

PREA Facility Audit Report: Final

Name of Facility: Gaudenzia Philly House

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/24/2024

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Patrick J. Zirpoli | Date of Signature: 11/24/2024 |

| AUDITOR INFORMATION | |
|-------------------------------------|------------------|
| Auditor name: | Zirpoli, Patrick |
| Email: | pzirpoli@ptd.net |
| Start Date of On-Site Audit: | 11/12/2024 |
| End Date of On-Site Audit: | 11/13/2024 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Gaudenzia Philly House |
| Facility physical address: | 1306 Spring Garden Street, 8th Floor, Philadelphia, Pennsylvania - 19123 |
| Facility mailing address: | Pennsylvania |

| Primary Contact |
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| Name: | Agnes Brown |
| Email Address: | agbrown@gaudenzia.org |
| Telephone Number: | 215-849-7200 ext.. 2 |

| Facility Director | |
|--------------------------|-----------------------|
| Name: | Agnes Brown |
| Email Address: | agbrown@gaudenzia.org |
| Telephone Number: | 215-849-7200 ext. 25 |

| Facility PREA Compliance Manager | |
|---|-----------------------|
| Name: | Agnes Brown |
| Email Address: | agbrown@gaudenzia.org |
| Telephone Number: | |

| Facility Characteristics | |
|--|--------------|
| Designed facility capacity: | 30 |
| Current population of facility: | 18 |
| Average daily population for the past 12 months: | 22 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Womens/girls |
| Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" | |

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| and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5) | |
| Age range of population: | 25-72 |
| Facility security levels/resident custody levels: | community |
| Number of staff currently employed at the facility who may have contact with residents: | 9 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 8 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 2 |

AGENCY INFORMATION

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| Name of agency: | Gaudenzia, Inc. |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 106 West Main Street, Norristown, Pennsylvania - 19401 |
| Mailing Address: | |
| Telephone number: | |

Agency Chief Executive Officer Information:

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|--------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|--------------|-----------------------|----------------------|
| Name: | Carmen Davis | Email Address: | cdavis@gaudenzia.org |
|--------------|--------------|-----------------------|----------------------|

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

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| 2 | <ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.231 - Employee training |
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Number of standards met:

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| 39 |
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Number of standards not met:

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| 0 |
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2024-11-12 |
| 2. End date of the onsite portion of the audit: | 2024-11-13 |

Outreach

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

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 30 |
| 15. Average daily population for the past 12 months: | 22 |
| 16. Number of inmate/resident/detainee housing units: | 1 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 14 |
| 19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 8 |
| 21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 2 |

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| <p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>As previously stated the facility does not tally the number of residents with these characteristics. These residents were identified during the audit process.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>9</p> |
| <p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>2</p> |

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| 32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | <p>8</p> |
| 33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | <p>No additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | <p>5</p> |
| 35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |

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| <p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>The interviewees were geographically diverse by selecting them using the following characteristics:</p> <ul style="list-style-type: none"> • Age • Race • Ethnicity • Length of time in the facility • Housing assignment • Gender |
| <p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No additional comments regarding selecting or interviewing random residents.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>5</p> |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |

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| <p>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor interacted with all residents at the facility no residents had this characteristic.</p> |
| <p>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>9</p> |
| <p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor interacted with all residents at the facility no residents had this characteristic.</p> |
| <p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor interacted with all residents at the facility no residents had this characteristic.</p> |
| <p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor interacted with all residents at the facility no residents had this characteristic.</p> |
| <p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>2</p> |
| <p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor interacted with all residents at the facility no residents had this characteristic.</p> |
| <p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |

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| <p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor interacted with all residents at the facility no residents had this characteristic.</p> |
| <p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor interacted with all residents at the facility no residents had this characteristic.</p> |

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| <p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility is a community confinement facility and does not have segregated housing.</p> |
| <p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>It should be noted that all of the residents have varying degrees of cognitive issues. All residents were interviewed using the random resident questions as well as the targeted questions, this method ensured that they were properly educated on the sexual abuse and sexual harassment and how to report.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>51. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>5</p> |

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| <p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>The facility employed 9 staff at the time of the audit, all random staff available during the audit were interviewed.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>9</p> |
| <p>56. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| 58. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 59. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

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| | <input type="checkbox"/> Other |
| 61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 63. Provide any additional comments regarding selecting or interviewing specialized staff. | No additional comments regarding selecting or interviewing specialized staff. |
| SITE REVIEW AND DOCUMENTATION SAMPLING | |
| Site Review | |
| <p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p> | |
| 64. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Was the site review an active, inquiring process that included the following: | |
| 65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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| <p>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>68. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>All comments regarding site review are outlined in the standard discussions.</p> |
| <p>Documentation Sampling</p> | |
| <p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p> | |
| <p>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>All additional documentation was selected by the auditor.</p> |

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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| 78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 0 |
| 78. Explain why you were unable to review any sexual abuse investigation files: | No reported incidents during the auditing period. |

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| <p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

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| <p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>86. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>No reported incidents during the auditing period.</p> |
| <p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

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| <p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>No reported incidents during the auditing period.</p> |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

| Standards |
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| <p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) |
| <p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> |

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | <p>Auditor Overall Determination: Exceeds Standard</p> |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. Organizational Chart <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator |

Site Review

115.211(a) The agency indicated in their response to the PAQ that the agency has a written policy mandating zero tolerance of all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract Gaudenzia Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states, : Gaudenzia Inc. Programs are committed to ensuring the safety and dignity of all residents to whom we provide services. Gaudenzia does not tolerate any type of sexual abuse or sexual harassment of any individual under our care. All facilities/programs shall comply with federal and respective state laws as they pertain to PREA, sexual violence and sexual misconduct. If there is a variation in laws, stricter regulation will apply. It is the policy of Gaudenzia Inc. to provide training to staff and residents to prevent sexual abuse or sexual harassment and to fully investigate and prosecute those involved in such conduct. This policy outlines the agency's approach to preventing, detecting and responding to such conduct (115.211a). This policy shall be available to all staff, contractors, volunteers, interns, visitors and residents. The agency's policy further outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; defines all prohibited behaviors regarding sexual abuse and sexual harassment; outlines sanctions for those found to have participated in prohibited behaviors; and provides agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

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

115.211(b). The agency indicated in their response to the PAQ that the agency employs or designates an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. Gaudenzia has assigned the Director of Compliance to serve as the agency PREA Coordinator to ensure compliance with all standards across agency programs/facilities (115.211b). The Program Director or designee will serve as the PREA Compliance Manager for the designated program. This person will oversee coordination of the PREA standards and will directly report to the PREA coordinator identified in each region (115.211c). The PREA Coordinator confirmed her allocation of time during her specialized staff interview, and further stated that she has enough time to oversee the agency's efforts to comply with PREA standards. According to the agency's organizational chart, the PREA Coordinator reports directly to the Deputy Director of Behavioral Health.

The agency has assigned a PREA Compliance Manager at each of its facilities to ensure oversight of the policy on a daily basis. This practice exceeds the requirements of the standard.

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| | <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with these provisions of the standard.</p> |
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| 115.212 | Contracting with other entities for the confinement of residents |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p> <p>Interviews</p> <p>a. PREA Coordinator</p> <p>115.212 (a)(b). The agency indicated in the PAQ that they have not entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. The PREA Coordinator confirmed that the agency does not contract for the housing of residents, the agency is contracted to house residents for the Pennsylvania Department of Corrections.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information</p> |

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| | <p>received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with these provisions of the standard.</p> |
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| 115.213 | Supervision and monitoring |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. Staffing Plan July 2024 d. Previous years staffing plans <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Director c. Random Staff <p>Site Review</p> <p>115.213 (a). The agency indicated in their response to the PAQ that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against abuse. The staffing plan is predicated on an average daily population of 22 residents. According to the auditor’s interview with the Director and PREA Coordinator, the agency has adopted a model based upon the current staffing levels and are determined by identifying daily population needs.</p> <p>The auditor’s review of the facility’s staffing plan revealed the facility is detailed in defining what positions are required to meet minimum staffing levels, including</p> |

supervisory staff, on each shift.

During the site review, no areas were identified that needed additional or enhanced supervision. The site review revealed sound correctional practices that serve to mitigate risk presented by physical plant, video surveillance, and/or staffing limitations (i.e. regular unannounced rounds; locked doors; open or low shelving; mirrors; controlled movement; open floor plans; adequate supervision ratios; etc.).

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

115.213 (b). The agency indicated in their response to the PAQ that each time the staffing plan is not complied with the facility documents and justifies all deviations from the staffing plan. In the past 12 months, the agency reported that there have been no deviations from the staffing plan.

While deviations are possible, the Director and PREA Coordinator stated that any reduction in staffing realized by the facility is augmented through the use of voluntary or mandatory overtime in order to comply with the approved staffing plan.

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

115.213 (c). The agency indicated in their response to the PAQ that at least once every year the agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan. During discussions with the PREA Coordinator it was confirmed this annual review process took place in July 2024 and was documented. The documentation was reviewed and was found to meet all provisions of the standard.

