

PREA Facility Audit Report: Final

Name of Facility: Scranton Pavilion Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/22/2022

Auditor Certification	
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.	☒
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☒
Auditor Full Name as Signed: Patrick J. Zirpoli	Date of Signature: 06/22/2022

AUDITOR INFORMATION	
Auditor name:	Zirpoli, Patrick
Email:	pzirpoli@ptd.net
Start Date of On-Site Audit:	05/17/2022
End Date of On-Site Audit:	05/18/2022

FACILITY INFORMATION	
Facility name:	Scranton Pavilion Residential Reentry Center
Facility physical address:	409 Olive Street, Scranton, Pennsylvania - 18509
Facility mailing address:	800 W. 4th St., Williamsport, Pennsylvania - 17701

Primary Contact	
Name:	Steven McCardell
Email Address:	smccardell@firetree.com
Telephone Number:	7175717831

Facility Director	
Name:	Gordon Traveny
Email Address:	gtraveny@firetree.com
Telephone Number:	570-9553802 ext 2201

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

Facility Characteristics	
Designed facility capacity:	50
Current population of facility:	33
Average daily population for the past 12 months:	17
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	26 - 65 yrs.
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	14
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Firetree, Ltd.
Governing authority or parent agency (if applicable):	
Physical Address:	2012 N. 4th Street, Harrisburg, Pennsylvania - 17102
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:		Steven McCardell	Email Address: smccardell@firetree.com

SUMMARY OF AUDIT FINDINGS	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
9	• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.217 - Hiring and promotion decisions • 115.231 - Employee training • 115.233 - Resident education • 115.234 - Specialized training: Investigations • 115.241 - Screening for risk of victimization and abusiveness • 115.242 - Use of screening information • 115.251 - Resident reporting • 115.271 - Criminal and administrative agency investigations
Number of standards met:	
32	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-05-17
2. End date of the onsite portion of the audit:	2022-05-18

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I contacted the Rape Crisis Services Women's Resource Center and verified they provide the services as outlined in the MOU, and they further informed me that due to confidentiality, if these services were provided, they would not provide me that information.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	50
15. Average daily population for the past 12 months:	17
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	41
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility does not track nor collect data for inmates with these characteristics. The agency does not have a system in place that would track this information. Inmates in these categories are identified on a case-by-case basis. These were identified during the audit process.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	14
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Residents were selected utilizing above characteristics
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Verified with staff.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Verified with staff.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Verified with staff.

65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Verified with staff.
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Verified with staff.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Verified with staff.
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Verified with staff.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	8
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

8

76. Were you able to interview the Agency Head?

☒ Yes

☐ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

78. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

79. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff ☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
SITE REVIEW AND DOCUMENTATION SAMPLING	

