounds throughout the facility.

The facility provides office space for the Department of Corrections Parole Agents.

At the time of the audit several floors were not being utilized for housing, these floors were also toured.

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded: 5**

**List of Standards Exceeded:**

- § 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
- § 115.233 Resident education.
- § 115.234 Specialized training: Investigations.
- § 115.251 Resident reporting.
- § 115.271 Criminal and administrative agency investigations.

### Standards Met

**Number of Standards Met: 36**

- § 115.212 Contracting with other entities for the confinement of residents.
- § 115.213 Supervision and monitoring.
- § 115.215 Limits to cross-gender viewing and searches.
- § 115.216 Residents with disabilities and residents who are limited English proficient.
- § 115.217 Hiring and promotion decisions.
- § 115.218 Upgrades to facilities and technologies.
- § 115.221 Evidence protocol and forensic medical examinations.
- § 115.222 Policies to ensure referrals of allegations for investigations.
- § 115.231 Employee training.
- § 115.232 Volunteer and contractor training.
- § 115.235 Specialized training: Medical and mental health care.
- § 115.241 Screening for risk of victimization and abusiveness.
- § 115.242 Use of screening information.
- § 115.252 Exhaustion of administrative remedies.
- § 115.253 Resident access to outside confidential support services.
- § 115.254 Third-party reporting.
- § 115.261 Staff and agency reporting duties.
- § 115.262 Agency protection duties.
- § 115.263 Reporting to other confinement facilities.
- § 115.264 Staff first responder duties.
- § 115.265 Coordinated response.
- § 115.266 Preservation of ability to protect residents from contact with abusers
- § 115.267 Agency protection against retaliation.
- § 115.272 Evidentiary standard for administrative investigations.
- § 115.273 Reporting to residents.
- § 115.276 Disciplinary sanctions for staff.
- § 115.277 Corrective action for contractors and volunteers.
- § 115.278 Disciplinary sanctions for residents.
- § 115.282 Access to emergency medical and mental health services.
- § 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
- § 115.286 Sexual abuse incident reviews.
- § 115.287 Data collection.

- § 115.288 Data review for corrective action
- § 115.289 Data storage, publication, and destruction.
- § 115.401 Frequency and scope of audits.
- § 115.403 Audit contents and findings.

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** [Click or tap here to enter text.](#)

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- 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 facilities?  
 Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### EVIDENCE OF COMPLIANCE:

GAUDENZIA DRC POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) dictates the agency's mandated zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. This policy furthermore defines all sexual abuse and sexual harassment.

I reviewed the policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

The agency has designated an agency wide PREA Coordinator. During the interview he related that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. I found the Agency PREA Coordinator to be well versed in the PREA Standards, and their daily application. I reviewed the Organizational Chart and found that the PREA Coordinator is in the upper-level of the administration.

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.

Prior to the onsite audit all documentation was reviewed, during the onsite portion I observed the policies in daily practice, and this was further confirmed during my interviews with both staff and residents.

The facility also follows the Pennsylvania Department of Corrections PREA Policy DC-ADM 008. This policy is followed for the PA DOC residents, which is the majority of the population.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency has substantially exceeded the requirements of this standard, and all provisions.

## **Standard 115.212: Contracting with other entities for the confinement of residents**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.212 (a)**

- 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 comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### **115.212 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### **115.212 (c)**

- 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.)  Yes  No  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.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE:

The agency does not contract with any entity for housing of residents.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.213: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.213 (a)

- 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  No
- 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  No
- 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  No
- 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  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

### 115.213 (c)

- 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  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- 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  No
- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE

The agency has developed a facility staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities have taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the aforementioned policies. I further questioned staff on the policies and the ability to fully staff the facility at all times. I was informed that the facility will fill posts with overtime if needed to be at full compliment.

The staffing ratios are completed and reviewed by the Director. The staffing plan was reviewed on 1/15/2020.

The staffing plan has not been deviated from within the last 12 months. I confirmed during staff interviews that any posts would be filled with overtime.

The facility administrators review other incidents that have occurred at the facility, as well as discussing normal facility operation. They discuss any adjustments that may need to be made to the staffing plan, deployment of video monitoring and other technologies, and any resources available. This was confirmed during the staff interviews.

The agency has implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds take place during all shifts at the facility. The agency has a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring. I further confirmed the rounds are occurring during the staff and resident interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.215: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.215 (b)

- 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 residents.)  
 Yes  No  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 residents.)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents).  Yes  No  NA



#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- 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  No

#### 115.215 (e)

- 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  No
- If a 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  No

#### 115.215 (f)

- 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  No
- 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  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## EVIDENCE OF COMPLIANCE

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.

The facility houses both males and females. They do not conduct any cross gender pat searches, and female staff can only work in the female housing units. This was confirmed by both staff and residents.

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. These practices were confirmed during the staff and resident interviews as well as during the facility tour when I observed the announcements taking place.

The bathrooms throughout the facility have operational doors and the toilets have separate stalls for privacy while performing bodily functions. All of the showers have curtains for privacy.