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

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

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| 115.215 | Limits to cross-gender viewing and searches |
| | <p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1406 378">The following evidence was analyzed in making a determination of compliance:</p> <p data-bbox="280 412 647 445">Documentation reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="280 479 751 512">a. Pre-Audit Questionnaire <li data-bbox="280 546 1461 624">b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <li data-bbox="280 658 608 692">c. Training Logs <li data-bbox="280 725 695 759">d. Training PowerPoint <p data-bbox="280 882 429 916">Interviews</p> <ul style="list-style-type: none"> <li data-bbox="280 949 616 983">a. Random Staff <li data-bbox="280 1016 564 1050">b. Residents <p data-bbox="280 1084 448 1117">Site Review</p> <p data-bbox="280 1240 1474 1576">115.215 (a). The agency indicated in their response to the PAQ that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the staff have conducted zero cross- gender strip or cross-gender body cavity searches. Fourteen of 5 random security staff (non-medical) confirmed that cross- gender strip or cross-gender visual body cavity searches are not allowed or performed. One hundred percent of interviewed residents stated they have never been subject to an unclothed body search by a female staff person while incarcerated at the facility.</p> <p data-bbox="280 1599 1422 1688">A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p data-bbox="280 1778 1474 2002">115.215 (b). The facility indicated in their response to the PAQ that the facility does house female residents and, as such, does not permit cross-gender pat-down searches of female residents, nor does it restrict female residents' access to programming or out of cell opportunities in order to comply with this provision. The auditor confirmed through interviews with both residents and staff. .</p> <p data-bbox="280 2024 1422 2069">A final analysis of the evidence indicates the facility is in substantial compliance</p> |

with this provision.

115.215 (c). The agency indicated in their response to the PAQ that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents and does not require all cross-gender strip searches and cross-gender visual body cavity searches be documented, since searches of this nature will not occur. As stated above, the facility does house female residents and, as such, would document cross-gender pat searches of female residents. The facility reported that no cross-gender strip searches or cross-gender visual body cavity searches have been conducted in the preceding 12 months.

During the facility review, the auditor confirmed that no cross-gender strip searches or cross-gender visual body cavity searches of residents occurred in the past 12 months and no related Incident reports were on record. This was also confirmed during interviews with 5 random security staff and 10 random and target residents who all indicated that they were not aware of any female officers conducting cross-gender strip searches.

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

115.215 (d). The agency indicated in their response to the PAQ that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine checks. Policy mandates that residents are afforded such opportunity as defined by this provision except in exigent circumstances or when such viewing is incidental to routine checks. An additional measure, cross-gender announcing, is required per the same policy referenced above. Specifically, "all males must be announced before entering Reentrant housing areas and all male staff must announce themselves every time, they enter into the Reentrant bathroom areas for facility walk-throughs."

During the onsite audit phase, the auditor viewed the shower areas and toilet areas from multiple vantage points, to ensure that staff did not have the ability to observe genitalia. The auditor's view of these areas confirmed that staff did not have the ability to see inside the showers or toilets which were outfitted with doors. The showers and toilets are adequately private.

Of the 10 residents interviewed, all stated they have not been observed by a male staff member in a state of undress. Five of 5 security staff members affirmed that there are policies and procedures in place to prevent opposite gender viewing.

The auditor heard opposite gender announcements being made behalf when a

female staff member was not already present. Twelve randomly interviewed security staff members stated that the announcement is consistently completed. All interviewed residents confirmed the announcements were made.

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

115.215 (e). The agency indicated in their response to the PAQ that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex residents for the sole purpose of determining the inmate's genital status. Policy prohibits the search or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined by conversations with the inmate, 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.

In accordance with the policy, the facility reported that no such search has occurred in the past 12 months. Interviews with 5 staff confirmed that agency policy prohibits them from searching a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

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

115.215 (f). The facility indicated in their response to the PAQ that 100 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The facility indicated that all security staff receive training upon hire, in addition to ongoing in-service training, on proper pat search procedures Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) requires that staff be trained in all aspects of this provision. The training module was provided as validation of the training curriculum, as were the facility training logs. A review of in-service training records confirmed that all staff had been trained. The auditor reviewed a Pennsylvania Department of Corrections training titled, Professional and Respectful Searches. The training was found to be appropriate and consistent with national standards for conducting resident searches, including cross- gender searches. Five random interviews with security staff indicated that they were all trained, which mirrored the staff in-service training rosters provided.

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

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| | <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with these provisions of the standard.</p> |
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| 115.216 | Residents with disabilities and residents who are limited English proficient |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. Language Interpreter Line Information d. Spanish PREA Information <p>Interviews</p> <ul style="list-style-type: none"> a. Random staff b. Targeted Residents <p>Site Review</p> <p>115.216 (a). The agency indicated in their response to the PAQ that they agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse or sexual harassment Gaudenzia, Inc. Policy &</p> |

procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that the information will be communicated orally and in written form in a manner that is clearly understood by the resident, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills (PREA 115.216). An interpreter line will be used for residents who are limited English proficient, when necessary. The facility/program shall not rely on resident interpreters. During the onsite review, intake staff who is tasked with providing PREA materials stated they ask all new residents if they understand the information they receive; they have not received any negative responses but would engage support services through if someone responded affirmatively. The staff reported that if a person's disability prevents understanding, the facility is equipped to respond with a variety of interventions to ensure effective communications.

During the onsite audit phase interviews were conducted with residents with varying degrees of cognitive, hearing, cognitive, and physical limitations. Each indicated that they are provided with access to facility services and are provided with accessible material regarding their rights to be free from sexual abuse and sexual harassment, as well as information about reporting sexual abuse and sexual harassment.

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

115.216 (b). The agency indicated in their response to the PAQ that the agency has established procedures to provide those with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. Policy states that the information will be communicated orally and in written form in a manner that is clearly understood by Reentrant, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as Reentrants who have limited reading skills. The facility utilizes a Language Interpreter Line for interpreter services which are available 24 hours a day, seven days a week. Gaudenzia shared a copy of the documentation, which includes contact information for the services. As with disabled residents, the intake staff confirms understanding the LEP population when providing intake education; they are familiar with the method to connect with language assistance services.

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

115.216 (c). The agency indicated in their response to the PAQ that the agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-

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| | <p>response duties, or the investigation of the inmate's allegations. The facility engages interpretation services to avoid using residents in this capacity. The facility has not used a resident in this capacity in the past 12 months.</p> <p>The auditor's interview with the PCM verified the information provided during the pre- onsite audit phase; there have not been any instances in the past 12 months where resident interpreters, readers, or other types of resident assistants have been used.</p> <p>Interviews with 5 random and targeted staff confirmed that they were not aware of any instance where a resident interpreter was used to assist with first responder or investigative actions.</p> <p>During the site review of the facility, the auditor observed PREA posters displayed throughout the facility in Spanish, as well as English. Information pertaining to PREA is also provided to residents in Spanish and English during the intake process.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p> |
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| 115.217 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. Sample Background Material |

Interviews

a. Random staff

115.217(a, b, f). The facility indicated in their response to the PAQ that the agency prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of a contractor who may have contact with inmates who may have engaged in any of the conduct detailed in this provision. The agency also considers any incidents of sexual harassment when making such decisions. The agency does not hire or promote anyone who may have contact with inmates, who:

a. has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility or other institution;

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

c. has been civilly or administratively adjudicated to have engaged in the activity described immediately above.

Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) outlines this process and the PA Department of Corrections (DOC), Bureau of Community Corrections (BCC) screening paperwork ensures that all candidates are asked "Have you ever been convicted, disciplined, investigated, or accused of sexual misconduct of any nature?" The auditor reviewed personnel records and confirmed this practice.

A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.217 (c). The facility indicated in their response to the PAQ that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility reported one hundred percent of individuals hired in the past 12 months who may have contact with residents had a criminal background record check completed.

Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) details the agency's criminal background check expectation. The required pre-employment process includes using data from local, county, state, and federal law enforcement

agencies, prior employers, schools, colleges, social service agencies, and any agency, department, company, individual, or service may be contacted if it is deemed that such agency has pertinent background information.

The auditor reviewed random personnel records, including those of contractors, and accompanying forms that document the application process, including the previous employer inquiry process and criminal background checks. The staff confirmed that when a prospective employee or contractor reports having been employed by another confinement facility and requests employment at the facility, contact is made with the prior facility during the background investigation process. This process is completed through the PA Department of Corrections (DOC), Bureau of Community Corrections (BCC) screening paperwork.

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

115.217 (d). The facility indicated in their response to the PAQ that agency policy requires a criminal background check be completed before enlisting the services of any contractor who may have contact with residents, this is conducted utilizing the PA Department of Corrections (DOC), Bureau of Community Corrections (BCC) screening paperwork.

In the past 12 months, the facility reported having no new contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents.

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

115.217 (e). The facility indicated in their response to the PAQ that agency policy requires either a criminal background check be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) requires that the facility shall either conduct criminal background records checks at least every five years for current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees. The auditor's interview with staff confirmed the five-year criminal history checks. These checks are conducted yearly by the PADOCC.

