

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

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 09/02/2020

Auditor Information

Name: Patrick J. Zirpoli **Email:** pzirpoli@ptd.net

Company Name: Patrick J. Zirpoli LLC

Mailing Address: [REDACTED] **City, State, Zip:** [REDACTED]

Telephone: [REDACTED] **Date of Facility Visit:** 8/04/2020 & 8/05/2020

Agency Information

Name of Agency: Firetree, Ltd.

Governing Authority or Parent Agency (If Applicable): Firetree, Ltd.

Physical Address: 800 W. 4th Street **City, State, Zip:** Williamsport, PA 17701

Mailing Address: same **City, State, Zip:**

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: www.firetree.com

Agency Chief Executive Officer

Name: Laura Lane, Chief Operating Officer

Email: llane@firetree.com **Telephone:** 570-601-0877 ext. 2024

Agency-Wide PREA Coordinator

Name: Steven McCardell, Corporate Compliance Officer

Email: smccardell@firetree.com **Telephone:** 570-601-0877 ext. 2013

PREA Coordinator Reports to: Firetree, Ltd. Governing Body

Number of Compliance Managers who report to the PREA

Coordinator: 3

Facility Information

Name of Facility: Capitol Pavilion

Physical Address: 2012 N. 4th Street **City, State, Zip:** Harrisburg, PA 17102

Mailing Address (if different from above):

same **City, State, Zip:**

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Website with PREA Information: www.firetree.com

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

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

BOP and DOC (periodic) – contractual requirements inspections

Facility Director

Name: Jennifer Bowser

Email: jbowser@firetree.com **Telephone:** 717-236-0132 ext. 2400

Facility PREA Compliance Manager

Name: Jennifer Bowser

Email: jbowser@firetree.com **Telephone:** 717-236-0132 ext. 2400

Facility Health Service Administrator N/A

Name:

Email: Telephone:

Facility Characteristics

Designated Facility Capacity: 96

Current Population of Facility: 82

Average daily population for the past 12 months: 81

Has the facility been over capacity at any point in the past 12 months? Yes No

Which population(s) does the facility hold? Females Males Both Females and Males

Age range of population: 22 yrs. To 77 yrs.

Average length of stay or time under supervision 60 days

Facility security levels/resident custody levels Minimum/Community

Number of residents admitted to facility during the past 12 months 346

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 332

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 149

Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and

Customs Enforcement)? Yes No

Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):

Federal Bureau of Prisons

U.S. Marshals Service

U.S. Immigration and Customs Enforcement

Bureau of Indian Affairs

U.S. Military branch

State or Territorial correctional agency

County correctional or detention agency

Judicial district correctional or detention facility

City or municipal correctional or detention facility (e.g. police lockup or city jail)

Private corrections or detention provider

Other - please name or describe:

N/A

Number of staff currently employed by the facility who may have contact with residents: 31

Number of staff hired by the facility during the past 12 months who may have contact with residents: 11

Number of contracts in the past 12 months for services with contractors who may have contact with residents: 0

Number of individual contractors who have contact with residents, currently authorized to enter the facility: 19

Number of volunteers who have contact with residents, currently authorized to enter the facility: 0

Physical Plant

Number of buildings: 1

Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

Number of resident housing units: 2

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

Number of single resident cells, rooms, or other enclosures: 1

Number of multiple occupancy cells, rooms, or other enclosures: 20

Number of open bay/dorm housing units: 0

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)? Yes No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? Yes No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site? Yes No

Are mental health services provided on-site? Yes No

Where are sexual assault forensic medical exams provided? Select all that apply.

- On-site
- Local hospital/clinic Harrisburg Hospital
- Rape Crisis Center
- Other (please name or describe: [Click or tap here to enter text.](#))

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting

CRIMINAL investigations into allegations of sexual abuse or sexual harassment: 0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), **CRIMINAL INVESTIGATIONS** are conducted by: Select all that apply.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for **CRIMINAL INVESTIGATIONS**: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting **ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment? 1**

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), **ADMINISTRATIVE INVESTIGATIONS** are conducted by:

Select all that apply

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for **ADMINISTRATIVE INVESTIGATIONS**: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department

- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: PA DOC Investigators)
- N/A

Audit Findings

Audit Narrative (including Audit Methodology)

Pre-Onsite Audit Phase

Audit Planning and Logistics:

I had the opportunity to discuss the audit process and expectations of both parties with the Agency PREA Coordinator Steven McCardell. We coordinated the dates for the onsite audit at the facility. During these conversations we outlined an overall audit schedule and he notified the facility of the estimated time of arrival onsite.

Posting Notice of the Audit:

I forwarded the audit posting to the Agency PREA Coordinator on June 17, 2020 he then forwarded the posting to the facility. The posting included the dates of the audit, purpose of the audit, my contact information and a statement regarding the confidentiality of any communication received. The postings were placed throughout the facility, including all housing units, visiting areas, recreational areas and all common areas. I verified the placement of the audit notices during the onsite portion of the audit during the facility tour, and during the resident and staff interviews. I did not receive any letters from residents or staff at the facility.

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

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

Outreach to Community Advocacy Organizations:

I contacted the YWCA of Greater Harrisburg. I confirmed that they provide victim advocacy for the facility, and that they would respond to the Harrisburg hospital where the examination would be occurring. They also related that they knew of no issues at the facility.

Agency level interviews:

I conducted the agency level interviews during the audit of the facility. These interviews included the Chief Operating Officer, Agency PREA Coordinator, and Agency Investigator. I also conducted interviews with Pennsylvania Department of Corrections personnel related to specific standards where they provide assistance.

Onsite Audit Phase

Site Review:

The audit was conducted during the Covid 19 Pandemic. The Agency, Facility, and Auditor took all necessary precautions. These precautions included temperature checks prior to entering the facility, questionnaire, universal masking for all staff, residents and visitors. During the facility tour social distancing was practiced. The staff and resident interviews were conducted with the participants seated at minimum of 6 feet apart, and both wearing masks.