Site Review

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

84. Did you have access to all areas of the facility?	☒ Yes ☐ No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
88. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	No investigations during auditing period.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	No investigations during auditing period.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☐ Yes ☒ No
Non-certified Support Staff	
116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☐ Yes ☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy and Procedures Manual Policy # 12-001 Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment Policy# 12-04 Disciplinary Sanctions for Staff Policy# 12-026 Disciplinary Sanctions for Residents Policy# 12-002 PREA Coordinator and PREA Compliance Manager Organizational Chart Subsection (a) The agency has developed a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment, this policy also outlines the agencies approach to preventing, detecting, and responding to such conduct. This policy is the Policy and Procedures Manual Policy # 12-001 Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment. This policy was effective on June 23, 2014 and revised on May 23, 2019. The policy addresses all aspects of the Prison Rape Elimination Act Standards for Community Confinement. The policy further defines all prohibited acts, the definitions listed in the glossary of terms are consistent with the definitions in the PREA Standards. Subsection (b) 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 in the agency. The PREA Coordinator has been involved with the implementation of the PREA Standards since the incorporation. The position of PREA Coordinator reports directly to the President and Vice President of the agency therefore this position is within the top of the agency administration. During the interviews at the facility I confirmed that the Agency PREA Coordinator is always available to answer questions and provide guidance on PREA related issues.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency does not contract for the housing of residents.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-003 Supervision and Monitoring Staffing plan dated February 23, 2022 Monitor Schedules Subsection (a) Policy# 12-003 addresses supervision and monitoring of the residents at the facilities. The policy directs each facility to develop, document, and make its best efforts to comply on a regular basis with the staffing plan as found in Policy# 12-003. The policy provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents from sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring the agency takes into consideration the following: 1) the physical size and layout of the facility; 2) number and type of offenders assigned to the facility; 3) video monitoring to protect offenders against sexual abuse; 4) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 5) any other factors. The auditor reviewed the staffing plan and confirmed that these factors are taken into consideration during the development of the staffing plan. Subsection (b) The staffing plan has not been deviated from during the auditing period. The Director confirmed he would document any deviations to the staffing plan. Subsection (c) The policy dictates that the PREA Coordinator and COO is responsible for conducting an annual review of the staffing patterns at every facility and preparing a report with recommendations for staffing level and/or video monitoring equipment. I reviewed the Staffing Plan dated February 23, 2022. This report indicates that on an annual basis, the facility is assessing, determining, and documenting whether adjustments are needed to staffing plans, monitoring technologies, and other available resources. I further confirmed the assessment during the interview with the Agency staff.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Policy# 12-004

Male Bathroom sign

Female Bathroom Sign

Training Curriculum

Training roster

Subsection (a): Policy# 12-004 prohibits cross-gender strip searches except in exigent circumstances. Policy# 12-004 the staff are prohibited from conducting cross-gender strip searches. During the past 12 months, the facility has not conducted a cross-gender strip or cross-gender visual body cavity searches. I further confirmed during staff interviews that they have never conducted a search of this nature or have any knowledge of a search being conducted. They confirmed that they have received training in pat searches, cross gender pat searches and strip searches I further confirmed the procedure with the Facility Director during his interview.

Subsection (b): 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. This process was confirmed by both the interviewed staff and residents and observed during the audit.

Subsection (c): As per policy cross gender strip searches or cross gender pat searches of a female resident are prohibited. The policy states that if exigent circumstances exist local police would be contacted for assistance. Any search of this nature would be documented. I confirmed with staff that they have not conducted a search under these circumstances at the facility.

Subsection (d): Policy# 12-004 states that residents shall be able to shower, perform bodily functions, and change clothing without a non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks or security round. This limitation not only applies to in-person viewing, but also all forms of remote viewing as well. The policy also states that staff of the opposite gender shall announce their presence when entering a resident housing area. All bathrooms in the facility are single occupancy.

During interviews, staff, and resident interviews all confirmed whenever a staff member of the opposite sex enters the housing unit floor, an announcement is made prior to entry onto the floor, and the staff will state loudly, either "female on the floor" or "male on the floor." I viewed and heard the announcements being made while conducting the audit.

A sign is posted which designates the bathroom is the only location a resident may be unclothed. The residents confirmed that staff would knock on the bathroom door when doing rounds, but they do not enter.

Subsection (e): Policy# 12-004 prohibits searches or physical examinations of transgender or intersex inmates for the sole purpose of determining the resident's genital status. The policy further states that if the genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning the information through a broader medical examination conducted in private by a medical practitioner. It should be noted that all residents are coming into the facility from another correctional setting, the staff confirmed they receive notice of the residents arrival date, and all pertinent information pertaining to the resident. The genital status would be known prior to the residents arrival. All interviewed staff confirmed they are not allowed to search or physically examine any resident to determine genital status. A search of this nature has not taken place at the facility.