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

115.217 (g). The facility indicated in their response to the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states omissions regarding such misconduct, or the provision of false information, shall be grounds for termination of employment or services. Staff are also required to notify their immediate supervisor of any contact with law enforcement.

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

115.217 (h). An interview with the PREA Coordinator confirmed that if the agency receives inquiries from other confinement facilities related to a current or former employee’s history of substantiated sexual abuse or sexual harassment of inmates while employed. Such inquiries are reviewed and responded to in accordance with agency policy.

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

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

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| 115.218 | Upgrades to facilities and technology |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The following evidence was analyzed in making a determination of compliance: Documentation reviewed: a. Pre-Audit Questionnaire |

b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)

Interviews

a. PREA Coordinator

Site Review

115.218 (a). The agency indicated in their response to the PAQ that the agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since 8/20/2012, or since the last PREA audit, whichever is later. Upon discussion with the PREA Coordinator, in addition to observations during the site review, since their last PREA audit the facility has not undergone any construction. The PREA Coordinator understood when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The agency head indicated that the agency works consistently to consider safety and privacy needs of residents, while ensuring direct lines of sight and using tools, like mirrors, windows, and cameras, to assist with supervision.

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

115.218 (b). The facility indicated in their response to the PAQ that the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since 8/20/2012, or since the last PREA audit, whichever is later. The PREA Coordinator confirmed that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency will consider how such technology may enhance the department's ability to protect inmates from sexual abuse.

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

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

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| | compliant with all provisions of the standard. |
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| 115.221 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. Letter of agreement with Philadelphia Sexual Assault Center d. Pennsylvania Department of Corrections policy DC-ADM 008 <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>Site Review</p> <p>115.221 (a). The agency indicated in their response to the PAQ that the agency is not responsible for conducting administrative sexual abuse/sexual harassment investigations nor criminal sexual abuse/sexual harassment investigations. All administrative investigations are conducted by the PADOCC all criminal investigations are conducted by the Pennsylvania State Police. This process was confirmed with the PREA Coordinator, PADOCC and PSP.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.221 (b). The facility indicated in their response to the PAQ that the facility does not house juveniles or youthful offenders. The auditor was able to verify through facility records and staff interviews that there were no youth housed at the facility during the 12-month review period.</p> |

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

115.221 (c). The facility indicated in their response to the PAQ that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility; the facility does not perform such examinations. Examinations conducted at an outside facility are performed by Sexual Assault Nurse Examiners or, when not available, a qualified medical practitioner. In the past 12 months, no residents were transported for forensic medical examinations. When the need arises for care in this context, the facility documents all efforts to provide a SANE.

Philadelphia Sexual Assault Center is equipped 24/7 to provide a SANE examination.

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

115.221 (d, e, h). The facility indicated in their response to the PAQ that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means; such efforts are documented. While an outside advocate is always available on-call thereby eliminating a great majority of the need for the facility to provide an alternate qualified staff member in the event an advocate is unavailable, the facility does maintain a process for the exception. Support services include supporting the victim through the forensic medical examination process and investigatory interviews and providing emotional support, crisis intervention, information, and referrals. The investigators or the hospital are responsible for immediately notifying the local Rape Crisis Center in the event of a SANE examination. Thereafter, per policy, the investigative agency shall make available an advocate during investigatory interviews and for emotional support services. Posters were observed throughout the facility which direct victims to the local advocacy organization, via a phone number, for support services.

The facility entered into a Standard Agreement with Woman Organized Against Rape, which describes the roles and responsibilities of each party following an incident of inmate sexual abuse. Upon request, the agreement stipulates that the advocacy organization will support the victim through forensic medical examinations, during investigatory interviews; provide emotional support and crisis intervention. A copy of this agreement was provided to the auditor during the pre-on-site audit phase.

During the pre-on-site audit phase, the auditor conducted an interview with a representative from Woman Organized Against Rape who indicated that a victim advocate is available to meet with the resident victim during a SANE exam upon request. In practice, the service provider is staffed to respond to the hospital 24

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| | <p>hours a day and seven days a week.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.21 (f). The PREA Coordinator confirmed that the PADO and PSP follow the requirements of paragraphs (a) through (e) of this section.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p> |
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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. Pennsylvania Department of Corrections policy DC-ADM 008 <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.222 (a, b). The facility indicated in their response to the PAQ that the agency</p> |

ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing. The PADO and PSP policies further describe the investigative process. The PADO Investigators possess legal authority to conduct administrative investigations and will collaborate with the PA State Police during criminal investigations.

In the designated 12-month audit period, as evidenced by a review documentation, the agency received and responded to 1 allegation of sexual abuse/sexual harassment. Of these investigations, zero allegations were substantiated or, subsequently, referred for prosecution.

The PREA Coordinator indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The auditor reviewed the agency's public website and easily located the aforementioned policy which describes investigative and referral practices.

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

115.222 (c). Pennsylvania Department of Corrections policy DC-ADM 008 describes the investigative responsibility of the PADO and PSP. The responsibilities outlined in the policy include the following: initial inquiry; referral to PA State Police when warranted; collecting physical and testimonial evidence; a description of reasoning behind credibility assessments; gathering investigative facts and findings; and notifying the alleged victim of the outcome. The policy also describes the scope of administrative and criminal investigations.

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

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

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| 115.231 | Employee training |
| | <p data-bbox="280 188 1015 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1406 376">The following evidence was analyzed in making a determination of compliance:</p> <p data-bbox="280 412 647 448">Documentation reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="280 483 708 519">a. Pre-Audit Questionnaire <li data-bbox="280 555 1430 636">b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <li data-bbox="280 667 730 703">c. PREA Training PowerPoint <li data-bbox="280 739 724 775">d. PREA Participation Guide <li data-bbox="280 810 1382 891">e. Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors <li data-bbox="280 927 584 963">f. Yearly sign offs <p data-bbox="280 1070 427 1106">Interviews</p> <ul style="list-style-type: none"> <li data-bbox="280 1142 667 1178">a. PREA Coordinator <li data-bbox="280 1214 612 1249">b. Random Staff <p data-bbox="280 1357 446 1393">Site Review</p> <p data-bbox="280 1500 1484 2078">115.231 (a). The facility indicated in their response to the PAQ that the agency trains all employees who may have contact with inmates on the following topics: the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of inmates to be free from sexual abuse and sexual harassment; right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities Gaudenzia, Inc. Policy &</p> |

procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that staff members shall receive comprehensive training upon hiring in the prevention, detection, and reporting of sexual assault/rape or sexual misconduct.

The auditor reviewed PREA-related guides, and modules for in-service, and PREA refresher which are utilized to educate all new and existing Staff/Volunteer/ Contractor that will have contact with residents on how to fulfill their responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The training resources detail each of the sub-topics listed within this provision.

Random and specialized staff who were interviewed reported they received training consistent with each of the ten elements listed above. Staff members were able to articulate training content; knowledge of the agency's zero tolerance for sexual abuse and sexual harassment policy; an understanding that all staff and inmates have a right to be free from retaliation for reporting sexual abuse and sexual harassment; familiarity with their reporting responsibilities. The auditor also reviewed training reports, which demonstrate receipt of online and classroom-based training of the above provisions; 100% of staff completed training.

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

115.231 (b). The facility indicated in their response to the PAQ that training is gender specific and applicable to the male facility.

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

115.231 (c). The facility indicated in their response to the PAQ that, in between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment.

During the onsite audit phase, the auditor confirmed through random staff interviews that each completed training prior to having contact with residents. These training courses include the elements described in provision (a). One hundred percent, as confirmed through a report, of staff members received instruction on the elements required by this provision in 2023.

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

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| | <p>115.231 (d). The facility indicated in their response to the PAQ that the agency documents that employees who may have contact with residents understand the training they have received through employee signature. The auditor reviewed staff training records while onsite and confirmed the acknowledgment method that accompanies staff training.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>The agency provides yearly PREA training which includes a policy review. This practice far exceeds the requirements of this standard.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p> |
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| 115.232 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. Training Records and Acknowledgement Forms for Volunteers and Contractors <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator |

Site Review

115.232 (a). The facility indicated in their response to the PAQ that all volunteers and contractors (specifically, 17 volunteers and contractors currently authorized to enter the facility) who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that all volunteers, interns and contractors who have contact with residents must be trained in their responsibilities under this policy and procedure. The level and type of training shall be based on the services they provide and the level of contact they have with residents, but all will be notified of the agency's zero-tolerance policy regarding sexual abuse, sexual assault/rape, sexual misconduct and sexual harassment and informed how to report such incidents.

The auditor reviewed random verification forms, which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment.

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

115.232 (b). The facility indicated in their response to the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents. Further, all volunteers and contractors who have contact with residents have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) outlines the training. The auditor reviewed training records for random contractors and volunteers; each of which contained evidence of training participation. The interviewed contractor stated they had received training specific to the agency's zero tolerance policy and how to make a report of sexual abuse or sexual harassment.