The Agency PREA Coordinator and I met with Director Jennifer Bowser on August 4, 2020 at approximately 8:00 a.m. to conduct a briefing and facility tour. We discussed the onsite portion of the audit, including facility tour, resident and staff interview location, and document review. During the tour I had the opportunity to view all areas of the facility. I interacted with both staff and residents, as well as observed the interaction between the staff and residents. I was able to verify the location of cameras throughout the facility, as well as the camera monitor locations. While in the housing areas I observed the related PREA information, audit posting, and applicable policies and procedures posted in the common areas, which are accessible to all residents. These postings were further observed in common areas throughout the facility. The resident interviews began on the morning of August 4, 2020 immediately following the facility tour. The interviews were conducted in a private room, which provided privacy for the interviews. The residents were randomly selected from residents currently housed at the facility.

During this process I interviewed residents in the following categories:

Interview Type Number

Random Resident Interviews 14

Residents with a Physical Disability 2

Residents who are Blind, Deaf, or Hard of Hearing 0

Residents who are Limited English Proficient 0

Residents with a Cognitive Disability 2

Residents who Identify as Lesbian, Gay or Bisexual 2

Residents who identify as Transgender or Intersex 0

Residents in Segregated Housing for High Risk of Sexual Victimization 0

Residents who Reported Sexual Abuse 0

Residents who Reported Sexual Victimization During Risk Screening 0

Total Resident Interviews 20

During the interview process several targeted categories of residents were not being housed at the facility. I conducted the interviews with all residents in the same manner, a preamble to the interview was relayed to the resident explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No residents refused to speak with me. All residents were asked questions related to the Random Resident Interviews, and if they were in a targeted category, I asked those additional questions. During the interviews I utilized a copy of the initial PREA information received by residents, to visually stimulate the resident's recollection of their initial intake process.

Upon completion of the resident interviews the staff interviews were conducted in the same room, these interviews were all conducted in private. These interviews were conducted on August 4th & 5th 2020. Interviews were conducted on all shifts. During the process I interviewed staff in the following categories:

Interview Type Number

Random Staff Interviews 9

Intermediate or Higher Level Staff Conducting Unannounced Rounds and Intake Staff 1

Medical and Mental Health Staff 0

Administrative Staff 0

Volunteers and Contractors 0

Investigative Staff 1

Staff who Perform Screening 2

Staff on the Sexual Abuse Incident Review Team 2

First Responders 1

Chief Operating Officer 1

Agency PREA Coordinator 1
Director/PREA Compliance Manager and Designated to Monitor for Retaliation 1
Total Staff Interviews 19

I conducted the interviews with all staff in the same manner, a preamble to the interview was relayed to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No staff refused to speak with me. All interviewed staff were asked questions related to the Random Staff Interviews, and if they were in a targeted category. They were then asked questions pertaining to that area. The onsite documentation review was conducted during the two days of the audit process. The onsite documentation was reviewed at the source, all files, and facility documents were retrieved by me. The following is a list of documentation reviewed during the Pre-Audit, Onsite Audit, and Post Audit Phases, with the applicable standard to each.

Documentation Reviewed Pre-Audit, Onsite Audit and Post Audit Phases Applicable Standard

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment
Organizational Chart
Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Not Applicable Standard 115.212: Contracting with other entities for the confinement of residents

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment
Staffing Plan
Daily Assignment Post Roster
Facility diagrams showing camera locations
Standard 115.213: Supervision and Monitoring

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment
Searching Lesson Plans
Training rosters
Cross gender/Transgender Pat Search lesson plan
Standard 115.215: Limits to cross-gender viewing and searches
Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-005
Subject: Resident Disabilities and English Proficiency
Translated materials (regarding PREA)
Translation Resources
Standard 115.216: Residents with Disabilities and Residents who are Limited English Proficient
Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-006
Subject: Hiring and promotion decisions
Documentation of 5 year Criminal Background Verification of the Rap Back System through JNET
Pennsylvania Department of Corrections policy DC-ADM 008

Standard 115.217: Hiring and Promotion Decisions

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Camera layout

Standard 115.218: Upgrades to facilities and technologies

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-008

Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services

Policy and Procedures Manual Policy # 12-018

Subject: Staff First Responder Duties

MOU with YWCA of Greater Harrisburg Pennsylvania Department of Corrections policy DC-ADM 008

Standard 115.221: Evidence Protocol and Forensic

Medical Examination

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-009

Subject: PREA Investigations

Investigative Reports of Sexual Abuse and Sexual Harassment for facility, BOP and PADO

Standard 115.222: Policies to Ensure Referral of Allegations for Investigations

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-010

Subject: Employee, Volunteer, Intern, Contractor, and Vendor Training

PREA Training PowerPoint

PREA Participation Guide

Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors

Standard 115.231: Employee Training

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-010

Subject: Employee, Volunteer, Intern, Contractor, and Vendor Training

Completed Acknowledgement Forms

Standard 115.232: Volunteer and Contractor Training

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-011

Subject: Resident Education

Acknowledgment forms Signed

Resident Handbook, relevant pages, (English and Spanish)

Posters Posted on Units (regarding PREA and zero tolerance)

Standard 115.233: Resident Education

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Letter to PREA Auditors regarding specialized training

Training Records for Investigators

Investigative training lesson plan

Pennsylvania Department of Corrections policy DC-ADM 008

Standard 115.234: Specialized training:

Investigations

Not Applicable

Standard 115.235: Specialized training: Medical and mental health care

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-014

Subject: PREA Risk Screening and use of Screening Information

Completed PRATT tools

Revised PADOE PRATT

PRATT Decision Making Guide

Standard 115.241: Screening for risk of victimization and abusiveness

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-014

Subject: PREA Risk Screening and use of Screening Information

Completed PRATT tools

Revised PADOE PRATT

PRATT Decision Making Guide

Standard 115.242: Use of screening information

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-013

Subject: Reporting of Sexual Harassment and

Sexual Abuse

Resident Handbooks

Posters

Completed investigations

Agency BOP and PADOE website

Standard 115.251: Resident reporting

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment Pennsylvania Department of
Corrections policy