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.

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.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency and facility are substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.216: Residents with disabilities and residents who are limited English proficient

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.216 (a)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- 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  No

- 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  No
- 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  No
- 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: Are blind or have low vision?  Yes  No

#### 115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.216 (c)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### EVIDENCE OF COMPLIANCE:

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 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. The facility would utilize an interrupter line if needed.

The agency does not rely on resident interpreters, resident readers, or other types of resident assistants. The interviewed agency investigator is aware of the approved interpreters and confirmed during their interview that they utilize these services.

The Pennsylvania Department of Corrections has contracts with Language Line for interpretation. They also have contracts for video signing for deaf residents. These services are available to the agency and are utilized by the investigators with the PA DOC for the administrative investigations. The Pennsylvania State Police and Philadelphia Police Department utilize their own contracted interpretation methods during criminal investigations.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.217: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.217 (a)

- 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  No
- 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  No
- 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 question immediately above?  Yes  No

- Does the agency prohibit the enlistment of 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  No
- Does the agency prohibit the enlistment of 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  No
- Does the agency prohibit the enlistment of 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 question immediately above?  Yes  No

#### 115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- 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  No

#### 115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.217 (e)

- 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  No

#### 115.217 (f)

- 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  No

- 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  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.217 (h)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### EVIDENCE OF COMPLIANCE

The agency has policies and procedures in place that identify anyone who had been convicted of sexual abuse in a confinement setting, engaged in or attempted to engage in sexual activity in the community or has been civilly or administratively adjudicated for the same. The agency has developed an application process. This process specifically asks the applicant about these activities, and all provisions enumerated in this standard. During the interviews with staff, and Human Resources I verified that the form is being utilized, I further verified the utilization by reviewing personnel files, I found that the questions were asked and answered in all of the reviewed files. During the staff interviews I verified they were asked these questions.

During the documentation review, and review of personnel files I found that this process is also being utilized in the promotion system throughout the agency. This was further confirmed through agency level interviews, and interviews of promoted personnel.

A background check is further conducted by the Pennsylvania Department of Corrections an initial criminal history check is conducted and all staff are entered into the Rap Back System through JNET. The Rap Back System notifies the agency if any changes occur in any Staff, Volunteer, or Contractors

Criminal History, this system runs constantly and negates the five-year Criminal History Check. I verified with the PA DOC that they have the ability to immediately revoke any staff member's clearance, and deny them access to the facility.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.218: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE:

The agency has made no substantial expansion to this facility nor is any planned. During the interviews I confirmed that if any expansion or acquisition of facilities takes place, the overall security and safety is taken into consideration, including the sexual safety of the inmates.

During the interviews I confirmed that if any camera installation takes place, the overall security and safety is taken into consideration, including the sexual safety of the inmates.



After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- 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  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

- 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  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.221 (f)

- 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  No  NA

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- 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 *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE:

The agency is not responsible for administrative or criminal investigations for PA DOC residents they rely on the Pennsylvania Department of Corrections for the Administrative Investigations, and the Pennsylvania State Police for the Criminal Investigations. All investigations would be overseen by the PADO. I have reviewed the PADO and PSP Policies and Procedures for the investigations of these incidents, and found them to be in depth as to the response to an allegation. The interviewed staff is well versed in the initial response and preservation of possible evidence.

The agency has policies in place that directs the Administrative investigations for all allegations of sexual abuse or sexual harassment for non-DOC residents. Criminal investigations would be conducted by the Philadelphia Police Department. Due to the diverse population the definition of Institutional Sexual Assault does not apply to some of the resident's. This definition reads as follows:

PA Crimes Code Title 18 § 3124.2. Institutional sexual assault.

- (a) General rule.--Except as provided under subsection (a.1) and in sections 3121 (relating to rape), 3122.1 (relating to statutory sexual assault), 3123 (relating to involuntary deviate sexual intercourse), 3124.1 (relating to sexual assault) and 3125 (relating to aggravated indecent assault), a person who is an employee or agent of the Department of Corrections or a county correctional authority, youth development center, youth forestry camp, State or county juvenile detention facility, other licensed residential facility serving children and youth, or mental health or mental retardation facility or institution commits a felony of the third degree when that person engages in sexual intercourse, deviate sexual intercourse or indecent contact with an inmate, detainee, patient or resident.

If a resident or staff violated any other section of the PA Crimes Code, a criminal investigation would be conducted.

The facility would utilize a SANE at the Drexel University of Medicine for its Philadelphia Sexual Assault Response Center and the Women Organized Against Rape for victim advocacy. I confirmed the utilization of this program through interviews and contact with a supervisor at both locations. I also confirmed that all victims of sexual abuse in Philadelphia are taken to this location.

The protocols outlined in the policies are developmentally appropriate for youth, and exceed nationally accepted standards.

The aforementioned victim advocates are available to the victim during the forensic medical examination process and investigatory interviews and they provide emotional support, crisis intervention, information, and

referrals. Although these services have not been utilized at this facility, I verified their availability through interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.222: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.222 (b)

- Does the agency have a policy and practice 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  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.222 (c)

- 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  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE:

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through review of policies which outline the procedures for administrative investigations, and referral of criminal investigations to either the Pennsylvania State Police or Philadelphia Police Department.