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

115.232 (c). The facility indicated in their response to the PAQ that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. As stated, the auditor reviewed random verification forms, which indicated receipt and understanding of their responsibility for

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| | <p>preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p> |
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| 115.233 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. Resident handout <p>Interviews</p> <ul style="list-style-type: none"> a. Intake Staff b. Random and Targeted Residents c. Random Staff <p>Site Review</p> <ul style="list-style-type: none"> a. PREA Posters b. PREA Audit Postings |

c. Residents Orientation

115.233 (a). The facility indicated in their response to the PAQ that residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months, 100 percent of newly admitted residents (53) were given this information at intake. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that upon admission, all residents will receive an orientation that includes Gaudenzia's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. The materials provide information on the federal law, residents rights to be free from sexual abuse and sexual harassment in confinement, definitions, and reporting avenues. During the resident interviews all interviewed residents confirmed that they had received this information while at the facility. All residents were shown the handout, they were all familiar with the handout and were given one at intake. The residents also confirmed going through an orientation where PREA was further explained.

During the site review I observed a mock intake process, the intake officer indicated that all residents receive the written PREA Information, and they confirm receipt by signing the PREA Reentrant and Detainee Intake Handout Receipt. Random files were reviewed, all residents indicated in writing they had received this information.

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

115.233 (b). The agency indicated in their response to the PAQ that in the past 12 months 100 percent of residents (93) who are transferred from a different community confinement facility were provided with refresher information referenced in 115.233(a). Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states all upon internal or external transfer, the facility will provide refresher information During the resident interviews, all residents who went through the intake process within the past 12 months indicated that they received the PREA Information at intake.

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

115.233 (c). The facility indicated in the PAQ that PREA education is available in formats accessible to all residents, including those who are limited English

proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) requires such accommodation. The auditor observed that the facility has PREA information posters displayed throughout the facility printed in Spanish and English languages. If a resident arrived at the facility and had any disabilities or limited English proficiency limitations, the facility is prepared to engage interpretation services to ensure understanding. The facility utilizes Language Interpreter Services, they assist non-English speaking residents in understanding the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. A discussion with the Agency PREA Coordinator confirmed this process and resources to achieve effective communication.

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

115.233 (d). The facility indicated in their response to the PAQ that the agency maintains documentation of resident's participation in PREA education. Receipt of education is documented on PREA Reentrant and Detainee Intake Handout Receipt. The auditor randomly selected records to review; all records indicated receipt of education as required by this provision or agency policy.

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

115.233 (e). The facility indicated in their response to the PAQ that the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, residents handbooks, or other written formats. The auditor observed and reviewed that PREA information at the facility is made available to residents in several ways:

- a. Resident handout
- b. PREA Posters on housing units and in common areas

The auditor had an opportunity to view all the above resources and activities during the onsite audit phase and had multiple discussions with both staff and residents regarding these resources. Residents were readily able to describe how they could locate or reference a means to report incidents of sexual abuse or harassment.

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

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| | <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p> |
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| 115.234 | Specialized training: Investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.234 (a)(b)(c) The facility indicated in the PAQ that the agency does not conduct administrative or criminal sexual abuse investigations. This was confirmed through an interview with the PREA Coordinator.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p> |

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| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.235 (a)(b)(c)(d) The facility indicated in the PAQ that the agency does not have medical and mental health practitioners who work regularly in its facilities. This was confirmed through an interview with the PREA Coordinator.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p> |

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| 115.241 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> |

- a. Pre-Audit Questionnaire
- b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)
- c. PREA Screening

Interviews

- a. Staff Responsible for Screening
- b. Random Residents
- c. PREA Coordinator

Site Review

- a. Intake/Screening Process

115.241 (a). The facility indicated in their responses to the PAQ that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) requires that all residents shall be assessed using the PREA Screener (unless required differently by state regulations) by qualified staff within 72 hours of arrival to the facility (whether new intake or a transfer) for potential vulnerabilities or tendencies with regards to sexually aggressive behavior.

The auditor discussed the risk screening process with the intake staff during the site review. They stated an initial risk screening is completed with each resident upon arrival. The risk screenings are conducted as outlined in the policy. Of 10 resident interviews, 10 residents remembered completing screening questions. The auditor randomly selected resident records to corroborate the facility's intake screening process.

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

115.241 (b). The facility indicated in their responses to the PAQ that the agency has a policy that requires residents to be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of intake. In the past 12 months, 43 residents reportedly entered the facility and remained there for 72 hours or

more. Of these residents, the facility stated all were screened for risk within 72 hours of admission.

During the pre-onsite phase, the facility directed the auditor to review Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual as evidence of policy compliance. This section directs the screening to take place at the time of intake.

Of 10 resident interviews, 10 residents remembered being asked the applicable screening questions, they further confirmed this occurred during the intake process and within 72 hrs. of arrival at the facility. The auditor randomly selected resident records to corroborate the facility's intake screening process.

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

115.241 (c). The facility indicated in their response to the PAQ that risk assessments are conducted using an objective screening instrument. A review of the PREA Screening reveals 22 questions or screening measures.

The evidence indicates that the PREA Screening is standardized, consistently administered to all residents, structured using a weighting and scoring mechanism, and culminates in an overall determination at risk or potential predator. The overall screening is appropriately subjective and is compliant with the variables required per 115.41(d).

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

115.241 (d). The agency's PREA Screening tool is comprised of 22 questions; all of which meet the prescribed criteria for this provision. Specifically, the PREA Screening includes questions in the following areas:

- Whether the offender has a mental, physical, or developmental disability
- The age of the offender
- The physical build of the offender
- Whether the offender has previously been incarcerated
- Whether the offender's criminal history is exclusively nonviolent
- Whether the offender has prior convictions for sex offenses against an adult or child
- Whether the offender is or is perceived to be gay, lesbian, bisexual,

transgender, intersex, or

- gender nonconforming
- Whether the offender has previously experienced sexual victimization
- The offender's own perception of vulnerability
- Whether the resident is detained solely for civil immigration purposes

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

115.241 (e). The PREA Screening includes an assessment of the criteria required by this provision and described in the discussion of 115.41(d). Each of these questions attempts to elicit information about an inmate's prior history of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Responses are recorded as part of the screening and used to determine each inmate's risk of being sexually abusive. The screening tool will score these factors and if over a certain score the resident will be considered a predator.

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

115.241 (f). The facility indicated in their responses to the PAQ that the agency has a policy that requires the facility to reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. During the past 12 months 33 residents remained in the facility and were reassessed within a period not to exceed 30 days. The auditor interviewed residents who had been in the facility for more than 30 days, all remembered doing a second screening.

The facility utilizes the same screening tool used for the initial screening, the auditor reviewed all screenings onsite and found the documentation to support the second screenings.

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

115.241 (g). The facility indicated in their response to the PAQ that the agency has a policy requiring an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to

Prison Rape under the Prison Rape Elimination Act (PREA) states that a resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

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

115.241 (h). The facility indicated in their response to the PAQ that the agency has a policy which prohibits disciplining residents for refusing to answer screening questions related to whether or not they have a mental, physical, or developmental disability; whether or not they are or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not they have previously experienced sexual victimization; or their own perception of vulnerability.

Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs d (1), (7), (8), or (9) of this section

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

115.241 (i). Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this section in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)
- c. PREA Screening

Interviews

- a. Staff Responsible for Screening
- b. PCM

115.242 (a, b). The facility indicated in their response to the PAQ that the agency uses the information from the risk screening as required by standard 115.241 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. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) outlines the process of initial screening and utilization of the information to make decisions relative to housing, bed, work, education, and program assignments with the goal of keeping separate residents at high risk of victimization and those at high risk for abusiveness. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to appropriate staff to inform treatment plans, security, and management decisions including housing, bed, work, education, and program assignments.

The auditor did not observe evidence of isolated work or programming assignments. The PREA Coordinator indicated that risk screening information is predominately used to make safe housing placements, but that in addition supplemental security measures are taken to ensure proper supervision within the facility.

During interviews and conversations with random and specialized staff, there is an understanding that housing assignments will not be made without approval from staff who have access to the sensitive information concerning the residents at high risk for victimization and high risk of abusiveness.

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

with this provision.

115.242 (c). The facility indicated in their response to the PAQ 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 shall consider 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. The PREA Coordinator and PADOE both confirmed this practice. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that when deciding whether to assign an individual identifying as transgender or intersex to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether the placement would ensure the residents health and safety, and whether the placement would present management or security problems

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

115.242 (d). The facility indicated in their response to the PAQ that A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration The Director confirmed this practice.

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

115.242 (e). The facility indicated in their response to the PAQ that transgender and intersex residents are given the opportunity to shower separately from other residents. All showers are single occupancy. The staff confirmed this practice.

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

115.242 (f). The facility indicated in their response to the PAQ that 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. The PCM confirmed that the agency is not subject to a consent decree, legal settlement, or

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| | <p>legal judgment requiring lesbian, gay, bisexual, transgender, or intersex residents be placed in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. She stated that residents who identify as gay or bisexual are housed in accordance with their security and programming needs. This practice was confirmed during the facility tour and interviews.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.251 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. PREA Handout d. PREA Posters <p>Interviews</p> <ul style="list-style-type: none"> a. PCM b. Random Residents c. Random Staff |

Site Review

- a. Informal Interviews
- b. Posted Information

115.251 (a). The facility indicated in their response to the PAQ that the agency has established multiple internal methods for residents to privately report sexual abuse; sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. According to Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) a resident may report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. (PREA 115.251.a) to any staff member, either verbally or in writing. A resident may correspond directly with the Program Director, Division Director, Regional Director/D of Compliance, or Executive Director.