DC-ADM 008

Bureau of Prisons Policy

Standard 115.252: Exhaustion of administrative
remedies

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-008
Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations,
and Victim Advocate Services, and Follow-up Services

Policy and Procedures Manual Policy # 12-018
Subject: Staff First Responder Duties
MOU with YWCA of Greater Harrisburg
Pennsylvania Department of Corrections policy DC-ADM 008
Bureau of Prisons Policy
Standard 115.253: Resident access to outside confidential support services

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment
PREA Notices
Agency, BOP and PADOE Websites
Standard 115.254: Third-party reporting

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-008
Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations,
and Victim Advocate Services, and Follow-up Services

Policy and Procedures Manual Policy # 12-018
Subject: Staff First Responder Duties
Pennsylvania Department of Corrections policy DC-ADM 008
Bureau of Prisons Policy
Investigative Reports
Standard 115.261: Staff and agency reporting duties

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment
Standard 115.262: Agency protection duties

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-017
Subject: Reporting to Other Confinement Facilities
Pennsylvania Department of Corrections policy DC-ADM 008
Bureau of Prisons Policy
Standard 115.263: Reporting to other confinement facilities

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-008
Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations,
and Victim Advocate Services, and Follow-up Services

Policy and Procedures Manual Policy # 12-018
Subject: Staff First Responder Duties
Pennsylvania Department of Corrections policy DC-ADM 008
Bureau of Prisons Policy
Investigative Reports
Standard 115.264: Staff first responder duties

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-008
Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations,
and Victim Advocate Services, and Follow-up Services

Policy and Procedures Manual Policy # 12-018
Subject: Staff First Responder Duties
Pennsylvania Department of Corrections policy DC-ADM 008
Bureau of Prisons Policy
Investigative Reports
Capitol Pavilion Institutional Plan
Standard 115.265: Coordinated response
Not Applicable
Standard 115.266: Preservation of ability to protect
Residents from contact with abusers

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-021
Subject: Protection Against Retaliation
Investigative Reports
Standard 115.267: Agency protection against retaliation

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-009
Subject: PREA Investigations

Policy and Procedures Manual Policy # 12-018
Subject: Staff First Responder Duties
Pennsylvania Department of Corrections policy DC-ADM 008
Bureau of Prisons Policy
Investigative Reports
Standard 115.271: Criminal and administrative agency investigations

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-022
Subject: Evidentiary Standards for Administrative Investigations
Pennsylvania Department of Corrections policy DC-ADM 008
Bureau of Prisons Policy
Investigative Reports
Standard 115.272: Evidentiary standard for administrative investigations

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-023
Subject: Reporting to Residents
Pennsylvania Department of Corrections policy DC-ADM 008
Bureau of Prisons Policy
Investigative Reports
Standard 115.273: Reporting to residents

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-024
Subject: Disciplinary Sanctions for Staff
Pennsylvania Department of Corrections policy DC-ADM 008
Bureau of Prisons Policy
Investigative Reports
Standard 115.276: Disciplinary sanctions for staff

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-025
Subject: Corrective Action for Contractors,
Volunteers and Interns
Pennsylvania Department of Corrections policy
DC-ADM 008
Bureau of Prisons Policy
Investigative Reports
Standard 115.277: Corrective action for contractors and volunteers

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment
Policy and Procedures Manual Policy # 12-026
Subject: Disciplinary Sanctions for Residents
Pennsylvania Department of Corrections policy DC-ADM 008
Bureau of Prisons Policy
Investigative Reports

Standard 115.278: Disciplinary sanctions for residents

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-008

Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services

Pennsylvania Department of Corrections policy DC-ADM 008

Bureau of Prisons Policy

Investigative Reports

Standard 115.282: Access to emergency medical and mental health services

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-008

Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services

Pennsylvania Department of Corrections policy DC-ADM 008

Bureau of Prisons Policy

Investigative Reports

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

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-027

Subject: Sexual Abuse Incident Reviews

Pennsylvania Department of Corrections policy DC-ADM 008

Bureau of Prisons Policy

Investigative Reports

Standard 115.286: Sexual abuse incident reviews

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-028

Subject: Data Management

Pennsylvania Department of Corrections policy DC-ADM 008

Bureau of Prisons Policy

Investigative Reports

Data reports from 2015 through 2018

Standard 115.287: Data collection

Policy and Procedures Manual Policy # 12-001

Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-028

Subject: Data Management

Pennsylvania Department of Corrections policy DC-ADM 008

Bureau of Prisons Policy
Investigative Reports
Data reports from 2015 through 2018
Standard 115.288: Data review for corrective action

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

Post Audit:

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of each standard were met. This assurance was made by triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After taking all of these factors into account, I found that the facility has met all of the standards and are in compliance with the Prison Rape Elimination Act National Standards for Community Confinement.

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment

Policy and Procedures Manual Policy # 12-028
Subject: Data Management
Pennsylvania Department of Corrections policy DC-ADM 008
Bureau of Prisons Policy
Investigative Reports
Data reports from 2015 through 2018
Standard 115.289: Data storage, publication, and destruction

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment
Standard 115.401: Frequency and scope of audits

Policy and Procedures Manual Policy # 12-001
Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment
Standard 115.403: Audit contents and findings

Facility Characteristics

The agency lists the following information on their website:

About Us
Seeing the Need

Firetree, Ltd. was formed in 1991 as a non-profit 501 (c) (3) corporation designed to provide quality transitional services to individuals associated with the criminal justice system. Statistically, chemical abuse is an indirect or direct cause of criminal behavior in approximately 90 % of the prison population; however, a minimal number of offenders were receiving substance abuse treatment. Firetree, Ltd. developed the belief and the mission that drug and alcohol treatment is essential to effect change in the criminal offender. It wasn't long before serving those who are chemically dependent but not yet involved in the criminal justice system was recognized as yet another area of need.