I further interviewed staff and reviewed investigations to confirm that the policies were being followed.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No
- 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  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No
- 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  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- 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  No
- 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  No

#### 115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No

- 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  No

#### 115.231 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- 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  No
- 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  No

#### 115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### EVIDENCE OF COMPLIANCE

The agency provides training to all employees on the areas enumerated in this standard. I reviewed the training curriculum and materials, I found that they address all areas. I further confirmed the training during the staff interviews and the review of training records. The employees receive the initial training and annual updates.

All employees receive training on both genders and youthful residents. This was confirmed during review of training materials and during staff interviews.

The employees are verifying the receipt of the training through a signature, this was verified during the review of the sample signature logs.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.



## Standard 115.232: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.232 (a)

- 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  No

#### 115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

#### 115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE

The agency has trained all volunteers and contractors who have contact with residents on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This was confirmed during review of volunteer and contractor documentation at the facility.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. At a minimum they are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This was confirmed during the volunteer and contractor interviews.

The agency maintains all documentation confirming that volunteers and contractors understand the training they have received. This documentation is maintained at the facility level, this was confirmed during review of the volunteer and contractor acknowledgment forms.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.233: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

#### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No

- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.233 (e)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### EVIDENCE OF COMPLIANCE

During the intake process residents receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This was confirmed during the resident and staff interviews. I further confirmed this by reviewing resident files and ensuring that the Zero Tolerance Acknowledgment Forms were in the files and signed by the residents.

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. The staff further ensures any resident who is identified as disabled or limited English speaking understands the material. This was confirmed during the staff interviews and the resident interviews. This orientation takes place within seven days of arriving at the facility.

The facility provides resident education in formats accessible to all residents, this includes residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The facility provides materials to residents in Spanish, they also have designated staff who can provide interpretation of other languages.

The facility has all key information on the zero-tolerance policy and reporting avenues provided through signage placed throughout the facility. I viewed this signage during the facility tour. I further confirmed that the signage has been in place during the resident and staff interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the facility substantially exceeds the requirements of this standard, and all provisions.

## Standard 115.234: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.234 (a)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  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 administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.234 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### EVIDENCE OF COMPLIANCE

The agencies and PA DOC Administrative Investigators have been trained on how to properly conduct administrative investigation of violations of the zero-tolerance policy. This training was developed and conducted by me for the agency investigators at no charge. The training utilized is the training that I developed to train the investigators for the Pennsylvania Department of Corrections. The PA DOC investigators were trained through their department.

The Pennsylvania State Police or Philadelphia Police Department would cover the investigation of any violation of the PA Crimes Code, they are sworn law enforcement officers and have received training on how to conduct investigations. I reviewed the training materials for both departments and found they cover all aspects enumerated in the standard.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the facility substantially exceeds the requirements of this standard, and all provisions.

### Standard 115.235: Specialized training: Medical and mental health care

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes    No    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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  NA

#### 115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)  
 Yes  No  NA

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## EVIDENCE OF COMPLIANCE

GAUDENZIA, DRC INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) addresses the specialized training for medical and mental care staff. These staff members receive the same level of agency training as previously stated, the policy reads as follows:

### Specialized Training: Medical and Mental Health Care

1. The agency shall 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;
  - How to preserve physical evidence of sexual abuse;
  - How to respond effectively and professionally to victims of sexual abuse; and
  - How and to whom to report allegations or suspicions of sexual abuse.
2. Medical staff will not be trained to conduct forensic examinations.
3. All training shall be documented. Through staff/ volunteer/ intern/ contractor signature, employees will sign-off on document that they understand the training they received.
4. Medical contractors shall also receive the training mandated for volunteers/interns/contractors mandated under number 4 in this section.

I confirmed the receipt of the training through interviews and review of the acknowledgement form

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.241 (a)

- 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  No
- 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  No

### 115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

### 115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

### 115.241 (d)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No



- 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  No
- 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 nonconforming or otherwise may be perceived to be LGBTI)?  Yes  No
- 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  No
- 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  No

#### 115.241 (e)

- 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  No
- 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  No
- 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  No

#### 115.241 (f)

- 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  No

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  Yes  No

- 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  No

#### 115.241 (h)

- 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  No

#### 115.241 (i)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### EVIDENCE OF COMPLIANCE

All residents are assessed during the intake process, which is completed upon arrival at the facility. These instruments identify all areas of victimization enumerated in this standard. This was verified through interviews with staff and residents, as well as review of the completed instruments. The screening is being conducted by a specific trained staff. I verified through staff interviews that if a resident is transferred to another facility they would receive a screening again.

The initial screening for risk of being sexually abusive considers any known prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. This was confirmed during review of the screening tool and interviews with both staff and residents.

The facility is reassessing all residents within 30 days of arrival, this reassessment is being conducted by the case manager, and they are taking into considerations all information available to them at the time of reassessment. This was confirmed by reviewing the reassessment documentation and staff interviews.