A PREA Handout is distributed to residents upon intake outlining the reporting avenues.

Upon distribution of each handout residents are asked to acknowledge receipt by signing the PREA Reentrant and Detainee Intake Handout Receipt.

During the site review, posted information was observed throughout the facility. Informal conversations with residents during the site review and formal random and target resident interviews indicated that all residents could recite at least one way to report sexual abuse or sexual harassment. Of the 5 random staff members interviewed all were able to recite appropriate reporting options.

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

115.251 (b). The facility indicated in their response to the PAQ that the agency provides at least one way for residents to report abuse or harassment to a public or private entity that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. As described above residents may report to the OSIG Sexual Abuse Reporting Address. (555 Walnut Street, 8th Floor Harrisburg, PA 17101) this is the reporting avenue provided by the PADO.

The agency does not house residents solely for immigration purposes and, as such,

does not have a policy or provide residents detained solely for civil immigration purposes information on how to contact consular or Department of Homeland Security officials.

The PREA Handout further states that letters to reporters can request to remain anonymous; callers may also request to remain anonymous.

An interview with staff confirmed that a resident may report externally and, if chosen, anonymously by phone or letter. Not only may they write to the OSIG Sexual Abuse Reporting Address, but they may do so anonymously. Of 10 random and targeted residents interviewed, they all understood anonymous reporting options.

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

115.251 (c). The facility indicated in their response to the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Moreover, staff are required to document verbal reports. According to Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

All random staff interviewed stated residents can report in any of the ways described by this provision. All also stated that they would complete an incident report immediately upon accepting a report from a resident, regardless of the report method. All interviewed residents stated they were aware of written, verbal, or third-party reporting options; they confirmed that they can report in any of the accepted ways.

A review of the agency public website revealed a list of ways in which sexual abuse or sexual harassment may be reported.

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

115.251 (d). The facility indicated in their response to the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment by reporting immediately and confidentially to any supervisor. Staff are informed of this opportunity via training materials and Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA).

The auditor reviewed Gaudenzia, Inc. Policy & procedure Manual National Standards

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| | <p>to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) and training materials, which confirm reporting options. All interviewed random staff stated they can report privately. They further described multiple methods including notifying a supervisor and contacting Investigations.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.252 | Exhaustion of administrative remedies |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>115.251 (a). The facility indicated in their response to the PAQ that the agency does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse. Sexual abuse in the Commonwealth of Pennsylvania is a criminal offense and a violation of PA Title 18 Crimes Code. Any grievance filed regarding sexual abuse would immediately be reported to the proper authorities for investigation.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed,</p> |

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| | <p>my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.253 | Resident access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. Letter of agreement with WOAR d. PREA Posters with Pennsylvania Coalition to Advance Respect (PCAR) contact information <p>Interviews</p> <ul style="list-style-type: none"> a. PCM b. Random Residents <p>Site Review</p> <p>115.253 (a). The agency indicated in their response to the PAQ that they provide residents with access to outside victim advocates for emotional support services related to sexual abuse. They also indicated that they provide residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and provide residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. The agency does not house residents solely for civil immigration purposes and does not provide information for immigrant services agencies.</p> |

Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) outlines these services the contact information is provided in the PREA Handout and PREA posters.

The auditor observed the telephone number for PCAR on posters displayed throughout the facility including housing areas and common areas. The residents can utilize their cell phones or an unrecorded phone to make these calls, write to these organizations, or visit them in person.

Staff at PCAR confirmed that the services are available. The agency would provide emotional support through PCAR and for non-English speaking residents utilizing a language line.

During the interviews all residents stated that external support services are available and have seen the contact information on posters in the housing units. All residents interviewed indicated that the posters are in the housing units and common areas, the posters include information on victim advocacy.

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

115.253 (b). The facility indicated in their response to the PAQ that the facility informs residents, prior to giving them access to outside support services, the extent to which such communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The residents were aware of these services assumed their communication with an advocate would remain confidential. Staff at PCAR confirmed the communication is confidential.

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

115.253 (c). The facility indicated in their response to the PAQ that the facility maintains a letter of agreement with a community service provider for the provision of emotional support services related to sexual abuse experienced by residents. The auditor reviewed the letter of agreement which was signed by both parties. The agreement describes the responsibilities and outlines the support services provided to the residents following an incident of sexual abuse in a confinement setting, as well as ongoing support services for victims of sexual abuse. Staff at PCAR confirmed the services are being offered as outlined.

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

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| | <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with these provisions of the standard.</p> |
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| 115.254 | Third party reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)c. Agency public website screenshots <p>Interviews</p> <ul style="list-style-type: none"> a. Random residents <p>Site Review</p> <p>115.254 (a). The facility indicated in their response to the PAQ that the agency provides a method, and publicly distribute reporting information on their website, to receive third-party reports of resident sexual abuse or sexual harassment. The auditor observed this information is posted publicly by navigating to https://www.gaudenzia.org/prea-policy/. There readers will learn that:</p> <p>Employees, clients, and clients' families may submit reports anonymously to prea@gaudenzia.org or:</p> <p>PREA Compliance Officer</p> |

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| | <p>106 W Main Street</p> <p>Norristown, PA 19401</p> <p>In Pennsylvania, reports can be submitted to:</p> <p>ATTN: PREA Coordinator</p> <p>Office of State Inspector General</p> <p>555 Walnut Street, 8th Floor</p> <p>Harrisburg, PA 17101</p> <p>During the pre-onsite phase, the auditor tested this reporting mechanism by checking the email worked.</p> <p>In addition to posting methods on the public website, the facility circulates such information in the PREA Handout. The term “third party” includes residents, family members, attorneys, or outside advocates.</p> <p>Interviews with random residents confirmed that they are aware they may report to a person external to the agency who then can report for them.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, |

Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)

Interviews

- a. Random Staff
- b. PCM
- c. Director

115.261 (a). The agency indicated in their response to the PAQ that all staff must report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are also required to immediately report according to policy any retaliation against residents or staff who reported such an incident. Finally, staff must immediately report according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that all staff shall report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency's training modules restate the reporting requirement as defined in policy.

Random staff interviews demonstrated that staff are familiar with reporting requirements should a resident disclose an experience of sexual abuse or sexual harassment.

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

115.261 (b). The facility indicated in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, the agency prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions, this is outlined in the Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA).

All random staff interviewed reported they would immediately contact a supervisor;

they would refrain from sharing the information other than with staff who have a need to know.

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

115.261 (c). The facility indicated in their response to the PAQ that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. This practice was confirmed by staff.

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

115.261 (d). As discussed, the facility does not house youthful residents. If the alleged victim is considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. This report would be made by the investigating entity as required by state law.

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

115.261 (e). Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states 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. An interview with the Director confirmed this practice.

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

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

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| 115.262 | Agency protection duties |
| | <p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1404 376">The following evidence was analyzed in making a determination of compliance:</p> <p data-bbox="280 412 647 448">Documentation reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="280 483 750 519">a. Pre-Audit Questionnaire <li data-bbox="280 555 1461 636">b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p data-bbox="280 739 427 775">Interviews</p> <ul style="list-style-type: none"> <li data-bbox="280 810 609 846">a. Random Staff <li data-bbox="280 882 475 918">b. PCM <li data-bbox="280 954 536 990">c. Director <p data-bbox="280 1097 1484 1509">115.262 (a). The facility indicated in their response to the PAQ that when the agency or facility learns a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The facility reported that there have been zero instances of substantial imminent risk in the past 12 months. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) directs all staff to protect residents in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment.</p> <p data-bbox="280 1545 1468 1832">The Director stated all staff are responsible for immediately intervening when they receive information that a resident may be at imminent risk. They are required to notify a supervisor. A qualified person will assess their circumstances and discuss alternate housing options if necessary. There are several tools at their disposal to ensure continued safety to include separate from the threat; adjust bed status; or transfer facilities. A case-by-case determination will be made to determine the best course of action to maximize safety with the lowest level intervention.</p> <p data-bbox="280 1868 1452 2074">Interviews with random staff verified those at imminent risk would be separated from the threat immediately. Staff further articulated that they would act immediately; ask preliminary questions to better understand the risk; monitor; act immediately as safety is paramount; notify a supervisor; and keep the person at imminent risk separate from the threat until a placement decision could be made.</p> |

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| | <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.263 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>Interviews</p> <ul style="list-style-type: none"> a. PCM b. Director <p>115.263 (a). The facility indicated in their response to the PAQ that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. In the past 12 months, the facility has received zero allegations of abuse at another confinement facility.</p> <p>Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that upon receiving an allegation that a resident was sexually abused while confined</p> |

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. The Director confirmed the practice outlined by policy. They also confirmed that the PADOCC Management Operations Center would be notified.