Drug & Alcohol Treatment Programs

Firetree, Ltd.'s Conewago Family of Treatment Programs offers a range of programs addressing the needs of chemically addicted individuals. Programs for men and women 18 and older include: Conewago Place, Conewago Pottsville, Conewago Snyder and Conewago Indiana. Our mission statement, "Together Building a New Way of Life," is exemplified by our progressive programs and our dedicated professional staff. We work as a team with our clients to help them change their thinking and behavior in order to maintain their sobriety. We believe that change is possible but will only take place through acceptance of personal responsibility and accountability.

Criminal Justice Programs

Firetree, Ltd.'s first facility, Capitol Pavilion (Harrisburg, PA) began receiving pre-release residents in February 1992 and continues to provide an extensive education program that focuses on obtaining employment, reintegrating into the community with a concentration on life skills, and avoiding addictive behavior. Capitol Pavilion has an outstanding reputation with the Federal Bureau of Prisons and the Pennsylvania Department of Corrections for providing Federal and state offenders with programs and assistance to successfully return to society. Similar programs were opened to meet the ever increasing needs of the criminal justice system: Snyder Pavilion (Beavertown, PA) and Syracuse Pavilion (Syracuse, NY). Firetree also offers similar non-residential programming at the Williamsport Day reporting Center.

Capitol Pavilion

- Located in Harrisburg, Pennsylvania
- American Correctional Association (ACA) accredited
- Life skills classes
- Individualized Assessment / Comprehensive Medical Screening
- Client Monitoring System
- Case Management
- Goal Oriented Program Plan and Home Plan Assistance
- Personalized Continuum of Care Plan
- Community Based Support Services (AA/NA, Mental Health, Legal, Religious, Vocational, and Educational)
- Chemical Dependency Education Resources
- Internal and External Recreation Programs
- Community Service
- Direct Payment of Court Costs, Fines, and Restitution

Resident Population

All eligible referrals will be males and females age 18 and older who have an association with the criminal justice system. Referrals into the program are directed through the Pennsylvania Department of Corrections, Pennsylvania Board of Probation and Parole, the Federal Court System, and the Federal Bureau of Prisons. Capitol Pavilion is located at 2012 North Fourth Street Harrisburg, PA 17102. The facility houses both male and female residents placed by either the Pennsylvania Department of Corrections or the Federal Bureau of Prisons. The facility is located within the city limits of Harrisburg, this allows the residents to utilize public transportation, and is extremely advantageous for job seeking. The immediate area surrounding the facility is best described as residential. To gain access to the facility all staff, visitors, and returning residents must enter through the main entrance, access is controlled by staff and is secured at all times. The main entrance area is [REDACTED]

[REDACTED] The building is three stories, the main entrance is located on the first floor. A foyer area is located inside the entrance door, this area has two doors, one leading to the main areas of the building, a second that leads to the female housing area, it should be noted that this door is locked at all times and access has to be granted by the monitors. The first floor monitor station is located just inside the door to the main area, all persons entering the building need to clear the metal detector, and all personnel property is searched.

The first floor contains offices, handicap resident housing, kitchen, dining area, and laundry facility. A stairway is located at the far end of the building allowing access to the second floor, this floor is utilized for male resident housing. The rooms are multi occupancy rooms, with operational doors allowing privacy when changing. A bathroom is shared by two rooms, the toilets in the bathrooms have operational stall doors, and the showers have curtains.

The third floor contains the federal male housing area and female housing unit. Both areas have multi occupancy rooms, with operational doors allowing privacy when changing. The bathrooms have stall doors and shower curtains. A separate monitor's station is located in the female housing unit, this allows direct supervision of the female residents by a female monitor. Staff offices are located on both the second and third floor. All areas of the facility are under direct supervision of staff. Monitor stations are placed throughout the facility to allow adequate staff supervision. During the facility tour I observed multiple staff moving throughout the facility.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 7

List of Standards Exceeded:

- § 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
- § 115.231 Employee training.
- § 115.233 Resident education.
- § 115.234 Specialized training: Investigations.
- § 115.241 Screening for risk of victimization and abusiveness.
- § 115.251 Resident reporting.
- § 115.271 Criminal and administrative agency investigations.

Standards Met

Number of Standards Met: 34

- § 115.212 Contracting with other entities for the confinement of residents.
- § 115.213 Supervision and monitoring.
- § 115.215 Limits to cross-gender viewing and searches.
- § 115.216 Residents with disabilities and residents who are limited English proficient.
- § 115.217 Hiring and promotion decisions.
- § 115.218 Upgrades to facilities and technologies.
- § 115.221 Evidence protocol and forensic medical examinations.
- § 115.222 Policies to ensure referrals of allegations for investigations.
- § 115.232 Volunteer and contractor training.
- § 115.235 Specialized training: Medical and mental health care.
- § 115.242 Use of screening information.
- § 115.252 Exhaustion of administrative remedies.
- § 115.253 Resident access to outside confidential support services.
- § 115.254 Third-party reporting.
- § 115.261 Staff and agency reporting duties.
- § 115.262 Agency protection duties.
- § 115.263 Reporting to other confinement facilities.
- § 115.264 Staff first responder duties.
- § 115.265 Coordinated response.
- § 115.266 Preservation of ability to protect residents from contact with abusers
- § 115.267 Agency protection against retaliation.

- § 115.272 Evidentiary standard for administrative investigations.
- § 115.273 Reporting to residents.
- § 115.276 Disciplinary sanctions for staff.
- § 115.277 Corrective action for contractors and volunteers.
- § 115.278 Disciplinary sanctions for residents.
- § 115.282 Access to emergency medical and mental health services.
- § 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
- § 115.286 Sexual abuse incident reviews.
- § 115.287 Data collection.
- § 115.288 Data review for corrective action
- § 115.289 Data storage, publication, and destruction.
- § 115.401 Frequency and scope of audits.
- § 115.403 Audit contents and findings.