The facility would reassess a resident's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may change the resident's risk of sexual victimization or abusiveness. This was confirmed during the staff interviews.

Residents are informed during the screening process that they will not be disciplined for refusing to answer, or for not disclosing complete information. This was confirmed during review of the screening tools, and during the staff and resident interviews.

The agency implements control on the dissemination of screening information at the facility level. The information from the screening tools is only available to case managers, and administration.

The residents are constantly being reassessed by the Case Manager and all staff at the facility. The staff members are accessible to the residents, and in this atmosphere work closely with the residents. This gives the staff the opportunity to observe the residents and ensure there is no change in their behavior or status. This was confirmed through interviews and watching the interaction between residents and the staff.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.242: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.242 (a)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

**115.242 (b)**

- Does the agency make individualized determinations about how to ensure the safety of each resident?  Yes  No

**115.242 (c)**

- 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  No
- 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  No

**115.242 (d)**

- 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  No

**115.242 (e)**

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

**115.242 (f)**

- 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  No  NA
- 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  No  NA

- 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    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE

The agency utilizes the information from the screening and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This was confirmed during review of the policy and I confirmed these procedures during staff and resident interviews.

The agency makes all of these determinations on an individualized basis, this ensures the safety of each resident. This was confirmed during policy review, and staff and resident interviews.

I confirmed during policy review and interviews that when deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems. I also confirmed that the resident's own views would be taken into consideration during these decisions. Through policy and interviews I confirmed that the transgender residents would be given the opportunity to shower separately from other residents.

I confirmed during interviews that placement and programming assignments for each transgender or intersex resident would be reassessed at least twice each year. This is also addressed in policy.

The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status. This was confirmed during agency level interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

# REPORTING

## Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No

### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

### 115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

### 115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE:

The facility provides several internal ways of privately reporting sexual abuse and sexual harassment, retaliation by other residents or staff. The staff and residents interviewed were all aware of internal reporting, such as reporting directly to a staff member or in written form through channels. Everyone was also aware of the PREA address utilized by the Department of Corrections, which can be utilized by this facility, this can be used anonymously for reporting incidents. Everyone was also aware of the hotline for the Women Organized Against Rape.

All of these reports including those that need immediate attention, are filtered to the Program Director, and reported to the PA DOC.

During the resident interviews I asked about the level of comfort they had in reporting directly to a staff member. All of the interviewees related that they felt comfortable reporting to a staff member.

I was able to view the signage with the PREA address in all of the housing areas, corridors, and common areas.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the facility substantially exceeds the requirements of this standard, and all provisions.

## Standard 115.252: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.252 (a)

- 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  No



### 115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  NA

### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  NA

### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  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 of time to respond is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  NA

### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  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.)

Yes  No  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.)

Yes  No  NA

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  NA

#### 115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## EVIDENCE OF COMPLIANCE

Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) addresses administrative remedies. The policy reads as follows:

Exhaustion of administrative remedies:

1. The agency shall not impose a time limit on when a reentrant may submit a grievance regarding an allegation of sexual abuse.
2. The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
3. The agency shall not require a reentrant to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
4. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a reentrant on the ground that the applicable statute of limitations has expired.
5. The agency shall ensure that:
  - a. A reentrant who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
  - b. Such grievance is not referred to a staff member who is the subject of the complaint.
6. The agency shall 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.
7. Computation of the 90-day time period shall not include time consumed by reentrants in preparing any administrative appeal nor shall it include any time where the PA Department of Corrections, any other governmental agency, or any agent of a governmental agency has assumed or requested exclusive investigative authority with regard to the factual allegations giving rise to any grievance or administrative appeal.
8. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the reentrant in writing of any such extension and provide a date by which a decision will be made.

9. At any level of the administrative process, including the final level, if the reentrant does not receive a response within the time allotted for reply, including any properly noticed extension, the reentrant may consider the absence of a response to be a denial at that level.

10. Third parties, including family members, attorneys, and outside advocates, shall be permitted to assist reentrants in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of reentrants.

11. If a third party files such a request on behalf of a reentrant, 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.

12. If the reentrant declines to have the request processed on his or her behalf, the agency shall document the reentrant's decision.

13. The agency shall establish procedures for the filing of an emergency grievance alleging that a reentrant is subject to a substantial risk of imminent sexual abuse.

a. After receiving an emergency grievance alleging a reentrant is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 72 hours. Thereafter, the agency shall issue a final decision as soon as promptly as may be possible, but in no event shall the final decision be issued after more than 90 days of the date of filing of the emergency grievance. Computation of all time limits for issuing an initial and/or a final determination in an emergency grievance proceeding shall not include any time where the PA Department of Corrections, any other governmental agency, or any agent of a governmental agency has assumed or requested exclusive investigative authority with regard to the factual allegations giving rise to any emergency grievance.

14. The agency may discipline a reentrant for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the reentrant filed the grievance or other administrative request for relief when he/she knew or should have known that the underlying factual allegations were not true in their entirety.