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

115.263 (b). The facility indicated in their response to the PAQ that agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Coordinator understood the obligations under the policy. This is accomplished by immediately notifying the PADOCC Management Operations Center.

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

115.263 (c). The facility indicated in their response to the PAQ that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. This is accomplished by utilizing the PADOCC Reporting of Extraordinary Occurrences form. As stated above, the PREA Coordinator correctly explained the process, to include documentation, as defined by policy and this provision.

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

115.263 (d). The facility indicated in their response to the PAQ that agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the facility has received zero notifications from other confinement facilities. According to Policy if this occurs it would be immediately reported to the Director and the PADOCC Management Operations Center for investigation.

The PCM understood the obligations under the policy.

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

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

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| | <p>my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.264 | Staff first responder duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>Interviews</p> <ul style="list-style-type: none"> a. Random Staff <p>115.264 (a). The facility indicated in their response to the PAQ that the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report must separate the alleged victim and abuser and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Moreover, if the abuse occurred within a time period that allows for the collection of physical evidence, the first security staff member to respond shall request that the alleged victim and ensure that the alleged suspect not take any actions that could destroy physical evidence. In the past 12 months, the facility indicated they have not had any allegations of sexual abuse.</p> <p>Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) directs all employees follow the response steps described in the policy, which includes notifying a supervisor and requesting the alleged victim not take any actions that may destroy physical evidence.</p> <p>All staff members interviewed successfully articulated a majority of their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; and ensuring the alleged abuser not take any actions</p> |

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| | <p>that might destroy physical evidence. The majority also added they would notify a supervisor.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.264 (b). The facility indicated in their response to the PAQ the agency has a policy that requires non-security staff first responders to request the alleged victim not take any actions that could destroy physical evidence and notify security staff. In the last 12 months no non-security staff members were the first to respond to a report of sexual abuse.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.265 | Coordinated response |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. Gaudenzia Philly House-PREA Coordinated Response Plan <p>Interviews</p> |

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| | <p>a. PCM</p> <p>115.263 (a). The facility indicated in their response to the PAQ that they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Gaudenzia Philly House-PREA Coordinated Response Plan describes the respective role of each critical contact, including security staff first responders, supervisors, emergency medical treatment providers, and mental health treatment providers. The facility reviews and revises the policy which details the agencies coordinated response plan. An interview with the PCM confirmed that the plan guides the facility’s response following an allegation of sexual abuse.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p> <p>115.263 (a). The agency indicated in their response to the PAQ that the agency or facility has not entered into or renewed collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later. It was confirmed that the agency is an at will employer.</p> |

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| | <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.267 | Agency protection against retaliation |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) c. PADOC Protection Against Retaliation Monitoring Form <p>Interviews</p> <ul style="list-style-type: none"> a. PCM b. Director <p>115.267 (a). The facility indicated in their response to the PAQ that the agency has 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. At the facility, the PREA Coordinator, Director and Senior Case Manager are responsible for retaliation monitoring. Pennsylvania Department of Corrections policy DC-ADM 008 outlines the monitoring process utilized at the facility. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape</p> |

Elimination Act (PREA) dictates that retaliation against any resident or staff member who reports sexual abuse and/or sexual harassment, or who cooperates with an investigation of said report, is prohibited and is subject to administrative or criminal action.

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

115.267 (b) Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) directs the facility to employ multiple protection measures, including housing or program changes, for those who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

An interview with the PCM confirmed that the agency protects reporters from retaliation by implementing a zero-tolerance policy for such conduct. She stated the facility will employ a variety of safety solutions such as housing changes, removal of the alleged abuser, and offering support. The auditor reviewed completed monitoring cycles the reporters and alleged victims did not express concerns or fears of retaliation.

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

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

As described above, Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) tasks the facility with ensuring that reporters and alleged victims of sexual abuse are monitored in accordance with this provision. They would meet with reporters or alleged victims once every month for a period of 90 days following the report unless the allegation is deemed unfounded. Retaliation monitors are instructed to document their findings in the PADOE Protection Against Retaliation Monitoring Form. Per policy, retaliation monitoring may continue beyond 90 days if the initial monitoring indicates a continuing need.

Monitoring, as directed by policy shall include reviewing: disciplinary reports; housing reports; program changes; negative performance reviews; and

reassignments of staff.

The PCM stated that when the facility suspects retaliation, they will investigate the potential action and protect the alleged victim from real or perceived threat by separating the victim and suspect or threat, for instance.

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

115.267 (d). According to policy the facility staff are responsible for conducting periodic status checks as part of retaliation monitoring. If the initial monitoring indicates a continuing need, the periodic status checks shall be extended beyond 90 days. The PREA Coordinator who was interviewed in her role as a retaliation monitor affirmed that retaliation monitoring includes monthly status checks for a period of no less than 90 days post- allegation. A review of completed documentation illustrates the documentation.

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

116.267 (e). Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states 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. As stated earlier, the facility has not received any reports of retaliation, or fears of retaliation, from a resident or staff in the last 12 months.

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

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

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| 115.271 | Criminal and administrative agency investigations |
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| | Auditor Overall Determination: Meets Standard |
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Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)

Interviews

- a. PCM
- b. Director

115.271 (a). The facility indicated in their response to the PAQ that the agency does not have a policy related to criminal and administrative agency investigations. The PADO and PSP are the investigative entities tasked with conducting all investigations at the facility. This was confirmed through discussions with the PADO and PSP.

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

115.271 (b). According to PADO and PSP policies all investigators who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training. This was confirmed through discussions with the PADO and PSP.

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

115.271 (c). Staff are trained so that the first responding security staff are immediately responsible for establishing and maintaining a perimeter around the crime scene. PADO and PSP Investigators are responsible for collecting and securing direct and circumstantial evidence, including physical and DNA evidence.

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

115.271 (d). According to Gaudenzia, Inc. Policy & procedure Manual National

Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) all criminal misconduct by persons under the jurisdiction of the agency will be reported to PSP for investigation and prosecution. The investigation will be coordinated by PADO and PSP. Compelled interviews in a criminal investigation will be conducted by the PSP investigators, following their policies and procedures.

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

115.271 (e). PADO and PSP confirmed that they do not have the authority to order any person to take a polygraph examination.

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

115.271 (f). When conducting sexual abuse and sexual harassment investigations, the investigator is required per PADO and PSP policy to prepare a written report which includes an effort to determine whether staff actions or failures to act contributed to the abuse, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Investigative staff indicated efforts made to comply with this provision include receiving and reviewing evidence such as logs, round sheets, and shift rosters. If review of the evidence calls into question staff actions or inactions, the investigator questions witness about their knowledge of an incident. The investigator participates in sexual abuse incident reviews in which they can share investigative information and any conclusions or opinions whether and how staff may have contributed to the abuse.

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

115.271 (g). The auditor reviewed investigative records; the contents included a thorough description of physical, testimonial, and documentary evidence.

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

115.271 (h). The facility indicated in their response to the PAQ that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Since August 20, 2012, or the facility's last PREA audit, whichever is later, the facility reported there has been no substantiated allegation of sexual abuse which was

referred for prosecution. Any referral for prosecution would come from PSP and follow their policies and procedures.

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

115.271 (i). The facility indicated in their response to the PAQ that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. The auditor confirmed through conversations with the PREA Coordinator that the agency maintains investigative records for the period of time required by this provision.

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

115.271 (j). During discussion with PADO and PSP, they confirmed the departure of an alleged victim or abuser from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Investigators were asked how the facility proceeds when a staff member alleged to have committed sexual abuse terminates employment prior to completion of an investigation. All efforts would be documented.

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

115.271 (l). I confirmed with the PREA Coordinator that when the PADO or PSP investigates, the Director stays in contact with them, through email or phone. The Director confirmed they have an open line of communication with the PADO.

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

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

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| 115.272 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>115.272 (a). The facility indicated in their response to the PAQ that the agency does not impose a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. All investigations are conducted by either the PADO or PSP, these agencies follow their policies regarding investigations. Through discussion with PADO and PSP I confirmed that they utilize a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |

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| 115.273 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> |

- a. Pre-Audit Questionnaire
- b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)
- c. PADOC PREA Investigation Inmate Notification Form

Interviews

- a. PCM

115.273 (a). The facility indicated in their response to the PAQ that the agency has a policy requiring that any inmate who alleges they suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation by the agency. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) provides that 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

A final analysis of the evidence indicates the facility substantially exceeds compliance with this provision.

115.273 (b). The facility indicated in their response to the PAQ that If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The outcomes of the investigations are provided to the facility by the PADOC or PSP and the resident is notified utilizing the PREA Investigation Inmate Notification Form. The auditor confirmed this practice with the PCM.