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment;

PREA coordinator

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE:

Firetree, Ltd Policy and Procedures Manual Policy # 12-001 Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment dictates the agency's mandated zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. This policy furthermore defines all forms of sexual abuse and sexual harassment. I reviewed the policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

The agency has designated an agency-wide PREA Coordinator. During the interview, he related that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. I found the Agency PREA Coordinator to be well versed in the PREA Standards and their daily application throughout all of the facilities operated by the agency. The PREA Coordinator is in the upper level of management and reports directly to the President and Vice President. The agency has also designated a PREA Compliance Manager at each of its facilities. During the interview with the PREA Compliance Manager, she related that she has enough time to implement the PREA Standards at the facility. During the interviews at the facility, I was informed that the Agency PREA Coordinator is always accessible to answer questions and provide advice on PREA related issues. I was also advised that the Agency PREA Coordinator will spot check the facilities to ensure that they are consistent in the application of the agency policies that apply to PREA. Prior to the onsite audit all documentation was reviewed, during the onsite portion I observed the policies in daily practice, and this was further confirmed during my interviews with both staff and residents. After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency has substantially exceeded the requirements of this standard, and all provisions.

**Standard 115.212: Contracting with other entities for the confinement of residents
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.212 (a)

If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

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

115.212 (c)

If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency does not contract with any entity for the housing of residents. After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
- Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has developed a facility staffing plan that provides for adequate levels of staffing, and,

where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities have taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the aforementioned policies. I further questioned the staff on the policies and the ability to fully staff the facility at all times. I was informed that the facility utilizes overtime if needed.

The staffing plan was completed and reviewed by the PREA Coordinator and Chief Operating Officer. This was confirmed through a review of the staffing plan and staff interviews; the staffing plan is dated January 3, 2020. Both were interviewed, and they confirmed that the staffing plan was developed while taking into consideration the provisions of the standard. The staffing plan has not been deviated from within the last 12 months. I confirmed during staff interviews that overtime would be utilized if needed to ensure the staffing demands are met. The facility and agency level staff review all incidents that have occurred at the facility, as well as discussing normal facility operation. They discuss any adjustments that may need to be made to the staffing plan, deployment of video monitoring and other technologies, and any resources available. This was confirmed during the staff interviews. The Pennsylvania Department of Corrections Bureau of Community Corrections conducts monthly tours of the facility, this was confirmed with the Major at PADO. The Federal Bureau of Prisons (BOP) also conducts facility tours.



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

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
- Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.)
- Yes No NA

115.215 (c)

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

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status? Yes No
- If a resident’s genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE:

The facility [REDACTED] I confirmed this procedure during staff and resident interviews, as well as a review of the policy. The facility houses both male and female residents; the female residents are not prohibited from attending programming or other activities. The facility does not conduct pat searches as a normal practice when residents are moving throughout the facility. The female and male residents do not have any contact with each other while in the facility.

The above policies outline procedures and practices that enable residents to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender is viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine housing unit checks. The policies further dictate that staff of the opposite gender announces

their presence when entering a resident housing unit. These practices were confirmed during the staff and resident interviews as well as during the facility tour when I observed the announcements taking place. The facility assigns only female monitors to work in the female housing area. The facility has separate bathrooms in each housing area; these bathrooms ensure privacy while performing bodily functions, showering, and changing clothes. The showers in all of the bathrooms have shower curtains that allow privacy.

The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. I further confirmed the practices during the staff and medical interviews. When a transgender or intersex resident is placed at this facility, they would have been identified as such prior to arrival at the facility. The agency has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This was confirmed by reviewing the provided training materials. I further verified this training during staff interviews.

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

**Standard 115.216: Residents with disabilities and residents who are limited English proficient
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE:

The agency has taken appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These steps include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The agency ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility outlines the response to residents in these categories in the reviewed policies. During staff interviews, they related that they would verbally explain to cognitive disabled, or blind residents, and have anyone who is deaf read the

materials. Staff confirmed that the procedures are outlined in the policy.

The agency has taken steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. The agency has an interpretation service available, and all materials are printed in Spanish, the most common language they encounter.

The agency does not rely on resident interpreters, resident readers, or other types of resident assistants. The interviewed agency investigator is aware of the approved interpreters and confirmed during their interview that he would utilize these services. I further confirmed with the PADOX that they would utilize these services during their investigations. Investigations at the facility may also be conducted by the Pennsylvania State Police, Federal Bureau of Investigations, or the Harrisburg Police Department. All of these agencies have policies in place regarding the utilization of interpreters during the investigative process.

During the resident interviews, I interviewed residents with Cognitive Disabilities. They related that the staff further explained the sexual abuse and sexual harassment policies, and ensured that the resident understood the reporting avenues.

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

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

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

115.217 (c)

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

Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

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

115.217 (e)

Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No

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

115.217 (g)

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

115.217 (h)

Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has policies and procedures in place that identify anyone who had been convicted of sexual abuse in a confinement setting, engaged in or attempted to engage in sexual activity in the community or has been civilly or administratively adjudicated for the same. The agency has developed an application process. This process specifically asks the applicant about these activities, and all provisions enumerated in this standard. During the interviews with staff, and Administrative Personnel I verified that the form is being utilized. I further verified the utilization by reviewing personnel files. I found that the questions were asked and answered in all of the reviewed files. During the staff, interviews I verified they were asked these questions. This process is not needed in the promotion process; I confirmed with both the agency and PADOE if anyone was investigated for an incident, and the outcome was substantiated their security clearance would be permanently revoked.

A background check is further conducted by the Pennsylvania Department of Corrections and Bureau of Prisons. An initial criminal history check is conducted by both agencies. All staff is entered into the Rap Back System through JNET by the PADOE. The Rap Back System notifies the agency if any changes occur in any Staff, Volunteer, or Contractors Criminal History, this system runs constantly and negates the five-year Criminal History Check.

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

Standard 115.218: Upgrades to facilities and technologies
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE:

The agency has made substantial changes to this facility since the last PREA Audit. This included construction of new housing areas and bathrooms. During the interviews, I confirmed that during the construction the overall security and safety was taken into consideration, including the sexual safety of the residents. This was evident during the facility tour, the changes provide privacy for the residents while showering, performing bodily functions, and changing clothes.

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

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

Yes No NA

115.221 (b)

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

Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

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

If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim

advocate from a rape crisis center available to victims.) Yes No NA

Has the agency documented its efforts to secure services from rape crisis centers?