Gaudenzia DRC Inc. will accept internal grievances for PREA Allegations. The PA DOC does not utilize any grievance system that allows residents to report Sexual Abuse or Sexual Harassment. Any report made through the grievance system will be immediately acted upon through normal investigative avenues.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.253 (a)

- 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  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.253 (c)

- 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  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE

Access to outside confidential support services is outlined in the agencies policies and procedures. The resident would have the ability to utilize the services of the Women Organized Against Rape. The services that the residents would receive are the same as the level received in the community.

Through interviews I further established that follow up mental health care would be provided by the facility for any resident who was involved in an incident.

All of the information required under this standard and all provisions is provided to the residents, this was verified through review of the documentation and interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.254: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE:

Gaudenzia Inc. has a website with the GAUDENZIA DRC POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) and reporting procedures posted. The following is also posted on the site:

Gaudenzia DRC has zero tolerance for institutional and community based sexual abuse. We have developed policies and procedures in accordance with the Prison Rape Elimination Act (PREA). Gaudenzia, Inc.'s Zero Tolerance for Sexual Assault and Sexual Harassment can be found here. Employees, clients, and clients' families may submit reports anonymously to:

PREA Compliance Officer 106 W Main Street Norristown, PA 19401

In Pennsylvania, reports can be submitted directly to: BCI/PREA Reporting  
1800 Elmerton Avenue  
Harrisburg, PA 17110

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.261 (a)

- 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  No
- 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  No
- 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  No

#### 115.261 (b)

- 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  No

#### 115.261 (c)

- 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  No
- 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  No

#### 115.261 (d)

- 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  No



## 115.261 (e)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE:

Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) addresses staff and agency reporting duties. The policy reads as follows:

#### Staff Reporting

1. 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 reentrants or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (PREANS 115.261.a)
2. Any information regarding sexual misconduct that is received by any staff member, medical, counselors, residential aides, support staff, contractor, or volunteer shall be immediately reported to the Program Director to initiate the appropriate follow-up actions.
3. Reports by staff shall be made in writing utilizing the chain-of-command (Program Director to Division Director to Regional Director) or by sending information directly to the PREA Coordinator or designee.
4. 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. (PREANS 115.261.b)
5. Unless otherwise precluded by federal, state or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform the reentrant of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. (PREANS 115.261.c)

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6. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person’s statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. (PREANS 115.261.d)

7. The facility/program shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility/program’s designated investigators. (PREANS 115.261.e)

All of the staff understood the importance of reporting, what their duties were, and how to effectively report this information. The staff also understood the internal reporting system as well as the external reporting avenues. They all understood the importance of keeping the information reported to them private as well as all applicable mandatory reporting laws.

During the review of the investigations I found that the information was reported immediately and to the proper authorities.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### Standard 115.262: Agency protection duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.262 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### EVIDENCE OF COMPLIANCE:

The facility dictates in the GAUDENZIA DRC POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) the immediate response to a resident who is subject to a substantial risk of imminent sexual abuse. The operational knowledge of the staff exceeds any expectation I had of their response to an incident of this nature.

Every staff member described their actions in the same manner, act immediate and protect the alleged victim in the incident. The answers were all the same, have the resident stay with the staff member, contact the Program Director, and if the situation dictated contact the police.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.263: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.263 (a)

- 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  No

#### 115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.263 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE:

During my interview with the Program Director we discussed any incidents where she needed to report to another confinement facility. She related that she never had to report to another facility on any PREA related matters. I asked her what actions she would take if this occurs. She informed me that she would immediately call the head of the other facility and report the incident to them. She would also immediately report these incidents to the Pennsylvania Department of Corrections.

This is also documented in the GAUDENZIA DRCPOLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) as follows:

Reporting to Other Confinement Facilities.

1. Upon receiving an allegation that a resident was sexually abused while confined at another facility/program, the Program Director shall notify the head of the facility or appropriate official of the agency where the alleged abuse occurred. (PREANS 115.263.a)
2. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. (PREANS 115.263.b)
3. The facility/program shall document that it has provided such notification. (PREANS 115.263.c)
4. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with this policy. (PREANS 115.263.d)

The interviewed staff understood their requirements under this policy.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.264: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.264 (a)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE

The facility outlines the duties of the staff first responders in the Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA).

The policy outlines the procedure as follows:

#### **OFFICIAL RESPONSE FOLLOWING A REENTRANT REPORT:**

##### **Staff First Responder Duties.**

1. Upon learning of an allegation that a reentrant was sexually abused, the first staff member to respond to the report shall be required to take these steps the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify supervisor and director. (PREANS 115.264.b)
2. The first operations staff to respond to the report shall be required to: (PREANS 115.264.a)
  - Separate the alleged victim and abuser, if they have not already been separated;
  - Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
  - If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
  - If the abuse occurred within a time period that still allows for the collection of physical evidence, 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, drinking, or eating.

All staff at the facility carries a laminated card titled PREA-Immediate Response Card. This card outlines the immediate response to an incident. The carrying of these cards shows the commitment of the facility staff to accurately respond to an incident.