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

115.273 (c). The facility indicated in their response to the PAQ that following an inmate's allegation that a staff member committed sexual abuse against the inmate, the agency subsequently informs the inmate (unless the disposition is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. In the 12-month review period, there were

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| | <p>0 staff-on-inmate sexual abuse allegations to review. Again, the facility not only notifies alleged victims of sexual abuse, but also those alleging sexual harassment.</p> <p>A final analysis of the evidence indicates the facility exceeds substantial compliance with this provision.</p> <p>115.273 (d). The facility indicated in their response to the PAQ that following an inmate’s allegation that they have been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.273 (e). The facility indicated in their response to the PAQ that all notifications to inmates described under this standard are documented. The auditor reviewed investigative files of sexual abuse during the review period. All contained documentation of such notification. As stated above, the facility takes an additional measure to notify and, thereafter, document notification to those alleging sexual harassment.</p> <p>A final analysis of the evidence indicates the facility substantially exceeds compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.276 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The following evidence was analyzed in making a determination of compliance: |

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)

Interviews

- a. PREA Coordinator

115.276 (a). The facility indicated in their response to the PAQ that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months, no staff members have been terminated for violating the policies.

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

115.276 (b). The facility indicated in their response to the PAQ that in the past 12 months one staff member has violated agency sexual abuse or sexual harassment policies; this assertion was verified during conversation with the PREA Coordinator. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) outlines agency disciplinary procedure, which indicates the agency shall take whatever personnel actions it deems appropriate, up to and including termination, based on the results of its investigation, regardless of the outcome of any criminal investigation or proceeding.

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

115.276(c). The facility indicated in their response to the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. As stated above, they indicated that in the past 12 months zero staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

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| | <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.276(d). The facility indicated in their response to the PAQ that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, no staff member was reported to law enforcement or licensing bodies following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>The discipline practices were verified through interviews with the PREA Coordinator.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.277 | Corrective action for contractors and volunteers |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator |

b. Director

115.277 (a). The facility indicated in their response to the PAQ that agency policy requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. They shall, further, be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported for engaging in sexual abuse of residents. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) prohibits any contractor or volunteer who engages in staff sexual misconduct from contact with residents. Any such contractor or volunteer is reported by the agency to the relevant licensing body.

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

115.277(b). The facility indicated in their response to the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Staff confirmed that an investigation of a contractor or volunteers follows a similar trajectory of that of a staff investigation, but that at any given time the agency has the latitude to prohibit a volunteer or contractor from entering the facility. Pursuant to the Pennsylvania State Police review of the investigation, the case could be forwarded to the respective District Attorney for possible prosecution.

The Director and PREA Coordinator indicated that they would immediately restrict facility access.

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)

Interviews

- a. PREA Coordinator
- b. Director

115.278 (a). The facility indicated in their response to the PAQ that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and/or criminal finding that a resident engaged in resident- on- resident sexual abuse. In the past 12 months, zero residents have been found to have engaged in resident-on-resident sexual abuse. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states 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..

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

115.278 (b). Pennsylvania Department of Corrections policy DC-ADM 008 describes a uniform process by which to impose sanctions so as to conform with the expectation of this provision which requires that disciplinary sanctions must 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 residents with similar histories.

An interview with the PREA Coordinator affirmed practice consistent with this provision. She indicated that residents found to have engaged in resident-on-resident sexual abuse are subject to the Pennsylvania Department of Corrections, Bureau of Community Corrections internal disciplinary process, which includes a range of progressive sanctions such as restrictions, segregation, rule violation

charges, loss of credit and/or privileges, and prosecutorial referral.

As noted above, there have been no administrative findings of resident-on-resident sexual abuse; as such, the auditor was unable to review resident sanctions related to a finding of sexual abuse. However, policy supports a process in place to ensure resident perpetrators are held accountable.

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

115.278 (c) The facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse. All services would be provided by community providers. This practice was confirmed through interviews.

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

115.278 (d). The facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse. All services would be provided by community providers. This practice was confirmed through interviews.

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

115.278 (e). The facility indicated in their response to the PAQ that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Any allegations of this nature are criminal and fall under Pennsylvania Crimes Code Title 18. In the preceding 12 months, there were no instances of sexual conduct with staff in which the staff person did not consent. Accordingly, there was no documentation available for review of a substantiated case of staff-on- resident sexual contact in which the evidence showed there was a lack of consent of the involved staff member.

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

115.278 (f). The facility indicated in their response to the PAQ that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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| | <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.278 (g). The facility indicated in their response to the PAQ that the agency prohibits all sexual activity between residents and disciplines residents for such conduct when an investigation reveals the conduct was not coerced. All sexual activity between residents is prohibited, and residents are subject to disciplinary action for such behavior.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.282 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>Interviews</p> <ul style="list-style-type: none"> a. PCM <p>115.282 (a). The facility indicated in their response to the PAQ that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are</p> |

determined by medical and mental health practitioners according to their professional judgment. Interviews with staff, and the PREA Coordinator confirmed that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, as quickly as possible. The resident is transported to a local hospital for a Sane Examination.

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

115.282 (b). All victims will be immediately provided with the opportunity to go for a medical and mental health assessment. Security staff first responders take preliminary steps to protect the alleged victim and immediately notify the appropriate supervisors following an emergency. All staff members successfully articulated their medically related protection and first responder duties pursuant to 115.262 and 115.264, respectively (as noted in those discussions).

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

115.282 (c). The facility indicated in their response to the PAQ that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) requires that resident victims of sexual abuse while in the program shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. An interview with the PCM confirmed residents would receive information about sexually transmitted prophylaxis through the facility and hospital. The facility does houses female residents and, as such, would ensure they receive information about emergency contraception.

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

115.282 (d). The facility indicated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This is outlined through the Pennsylvania Coalition to Advance Respect website. It states specially trained health care providers at hospitals across the Commonwealth are prepared to examine victims following an assault and care

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| | <p>for their immediate safety. They conduct a forensic exam at no cost to the survivor, collect evidence, and screen for and treat sexually transmitted infections and other possible injuries.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>Interviews</p> <ul style="list-style-type: none"> a. PCM <p>115.283 (a, b, c). The facility indicated in their response to the PAQ that the facility offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in a confinement setting and that such services are consistent with the community level of care. Staff discussions confirmed residents will receive ongoing treatment in accordance with hospital discharge instructions, through community providers and or facility medical.</p> |

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

115.283 (d, e). The facility indicated in their response to the PAQ that the facility does offer pregnancy tests or information about lawful pregnancy related medical services to female victims of sexually abusive vaginal penetration because the facility does not house female. The facility houses female residents as confirmed through conversations with the PCM, they would be offered these services through the hospital.

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

115.283 (f). The facility indicated in their response to the PAQ that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The staff confirmed these are provided in the community. It was further confirmed through Pennsylvania Coalition to Advance Respect website. It states specially trained health care providers at hospitals across the Commonwealth are prepared to examine victims following an assault and care for their immediate safety. They conduct a forensic exam at no cost to the survivor, collect evidence, and screen for and treat sexually transmitted infections and other possible injuries.

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

115.283 (g). The facility indicated in their response to the PAQ that treatment services are 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. Pennsylvania Coalition Against Rape website states specially trained health care providers at hospitals across the Commonwealth are prepared to examine victims following an assault and care for their immediate safety. They conduct a forensic exam at no cost to the survivor, collect evidence, and screen for and treat sexually transmitted infections and other possible injuries.

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

115.283 (h). The facility indicated in their response to the PAQ that the facility does not conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The facility does not provide mental

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| | <p>health services, these services would be provided in the community. There were no known resident-on-resident abusers at the facility in the 12-month review period.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.286 | Sexual abuse incident reviews |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>Interviews</p> <ul style="list-style-type: none"> a. Director b. PCM <p>115.286 (a). The facility indicated in their response to the PAQ that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the facility has not conducted any investigation reviews. All substantiated or unsubstantiated PREA sexual abuse cases are reviewed by the facility and the Pennsylvania Department of Corrections, Bureau of Community Corrections. The reviews are documented on the PREA Sexual</p> |

Abuse Incident Review form. The facility indicated that there were no reviews during the auditing period.

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

115.286 (b). The facility indicated in their response to the PAQ that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. Procedurally, this practice is directed by Pennsylvania Department of Corrections policy DC-ADM 008. The Director confirmed that a review would be conducted within 30 days of the conclusion of the investigation.

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

115.286 (c). The facility indicated in their response to the PAQ that the sexual abuse incident review includes upper-level management officials and allows for input from line supervisors, and investigators. The review committee is determined by the by the facility and the Pennsylvania Department of Corrections, Bureau of Community Corrections.

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

115.286 (d). The facility indicated in their response to the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to the above provisions and any recommendations for improvement and submits such report to the facility head and PREA Coordinator. The review committee considers the following:

- a. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse,
- b. Whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, intersex identification status or perceived status, gang affiliation, or other group dynamics at the facility,
- c. Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse,
- d. Assesses the adequacy of staffing levels in that area during different shifts,
- e. Assesses whether monitoring technology should be deployed or

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| | <p>augmented to supplement supervision by staff; and</p> <p>f. Prepares and submit a report of its findings and any recommendations for improvement to the facility head and PREA compliance manager.</p> <p>The Director was interviewed, and they properly identified the objective of such review, which includes an analysis of contextual variables, incident causes or motivations, policy failures, trends, physical plant needs, staffing levels, technology or tools to supplement staff supervision, etc. and any respective corrective actions.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.286 (e). The facility indicated in their response to the PAQ that the facility implements recommendations for improvement or documents its reasons for not doing so. This practice was confirmed by the Director.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.287 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p> <p>b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)</p> <p>115.287 (a)(b)(c)(d). The facility indicated in their response to the PAQ that the</p> |

agency is in compliance with the following provisions:

- (a) The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
- (b) The agency aggregates the incident-based sexual abuse data at least annually.
- (c) The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.
- (d) The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states:

- 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 (PREA 115.287.a)
- The Corporate PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually. (PREA 115.287.b)
- 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. (PREA 115.287.c)
- 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. (PREA 115.287.d)

The agency reports incident data to the Pennsylvania Department of Corrections monthly and collects the data themselves for a yearly report. It should be noted that the agency data is also included in the PADOC yearly data report. This practice was further confirmed during interviews with the PREA Coordinator.