Yes No

115.221 (e)

As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

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

115.221 (f)

If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

Auditor is not required to audit this provision.

115.221 (h)

If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The facility houses both residents for the Pennsylvania Department of Corrections and the Bureau of Prisons. The investigation avenues for the residents are different according to their placement. Any incident involving a resident placed by the PADOC will be investigated by the PADOC trained investigators, these investigators are tasked with conducting the administrative investigation only. If the investigation is criminal the Pennsylvania State Police would investigate the criminal allegation. Any incident involving a resident placed by the BOP would be investigated by the Office of Inspector General, Internal Affairs, these investigators are tasked with investigating the administrative investigation. The BOP will also have the Agency Investigator investigate allegations. If the investigation is criminal the Harrisburg Police Department or Federal Bureau of Investigations would conduct the criminal investigation. The agency has developed an evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. The Pennsylvania State Police, Federal Bureau of Investigations, and Harrisburg Police Department have developed evidence protocol that exceeds the expectations of this standard.

The facility utilizes Harrisburg Hospital for all forensic medical examinations, without financial cost.

I confirmed that Harrisburg Hospital utilizes Sexual Assault Nurse Examiners (SANEs) to conduct the examination.

The facility utilizes YWCA Greater Harrisburg for victim advocacy. I reviewed the current memorandum of understanding.

During the interview with the Facility Director I confirmed that the above services are being utilized for forensic examinations. I was informed that the facility has had no incidents where these services were utilized, during the review of the investigations I confirmed that these services were not utilized.

All of the staff interviewed understood their responsibility in the preservation of evidence, and how to preserve a crime scene.

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

**Standard 115.222: Policies to ensure referrals of allegations for investigations
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through review of policies which outline the procedures for investigating sexual abuse and sexual harassment. I further verified all allegations are investigated during investigator interviews, staff interviews, and review of the agency investigative reports.

I further reviewed the investigative policies for the Bureau of Prisons and the PADOC. I verified that the investigative procedure is published on the agency's website.

The agency has policies in place that govern the investigative process. This was confirmed during policy review and investigator interviews.

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

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?

Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

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

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

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

The staff receives yearly training on PREA which far exceeds the provisions of the standards. The training provided by the agency is developed by the PREA Coordinator. The PREA Coordinator is constantly improving on the training materials, and during our many discussions we talk about how to better train staff on the prevention of sexual abuse, and what additional training is most beneficial. He has incorporated this into the staff training, providing the most up to date information to the agency staff.

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

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has trained all contractors who have contact with residents on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This was confirmed during the staff interviews at the facility. The facility has trained 7 volunteers and contractors to date. All contractors are approved through the PADOC and BOP.

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

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

The facility has no volunteers.

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

Standard 115.233: Resident education

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

115.233 (a)

During intake, do residents receive information explaining: The agency's zero-tolerance policy

regarding sexual abuse and sexual harassment? Yes No

During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No

During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No

During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

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

115.233 (c)

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

Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No

Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No

Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No

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

115.233 (d)

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

115.233 (e)

In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?

Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

During the intake process, residents receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This was confirmed during the resident and staff interviews; this information is located in the resident handbook. I further confirmed this by reviewing resident files and ensuring that the Resident PREA Resident Handout Receipt was in the files and signed by the residents. The residents receive further education within 30 days, where they view the PREA video, a staff

member will also answer any questions the residents may have. The staff further ensures any resident who is identified as disabled or limited English speaking understands the material. This was confirmed during the staff interviews and resident interviews. This education takes place within seven days of arriving at the facility.

The facility provides resident education in formats accessible to all residents; this includes residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The facility provides materials to residents in Spanish; they would also utilize an interpretation line for other languages.

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

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

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

Yes No NA

115.234 (b)

Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Yes No NA

Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Yes No NA

Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Yes No NA

115.234 (c)

Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Yes No NA

115.234 (d)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The facility houses both residents for the Pennsylvania Department of Corrections and the Bureau of Prisons. The investigation avenues for the residents are different according to their placement. Any incident involving a resident placed by the PADOc will be investigated by the PADOc trained investigators, these investigators are tasked with conducting the administrative investigation only. If the investigation is criminal the Pennsylvania State Police would investigate the criminal allegation. Any incident involving a resident placed by the BOP would be investigated by the Office of Inspector General, Internal Affairs, these investigators are tasked with investigating the administrative investigation. The BOP will also have the Agency Investigator investigate administrative allegations. If the investigation is criminal the Harrisburg Police Department or Federal Bureau of Investigations would conduct the criminal investigation.

The Pennsylvania State Police, Federal Bureau of Investigations, and Harrisburg Police Department employee sworn law enforcement officers and are highly trained in evidence collection and identification. The PADOc investigators, OIG Investigators, and Agency Investigator have been trained through various avenues. I reviewed all agency policies, BOP Policies and PADOc policies related to investigations; I also conducted interviews for investigators from both. I found the investigators to be well versed in the investigative process. During investigation reviews, I found that they follow the evidence protocols outlined in the policy, and are well versed in evidence identification and collection.

The agencies documents all training attended by the investigators. This was confirmed during the interviews with the investigators, as well as a review of the training records.

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

Standard 115.235: Specialized training: Medical and mental health care**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.235 (a)**

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

Yes No NA

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

Does the agency ensure that all full- and part-time medical and mental health care practitioners

who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The facility does not have medical nor mental health staff. All services are provided through the community providers.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
- Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
- Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

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

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

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

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

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

The agency implements control on the dissemination of screening information at the facility level. The information from the screening tools is only available to counselors, medical if needed, and administration.

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

A

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

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

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

115.242 (f)

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

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

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

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

I confirmed during interviews that placement and programming assignments for each transgender or intersex resident would be reassessed at least twice each year. This is also addressed in the policy. The facility does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status. This was confirmed during interviews. After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

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

115.251 (c)

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

Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The facility provides the residents with the information on reporting in the resident handbook and through a pamphlet provided at intake. The reporting avenues include the PADOE reporting avenue through the Pennsylvania State Police, the National Sexual Assault Hotline, internal avenues, and agency level reporting avenues. The instructions for the usage of these reporting avenues is extremely comprehensive, and the step by step usage of the reporting avenues is provided in all written materials both posted and given to the residents . During the interviews with both staff and residents, I confirmed that they were aware of the reporting avenues and that they can remain anonymous.