During the interviews with the random staff I asked about their response to these incidents. They all related that they would defuse the incident and make the appropriate notifications starting with the Program Director, and if warranted immediate notification to law enforcement.

I reviewed the investigations at the facility and found that the first responders acted appropriately in every incident. I had the opportunity to interview staff who had either received a report or witnessed an incident. These individuals described their response to the situation, which was appropriate in every case.

I further reviewed the reports prepared by the first responding staff, and found that their initial response in every case was appropriate to the incident at hand..

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.265: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.265 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### EVIDENCE OF COMPLIANCE:

The facility outlines the coordinated response of staff in the GAUDENZIA DRCPOLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) and dictates the responsibility of the staff. This coordinated response outlines the responsibilities of each staff member, to include notifications, and evidence preservation. The facility does not conduct any administrative or criminal investigation with the PA

DOC residents, their coordinated response is limited to immediate protection of the residents, notifications, and preservation of the scene.

During the interviews with the random staff, Program Director and Agency PREA Coordinator this aspect was discussed. When I asked the staff members about responding to incidents they understood their responsibilities as far as being initial responders. Both the program Director and Agency PREA Coordinator related that any response to an incident of this magnitude would be coordinated through them.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## **Standard 115.266: Preservation of ability to protect residents from contact with abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.266 (a)**

- 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  No

#### **115.266 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **EVIDENCE OF COMPLIANCE:**

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.



The staff is members of Local 668, PA. Social Services Union. This contract is in effect from May 1, 2017 to April 30, 2020. I reviewed the contract in its entirety, I did not find any articles that would prohibit discipline.

This was further confirmed during the interview with the facility union representative

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.267: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.267 (a)

- 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  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.267 (c)

- 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  No
- 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  No
- 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  No

- 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  No
- 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 housing changes?  Yes  No
- 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  No
- 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  No
- 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 reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

**115.267 (d)**

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

**115.267 (e)**

- 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  No

**115.267 (f)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## EVIDENCE OF COMPLIANCE

The Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) addresses the issues of retaliation and the responsibilities of the PREA Coordinator. The Policy reads as follows:

1. The facility/program shall protect reentrants and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other reentrants or staff and shall designate which staff members or departments are charged with monitoring retaliation. (PREANS 115.267).
  - a. The facility/program shall employ multiple protection measures, such as housing changes or transfers for reentrant victims or abusers, removal of alleged staff or reentrant abusers from contact with victims, and emotional support services for reentrants or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
  - b. For at least 90 days following a report of sexual abuse, the facility/program shall monitor the conduct and treatment of reentrants or staff who reported the sexual abuse and of reentrants who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by reentrants or staff, and shall act promptly to remedy any such retaliation. Items to be monitored include reentrant disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The program/facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
  - c. In the case of reentrants, such monitoring shall include periodic status checks.
  - d. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility/program shall take appropriate measures to protect that person from retaliation.
  - e. The facility/program's obligation to monitor shall terminate if the allegation is unfounded.

During the staff interviews I verified that the PREA Compliance Manager and or counselors would be assigned to monitor for retaliation. I verified the monitoring was taking place, this was verified through staff interviews and review of investigations.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  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).)  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.271 (d)

- 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  No

#### 115.271 (e)

- 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  No

- 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  No

#### 115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- 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  No

#### 115.271 (g)

- 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  No

#### 115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.271 (i)

- 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  No

#### 115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## EVIDENCE OF COMPLIANCE

The agency dictates in the Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) reads as follows:

### Investigation

8. Prior to any internal investigation, the Program Director after informing their Division Director and Regional Director, regional PREA manager/coordinator of the incident, will also within 24-hours contact the proper/designated officials (E.g. PREA coordinator at the State or county DOC or Detention unit, Parole & Probation etc).

9. If an internal investigation team is established at the facility/program, the staff members must be trained appropriately.

In addition to the general training provided to all employees pursuant to this policy, the region/division and the facility/program shall ensure that its investigators have received training in conducting such investigations in confinement settings.

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. (PREANS 115.234.b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations. (PREANS 115.271.b)

10. Staff members, contract employees, volunteers, or employees of Gaudenzia who receive any information, regardless of its source, concerning sexual assault/rape or sexual misconduct, or who observe an incident of sexual assault/rape or sexual misconduct, are required to immediately report the information or incident directly to the Program Director or designee for investigation.

11. Appropriate safety and security procedures will be followed, to include at a minimum:

- Separating perpetrator and victim.
- Isolating witnesses.
- Securing the crime scene.

12. The Program Director shall ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority (State or county DOC, probation & parole, state police etc.) to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior, and to document all such referrals. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations. (PREANS 115.222.d)

The Pennsylvania Department of Corrections conducts all administrative investigations relative to DOC placed reentrants. I have reviewed the DOC policies, they are complete and cover all aspects of this standard.

I reviewed the investigations conducted over the last 12 months I have found them to be complete and accurate. These investigations are being conducted in a timely manner.