(e) The agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. In the facility responses to provision (e) in the PAQ they indicate that they do not hold any contracts for the confinement of residents.

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

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| | <p>115.287 (f). The facility indicated in their response to the PAQ that the agency has not provided the Department of Justice (DOJ) with data from the previous calendar year.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.288 | Data review for corrective action |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>Interviews</p> <ol style="list-style-type: none"> a. PREA Coordinator <p>115.288 (a)(b)(c)(d). The facility indicated in their response to the PAQ that the agency is in compliance with the following provisions:</p> <p>(a) The agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ul style="list-style-type: none"> • Identifying problem areas; • Taking corrective action on an ongoing basis; and |

- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

(b) The annual report includes a comparison of the current year's data and corrective actions with those from prior years and the annual report provides an assessment of the agency's progress in addressing sexual abuse.

(c) The agency makes its annual report readily available to the public at least annually through its website and approved by the agency head.

(d) When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and the agency indicates the nature of material redacted.

Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)states that:

o 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: (PREA 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.

o 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. (PREA 115.288.b)

o 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. (PREA 115.288.c)

o 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. (PREA 115.288.d)

During interviews and review of the data reports it was confirmed that the provisions are being met.

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

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic

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| | <p>evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.289 | Data storage, publication, and destruction |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.289 (a). The facility indicated in their response to the PAQ that the agency ensures incident-based and aggregate data are securely retained. Gaudenzia, Inc. Policy & procedure Manual National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) states that the agency shall ensure that data collected is securely retained.</p> <p>The PREA Coordinator confirmed that data is securely retained, and data submitted and used for tracking purposes is controlled by user rights and is granted to those staff with a need to know. Personally identifiable information is not submitted; quantitative data-only.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.289 (b). The facility indicated in their response to the PAQ that aggregated sexual abuse data from facilities under its direct control is made readily available to</p> |

the public at least annually through its website. Policy states that the agency shall make all aggregated sexual abuse data readily available to the public at least annually through its Web site or, if it does not have one, through other means. Upon reviewing the agency website, the 2023 data report is published.

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

115.289 (c). The facility indicated in their response to the PAQ that the agency removes all personal identifiers before making aggregated sexual abuse data publicly available. Upon reviewing the report on the agency's public website, it was confirmed that any personal identifiers and specific material that would present a clear and specific threat to the safety and security of a facility have been redacted.

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

115.289 (d). The facility indicated in their response to the PAQ that the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. This practice was confirmed with the PREA Coordinator, she further confirmed that all data is maintained by the PADOE under their retention schedule.

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

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

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The following evidence was analyzed in making a determination of compliance: |

Documentation reviewed:

- a. Pre-Audit Questionnaire

Interviews

- a. PREA Coordinator

115.401 (a). The auditor confirmed by review of the public website that beginning in Audit Cycle I, and during each three-year period thereafter, the agency ensured each facility operated by the agency, or by a private organization on behalf of the agency, was and is audited at least once. The public website lists the facility and respective audit year, in addition to a hyperlink to access the final report.

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

115.401 (b). An interview with the PREA Coordinator indicated the agency has multiple facilities. The auditor confirmed that due to unforeseen issues that agency was unable to conduct one third of the audits in audit years one and two.

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

115.401 (h). During the onsite review, the auditor had unrestricted access to all areas of the facility. The auditor was invited, and accommodated, to observe any area or operation within the facility upon request.

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

115.401 (i). During all phases of the audit, the staff consistently made available to the auditor documents, records, files, photographs, etc. in a timely manner. During the onsite phase of the audit, the auditors had unrestricted access to files, reports, and automated information systems at the agency and facility levels.

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

115.401 (m). During the onsite phase of the audit, the auditor and staff worked

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| | <p>cooperatively to develop a private process and location for conducting interviews of both staff and inmates. The auditor benefited greatly from the facility’s active coordination of interviews and attempts to troubleshoot refusals.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.401 (n). Audit notices included a confidentiality statement and instructions to contact the auditor via mail, if desired. The notices were forwarded on September 25, 2024. The auditor did not receive any correspondence from an inmate or staff member during any phase of the audit.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p> <p>115.403 (f). The auditor confirmed by review of the public website that the previous final audit report is available at https://www.gaudenzia.org/prea-policy/.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> |

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| | <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p> |
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| Appendix: Provision Findings | | |
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| 115.211 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.211 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities? | yes |
| 115.212 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.212 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.212 (c) | Contracting with other entities for the confinement of residents | |
| | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in | na |

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| | 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.) | |
| | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | na |
| 115.213 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.213 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.) | na |
| 115.213 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing | yes |

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| | staffing patterns? | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? | yes |
| 115.215 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.215 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | yes |
| 115.215 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female residents? | yes |
| 115.215 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enable residents to shower, | yes |

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| | perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | |
| | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? | yes |
| 115.215 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.215 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| 115.216 (a) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |

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

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| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.216 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| 115.217 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of | yes |

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| | force, or coercion, or if the victim did not consent or was unable to consent or refuse? | |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| 115.217 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? | yes |
| | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents? | yes |
| 115.217 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.217 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| 115.217 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.217 | Hiring and promotion decisions | |

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

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| | agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | |
| 115.221 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |
| 115.221 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |
| 115.221 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |

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| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.221 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.221 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.221 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.221 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na |

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| 115.222 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.222 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.222 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) | yes |
| 115.231 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with | yes |

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| | residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.231 (b) | Employee training | |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| 115.231 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, | yes |

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| | does the agency provide refresher information on current sexual abuse and sexual harassment policies? | |
| 115.231 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.232 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.232 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.232 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.233 (a) | Resident education | |
| | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? | yes |

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| | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? | yes |
| | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? | yes |
| 115.233 (b) | Resident education | |
| | Does the agency provide refresher information whenever a resident is transferred to a different facility? | yes |
| 115.233 (c) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? | yes |
| 115.233 (d) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.233 (e) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.234 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent | na |

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| | the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | |
| 115.234 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| 115.234 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).) | na |
| 115.235 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |

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| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| 115.235 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) | na |
| 115.235 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| 115.235 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | na |
| | Do medical and mental health care practitioners contracted by | na |

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| | and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | |
| 115.241 (a) | Screening for risk of victimization and abusiveness | |
| | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| 115.241 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.241 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.241 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: | yes |

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

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| 115.241 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess a resident's risk level when warranted due to a: Referral? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Request? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? | yes |
| 115.241 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.241 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.242 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |

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| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.242 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |
| 115.242 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.242 (d) | Use of screening information | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.242 (e) | Use of screening information | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.242 | Use of screening information | |

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| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.251 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.251 (b) | Resident reporting | |

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| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| 115.251 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.251 (d) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| 115.252 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.252 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve | na |

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| | with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | |
| 115.252 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| 115.252 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |
| 115.252 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf | na |

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

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| | 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.) | |
| 115.253 (a) | Resident access to outside confidential support services | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible? | yes |
| 115.253 (b) | Resident access to outside confidential support services | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.253 (c) | Resident access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.254 (a) | Third party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| 115.261 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or | yes |

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| | information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.261 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.261 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.261 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.261 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |

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| 115.262 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.263 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.263 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.263 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.263 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.264 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, | yes |

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

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| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.267 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| 115.267 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? | yes |

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

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| | evidence, including any available physical and DNA evidence and any available electronic monitoring data? | |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.271 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.271 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.271 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.271 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.271 | Criminal and administrative agency investigations | |

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| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.271 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.271 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |
| 115.271 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| 115.272 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.273 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.273 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency | yes |

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| | 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.) | |
| 115.273 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform | yes |

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| | the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | |
| 115.273 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.276 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.276 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.276 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.276 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.277 (a) | Corrective action for contractors and volunteers | |

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

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| | condition of access to programming and other benefits? | |
| 115.278 (e) | Disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.278 (f) | Disciplinary sanctions for residents | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.278 (g) | Disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.282 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.282 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.282 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information | yes |

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| | about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | |
| 115.282 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.283 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.283 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.283 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.283 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive | yes |

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| | 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.) | |
| 115.283 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.283 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.286 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.286 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.286 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

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| 115.286 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.286 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.287 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.287 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.287 | Data collection | |

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| (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 |
| 115.287 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.287 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |
| 115.287 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| 115.288 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |

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| 115.288 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.288 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.288 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.289 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |
| 115.289 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.289 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.289 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |

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| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with residents? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the | yes |

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