The agencies website further instructs third parties on how to report. This was confirmed by viewing the agencies website.

The staff interviews related that they understood the agency policy that states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The agency provides in policy a method for staff to privately report sexual abuse and sexual harassment of residents. The policy allows the staff to report to the Agency PREA Coordinator through a telephone number or email.

I found during the resident interviews that they felt that if something was happening, they would feel comfortable telling a staff member at the facility. This confidence in utilizing this reporting avenue shows the overall culture at the facility. Although this statement may not be true for all residents, the agency has provided so many different reporting avenues that a resident should feel comfortable with one of them.

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

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This

does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

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

Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

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

Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)

Yes No NA

If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)

Yes No NA

115.252 (f)

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

After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes No NA

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)

Yes No NA

Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

PREA Audit Report, V6 Page 58 of 94 Capitol Pavilion

Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The audited facility did not have any grievances system that deals with sexual abuse or sexual harassment. If an allegation was mistakenly filed through the PADO or BOP grievance system, it would be immediately removed from the grievance process and handled by an investigator.

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

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

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

115.253 (b)

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

115.253 (c)

Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Access to outside confidential support services is outlined in the agencies policies and procedures. The resident would have the ability to utilize the services of the YWCA of Greater Harrisburg, with whom PADOE has an MOU. The services that the residents would receive are the same as the level received in the community. I further confirmed with the YWCA of Greater Harrisburg that the same services would be provided to any BOP resident at the facility.

Through interviews, I further established that follow up mental health care would be provided through the community providers.

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

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

Standard 115.254: Third-party reporting

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

115.254 (a)

Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

Has the agency distributed publicly information on how to report sexual abuse and sexual

harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has established third-party reporting methods in policy; these methods allow residents to report for other residents and outside individuals to report. The agencies website outlines the third party reporting avenues; this was confirmed through a review of the agency website. The following is posted on the website:

Zero Tolerance

Firetree, Ltd. maintains zero tolerance towards all forms of institutional and community-based sexual abuse and harassment. Measures have been developed and implemented in order to prevent, detect, and respond to sexual abuse and sexual harassment conduct. This policy is applicable to the governing body, all facility employees, all residents under facility supervision, volunteers, contractors, interns, visitors, and to all those individuals and groups that conduct business with or use resources of the company. Firetree, Ltd.’s complete Zero Tolerance policy can be found [here](#).

Zero-tolerance audit and/ or annual report may be obtained by contacting:

Firetree, Ltd.,
800 West Fourth St., Williamsport, PA 17701

Employees, clients and clients’ families may submit reports anonymously to:

Firetree, Ltd.
PREA Coordinator
800 W. 4th St.
Williamsport, PA 17701

Or **email to:** prea@Firetree.com

In Pennsylvania, reports can be submitted directly to:

BCI/PREA Reporting
1800 Elmerton Ave.
Harrisburg, PA 17110

The facility has third-party reporting avenues posted in areas in the facility where they can be viewed by visitors. After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any

knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

Does the facility report all allegations of sexual abuse and sexual harassment, including thirdparty and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency policy states that any staff, volunteer, and contractors shall immediately report any knowledge, or suspicion of sexual abuse, sexual harassment, retaliation, or neglect that may have caused any incident to occur.

The policy further states that staff are prohibited from revealing any information related to sexual abuse to anyone other than the extent necessary. All staff interviewed understood this requirement.

The agency nor facility encounters youthful offenders.

The facility does not have any medical nor mental health staff.

All allegations are being reported for immediate action; this was confirmed during staff interviews and review of the investigations.

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

Standard 115.262: Agency protection duties

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

115.262 (a)

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agencies policies dictate that when the staff learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The staff interviewed understood their responsibility, and all responded that they would immediately take appropriate steps to protect the resident.

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

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

Through policy, the agency has established procedures and practices that meet all of the requirements of the standard and provision. These include notification by the facility head to the PADO Operations Center, or to Bureau of Prisons within 72 hours, as well as documentation of the information received and notification. The policy further states that if an allegation is received in such a manner, the facility needs to notify the facility Director and the PADO Operations Center, or Bureau of Prisons and the agency investigator.

During the interview with the Director, she informed me that incidents of this nature have occurred at this facility, I reviewed the documentation and found that the policy was followed and the proper notifications were made.

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

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
- Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency policies outline the initial response by staff. These policies include all of the provisions of the standard. The staff interviewed understood their responsibilities if they were the first responder to an allegation.

I verified compliance during the interview process, as well as policy and agency investigation review. After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The facility has adopted the Capitol Pavilion Institutional Plan as the overall institutional plan to respond to sexual abuse incidents. This plan dictates the actions and coordination between first responders, supervisors, administration, community medical and mental health providers, BOP and the PADO. I confirmed the institutional plan through a review of the plan, as well as during staff interviews and investigation reviews.

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

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has not entered into any collective bargaining agreement.

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

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No

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

115.267 (b)

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

115.267 (c)

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
- Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has established a policy that meets these provisions of this standard. The agency has identified the facility PREA Compliance Manager as the designated monitor to monitor the resident or staff member for alleged retaliation. They will meet with them within 72 hrs. and every 15 days thereafter.

The PREA Compliance Manager confirmed they would utilize housing transfers, as well as facility transfers of perpetrators to protect the victim in an incident.

As previously mentioned, the counselors and staff interact with the residents on an almost daily, they would help monitor the resident on a daily basis to ensure that no issues were occurring.

The Director understood her obligation under this policy.

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

of this standard, and all provisions.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

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

115.271 (c)

Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

Do investigators interview alleged victims, suspected perpetrators, and witnesses?

Yes No

Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?

Yes No

Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

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

Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

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

115.271 (i)

Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

Auditor is not required to audit this provision.

115.271 (l)

When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

During the policy review, I established that the agency, the PADO, and BOP have policies in place that address all provisions of this standard. More importantly, during the review of investigations, and staff interviews I found they understand the provisions of the standard and are applying them throughout their investigations.