The investigations are also being submitted to the Pennsylvania State Police or Philadelphia Police Department for prosecutorial decisions. It should be noted that none of the investigations rose to the level of prosecution.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

## Standard 115.272: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.272 (a)

- 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  No



## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## EVIDENCE OF COMPLIANCE

The agency and the PA DOC have policies that states there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The interviewed investigators understood this determination when conducting investigations. I also reviewed the investigation and found that no higher standard was applied while making a determination.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard and all provisions.

## Standard 115.273: Reporting to residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.273 (a)

- 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  No

#### 115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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  No  NA

#### 115.273 (c)

- 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  No

- 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  No
- 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  No
- 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  No

#### 115.273 (d)

- 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  No
- 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  No

#### 115.273 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.273 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## EVIDENCE OF COMPLIANCE

The agency dictates in the Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) reads as follows:

### Reporting to residents:

1. Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded (PREA 115.273. a)
2. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. (PREA 115.273. b)
3. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the residents (unless the agency has determined that the allegation is unfounded) whenever (PREA 115.273.d):
  - a. The staff member is no longer posted within the resident's unit
  - b. The staff member is no longer employed at the facility
  - c. The Agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or
  - d. The Agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility
4. Following the resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:
  - a. The Agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or
  - b. The Agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility
5. All such notifications or attempted notifications shall be documented (PREA 115.273.e,f).

6. Within seven (7) days of receipt of the final written report, the Program Director along with Division Director, the continuous quality improvement manager and HR Director shall initiate appropriate disciplinary action and/or legal action against the staff member accused of the sexual misconduct.

Compliance was determined through interviews and reviewed investigative files.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.276 (c)

- 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  No

#### 115.276 (d)

- 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  No
- 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  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## EVIDENCE OF COMPLIANCE

The agency dictates in the Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) reads as follows:

### Disciplinary sanctions for staff:

1. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. (PREA 115.276.a) Additionally, staff may be subject to criminal sanctions.
2. 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. (PREA 115.276.c)
3. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. (PREA 115.276.b) 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. (PREA 115.276.d)

The audited facility has not disciplined staff within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE

The agency dictates in the Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) reads as follows:

#### Disciplinary sanctions for Contractors and Volunteers

1. 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. (PREA 115.277.a)
2. 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. (PREA 115.277.b)

The audited facility has not disciplined any volunteers and contractors within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.278: Interventions and disciplinary sanctions for residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.278 (a)

- 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  No

#### 115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

#### 115.278 (c)

- 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  No

#### 115.278 (d)

- 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  No

#### 115.278 (e)

- 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  No

#### 115.278 (f)

- 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  No

### 115.278 (g)

- If the agency prohibits all sexual activity between 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE

The agency dictates in the Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) reads as follows:

### Disciplinary Sanctions for Residents

1. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged

in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. (PREA 115.278.a)

2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other inmates/detainees/ residents with similar histories. (PREA 115.278.b)
3. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. (PREA 115.278.c)
4. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, 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. (PREA 115.278.d)
5. The agency may discipline a resident for inmate/detainee/sexual contact with staff only upon a finding that the staff member did not consent to such contact. (PREA 115.278.e)
6. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (PREA 115.278.f)
7. Sexual activity between residents will not be deemed to constitute sexual abuse if the investigation determines that the activity was not coerced (PREA 115.278.g)
8. In all cases that are substantiated, the resident will be discharged from the Gaudenzia DRC program and will be referred back to the referring authority.

The audited facility has disciplined residents within the last 12 months for a violation of these policies. The discipline was comparable to other offenses.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.282 (a)

- 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  No

#### 115.282 (b)

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

#### 115.282 (c)

- 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  No

#### 115.282 (d)

- 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  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## EVIDENCE OF COMPLIANCE

Access to emergency medical and mental health services is addressed in the Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) which reads as follows:

### TREATMENT FOR REENTRANT VICTIMS:

#### Access to emergency medical and mental health services.

1. Reentrant victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by the medical and mental health practitioners according to their professional judgment. (PREANS 115.282.a)
2. 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. (PREANS 115.282.b) Where medical staff are not available, Program Director or designee will contact the contracted medical department or local medical facility.
3. Reentrant victims of sexual abuse while incarcerated 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. (PREANS 115.282.c)
4. Treatment services shall be 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. (PREANS 115.282.d)

The facility has an MOU with Drexel University of Medicine for its Philadelphia Sexual Assault Response Center. The University utilizes the services of Women Organized Against Rape for victim advocacy.

The facility has a contracted psychiatrist who would provide any follow up mental health services.

The above services were not utilized in any of the incidents.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.283 (a)

- 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  No

#### 115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### 115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### 115.283 (d)

- 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.*)  Yes  No  NA

#### 115.283 (e)

- 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.*)  Yes  No  NA

#### 115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.283 (g)

- 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  No

### 115.283 (h)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE

Access to emergency medical and mental health services is addressed in the Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) which reads as follows:

#### TREATMENT FOR REENTRANT VICTIMS:

##### Access to emergency medical and mental health services.

1. Reentrant victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by the medical and mental health practitioners according to their professional judgment. (PREANS 115.282.a)
2. 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. (PREANS 115.282.b) Where medical staff are not available, Program Director or designee will contact the contracted medical department or local medical facility.
3. Reentrant victims of sexual abuse while incarcerated 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. (PREANS 115.282.c)

4. Treatment services shall be 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. (PREANS 115.282.d)

The facility has an MOU with Drexel University of Medicine for its Philadelphia Sexual Assault Response Center. The University utilizes the services of Women Organized Against Rape for victim advocacy.