The agency is responsible for the administrative investigations where BOP requests them to conduct the administrative investigation. If these investigations rise to a criminal incident the Harrisburg Police Department or Federal Bureau of Investigations would conduct the criminal investigation.

If a PADO resident was involved the trained investigators for the PADO would conduct the investigation, or upon request, the agency investigator would conduct the investigation. These investigations would be reported to the Pennsylvania State Police for criminal investigation. The Pennsylvania State Police and PADO have an MOU for the investigation process; this MOU was originally created by me during my tenure with the Pennsylvania State Police.

Both the Pennsylvania State Police, Federal Bureau of Investigations, and Harrisburg Police Department employee sworn law enforcement officers and are highly trained in evidence collection and identification. The PADOc investigators, OIG Investigators and Agency Investigator have been trained.

I reviewed all agency policies and PADOc policies related to investigations; I also conducted interviews for investigators from both. I found the investigators to be well versed in the investigative process. During investigation reviews, I found that they follow the evidence protocols outlined in the policy, and are well versed in evidence identification and collection.

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

Standard 115.272: Evidentiary standard for administrative investigations
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?
 Yes No

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has policies that states there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. During the investigation review and investigator interviews, I verified that they are applying the preponderance of evidence to make a determination.

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

Standard 115.273: Reporting to residents
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has policies in place that address all provisions of this standard. The agency utilizes the Resident Notification PREA form to notify the resident of the status of the investigation. I confirmed this through policy review, staff interviews, and investigative files that contained the forms.

Any investigation conducted by PADO or through BOP would be reported back to the resident utilizing

a similar form. The form would be completed by the investigator and forwarded to the facility for dissemination to the resident.

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

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No

Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has a policy in place that addresses staff discipline for a violation of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs staff conduct. I confirmed the utilization of the discipline through review of the agency investigations and staff interviews. I further confirmed that if a staff member was found to have violated any of these policies, the PADO and BOP would immediately terminate their security clearance.

The audited facility has not disciplined staff within the last 12 months for a violation of these policies. After a careful review of all documentation, and the information received during both the agency level

and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has a policy in place that addresses corrective action for volunteers and contractors who violate any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. I confirmed the utilization of the discipline through review of the agency investigations and staff interviews.

I further confirmed that if a volunteer or contractor was found to have violated any of these policies, the PADO and BOP would immediately terminate their security clearance.

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

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

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the

resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has a policy in place that addresses discipline for residents who violate any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs resident conduct. I confirmed the utilization of the discipline through review of the agency investigations and staff interviews.

I further confirmed that if a PADO or BOP resident was found to have violated any of these policies, the PADO or BOP would discipline the resident under their policies.

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

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

of this standard, and all provisions.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?

Yes No

115.282 (b)

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

Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?

Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The facility staff ensures that victims of sexual assault receive prompt and appropriate medical intervention. Nature and scope are determined by medical and mental health practitioners at the Harrisburg Hospital according to their professional judgment.

The facility does not have medical onsite that would deal with an incident of this nature. Through interviews, I confirmed that the resident would be brought to the emergency room for medical treatment, and a SANE exam. Follow up care would be offered by the agency through outside providers. This would include prophylactic treatment, and testing is offered to the patient, as well as follow up care for sexually transmitted or other communicable diseases. An evaluation by a community mental health provider for crisis intervention counseling and long term follow up plans.

The above services are offered at no financial cost to the resident. These policies and procedures were

confirmed with facility staff and PADOc staff.

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

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

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

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?
 Yes No

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

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

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident

abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE:

The facility staff ensures that victims of sexual assault receive prompt and appropriate medical intervention. Nature and scope are determined by medical and mental health practitioners at the Reading General Hospital according to their professional judgment.

The facility does not have medical onsite that would deal with an incident of this nature. I confirmed that the resident would be brought to the emergency room for medical treatment, and a SANE exam. Follow up care would be offered by the agency through outside providers. This would include prophylactic treatment, and testing is offered to the patient, as well as follow up care for sexually transmitted or other communicable diseases. An evaluation by a community mental health provider for crisis intervention counseling and long term follow up plans.

The above services are offered at no financial cost to the resident. These policies and procedures were confirmed with facility staff and PADO staff.

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

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

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

115.286 (c)

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

115.286 (d)

Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has a policy in place that outlines the facilities review of incidents. The policy addresses all provisions of the standard. The facility utilizes the Sexual Abuse Incident Review Team, who addresses all of the aforementioned questions of concern when reviewing an incident. They would complete a report for the review.

I confirmed the incidents are being reviewed by reviewing the policy and all applicable documentation; I further discussed the reviews during the staff interviews. I also reviewed completed reports in the investigative files.

All reports would further be reviewed by the PADO or BOP.

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

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

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

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has established policies that address all provision of this standard. The agency utilizes the Department of Justice Survey of Sexual Victimization, which is a data collection instrument utilized to collect all sexual abuse data.

The data is also forwarded to the PADO and BOP for the facility.

Compliance was confirmed through review of completed data collection instruments, and staff interviews.

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

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No

Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
 Yes No

Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has policed in place that address all provisions of the standard. The agency PREA Coordinator reviews all collected data from both the agencies facilities. All data is placed in a report titled Prison Rape Elimination Act Annual Report. The data is also forwarded to the PADO and BOP for inclusion in their data reports.

During staff interviews, I confirmed that if a trend was identified while reviewing the data, a corrective action plan would be developed for that facility and immediately be put into place.

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

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

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

All annual data for the facility is posted through the PADO and BOP website, this data dates back to 2015.

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

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

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

All agency facilities were audited once during the auditing cycle from August 20, 2016, through August 20, 2019. The agency has audited one-third of its facilities per year.

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

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The PADO and BOP has published all final audit reports for Firetree, Ltd on their website, this was confirmed by navigating to the page on the website and reviewing all of the audit reports.

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

AUDITOR CERTIFICATION

I certify that:

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

Patrick J. Zirpoli 09/02/2020

Auditor Signature Date