The facility has a contracted psychiatrist who would provide any follow up mental health services.

The above services were not utilized in any of the incidents.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.286 (a)

- 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  No

##### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

##### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

##### 115.286 (d)

- 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  No
- 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  No
- 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  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- 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  No



## 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE:

The sexual abuse incident reviews is addressed in the GAUDENZIA DRCPOLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA), on an agency level monthly PREA meetings are held to discuss any incidents. The policy reads as follows:

#### Incident Reviews

1. The facility shall 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. (PREANS 115.286.a)
2. Such review shall normally occur within thirty (30) days of the conclusion of the investigation. (PREANS 115.286.b)
3. The review team shall include the Director, Division Director Program Management Staff, Program Medical Staff, and the Continuous Quality Improvement manager. Other Gaudenzia DRC staff may be included on the review team at the Director's request. (PREA 115.286.c)
4. The review team shall: (PREANS 115.286.d)
  - i. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - ii. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
  - iii. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - iv. Assess the adequacy of staffing levels in that area during different shifts;
  - v. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

- vi. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (i) thru (v) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.
- 5. The facility/program shall implement the recommendations for improvement, or shall document its reasons for not doing so. (PREANS 115.286.e)

All incidents from this facility are reviewed by both the facility staff and the Pennsylvania Department of Corrections. This was confirmed through interviews and review of completed reviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.287: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.287 (a)

- 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  No

#### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.287 (c)

- 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  No

#### 115.287 (d)

- 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  No

#### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

## 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE

Data collection is addressed in the Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) which reads as follows:

#### Data Collection

1. The facility/program shall 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 Corporate PREA Coordinator (PREANS 115.287.a)
2. The Corporate PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually. (PREANS 115.287.b)
3. The incident-based data collected shall 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. (PREANS 115.287.c)
4. The Corporate PREA Coordinator shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. (PREANS 115.287.d)
5. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. (PREANS 115.287.f)

I was informed that PA DOC OSII collects data through the investigative process, data is also collected utilizing the WebTAS system which collects pertinent information. The agency further collects the information from the reports submitted by the Pennsylvania State Police during a criminal investigation

Gaudenzia DRC Inc. also collects all data from the incidents at the facility.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.288: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.288 (a)

- 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  No
- 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  No
- 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  No

#### 115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.288 (c)

- 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  No

#### 115.288 (d)

- 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  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## EVIDENCE OF COMPLIANCE

Data review is addressed in the Gaudenzia, DRC INC. Policy & Procedure Manual Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) which reads as follows:

### Data Review

1. The Corporate PREA Coordinator shall review data collected and aggregated pursuant to, in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (PREANS 115.288.a)
  - Identifying problem areas;
  - Taking corrective action on an ongoing basis; and
  - Preparing an annual report of its findings and corrective actions for each facility/program, as well as the company as a whole.
2. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. (PREANS 115.288.b)
3. The report shall be approved by Executive staff and make readily available to the public through its Web site or, if it does not have one, through other means. (PREANS 115.288.c)
4. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. (PREANS 115.288.d)

During the audit I reviewed the PA DOC PREA Summary Reports from 2011 through 2019. These reports include data from all contracted facilities.

I also reviewed the Gaudenzia DRC Inc. yearly report. This report contains the facilities specific data. Through interviews it was confirmed that if a problem or trend is identified they would immediately implement a corrective action plan.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.289: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

#### 115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.289 (d)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE

The agency has a policy in place that addresses the provisions of this standard. I found that the agency digitally securely retains all data collected, this data is available to the public through the website.

The annual reports from 2011 through 2019 are available. All personal identifiers have been removed from the reports.

The agency has a policy in place that maintains all sexual abuse data for at least 10 years from the date received.

Staff interviews and review of the annual reports further confirmed this procedure.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.401 (a)

- 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  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  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.)  Yes  No  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  No  NA

##### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

##### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

##### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No



## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## EVIDENCE OF COMPLIANCE

All agency facilities were audited once during the auditing cycle from August 20, 2016, and August 20, 2019. The agency is auditing one third of the facilities during each year of the current auditing cycle. This was confirmed during interviews and review of audit reports.

During the audit process I was able to receive copies of all relevant documentation, conduct private interviews with staff and inmates, tour the complete facility, and receive confidential correspondence from both inmates and staff.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### EVIDENCE OF COMPLIANCE

The agency has available all final audit reports, this was confirmed through interviews and reviewing all of the audit reports.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Patrick J. Zirpoli

04/2/2020

**Auditor Signature**

**Date**

\_\_\_\_\_