Subsection (f): The reviewed training records confirmed that all staff had completed the Guidance on Cross-Gender and Transgender Pat Searches training. This training included how to conduct cross-gender pat searches and searches of transgender and intersex inmates (residents) in a professional and respectful manner and in the least intrusive manner possible. Training is conducted through RELIAS an online training platform. I reviewed the training curriculum, confirming it includes policy and PREA Standard review and stresses the importance of being professional and respectful during the search and to conduct searches in the least intrusive manner possible consistent with security needs. All staff interviewed confirmed having been trained on the proper searching techniques. During their interviews, they were able to describe these techniques and the importance of being professional and respectful during the search and to conduct searches in the least intrusive manner possible consistent with security needs.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-005 Resident Disabilities and English Proficiency Resident video with closed captioning and in Spanish Language Line directions PADOC Language Translation Services Subsection (a) Policy# 12-005 dictates that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agencies efforts to prevent, detect and respond to sexual abuse and sexual harassment. Written materials shall be delivered in alternative formats or delivered through alternative methods that accommodate a resident's disability. These include translated Spanish materials. The Facility Director indicated that he evaluates the ability of the facility to accommodate disabled residents according to services available, and the ability of the reentrant to access all areas of the facility. During staff interviews, I confirmed that they would read the material to residents if needed, and utilize the services provided by the agency to ensure the resident understands the PREA information and reporting avenues. Subsection (b): Policy# 12-005 outlines the steps the agency takes to ensure meaningful access to all aspects of the agencies efforts to prevent, detect, and respond to sexual abuse and sexual harassment to individuals who are limited English proficient. This includes written materials and interpretation services either through an outside contractor or approved staff. The facility provided copies of the Spanish PREA notices, and these were also viewed at the facility during the facility tour. The interviewed residents confirmed that the notices had been posted in both English and Spanish since their arrival at the facility. For the PADOC residents the Pennsylvania Department of Corrections has an eight-page list of staff who are skilled in providing interpretation services. The list contains the staff name and work location and the interpretation service the staff is qualified to provide. Staff is available to interpret in over 55 foreign languages, dialects, and sign language. If staff is not available, the Department also contracts for over-the-phone interpretation services through PROPIO Language Services. All staff indicated that they would contact the PADOC for these services if needed. Subsection (c) Policy# 12-005 prohibits the use of residents to interpret, read, or provide other types of assistance except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety, the performance of the first responder duties or the investigation of the residents allegations. All staff interviewed stated they would not allow a resident to interpret for another resident in reporting sexual abuse or sexual harassment, and they felt that they could not control the information once another resident knew about alleged sexual abuse or sexual harassment. They indicated they would utilize the translation services outlined in the policy or contact the Facility Director for further guidance. During the past 12 months, the facility has not relied on residents to provide interpretation services for any PREA related matter.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-006 Hiring and Promotion Decisions PADOC Centralized Clearances Procedures Manual 1.1.4 Section 4 Centralized Clearances Procedures Bureau of Community Corrections Security Procedures Manual 8.3.1 Section 31 Contractor and Volunteer Clearances Sample JNET Check from PADOC BOP Background Check Process Subsection (a)(f) Policy# 12-006 dictates that the agency will not hire or promote anyone who: • has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997 to include state facilities for persons who are mentally ill, disabled or intellectually disabled, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential cares; • has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and/or Background investigations are conducted for all candidates for positions in the agencies. The background investigations are conducted by both the Pennsylvania Department of Corrections and the Bureau of Prisons. These reviews include a criminal background check, licensing status, criminal justice documentation, and Pennsylvania State Police investigative files conducted by OSII. The agency also conducts a check of the National Crime Information Center (NCIC). All candidates are asked the following questions: • Have you ever been employed in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997) to include state facilities for persons who are mentally ill, disabled or intellectually disabled, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care? • Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? • Have you had substantiated against you, allegations of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or have you ever resigned during a pending investigation of an allegation of sexual abuse of a confined individual? The PADOC also conducts PREA background checks for all contractors and volunteers utilizing the PREA Questionnaire and Consent to Release PREA Information. According to policy 8.3.1, prior employment in any type of confinement facility will be further investigated to ensure that the candidate has not been found to have any of the following: • engaged in sexual abuse in a prison, jail, lockup, community confinement facility, halfway house, group home, inpatient treatment facility, correctional institution, or juvenile detention facility; • has been convicted of engaging or attempted to engage in sexual activity in the community facilitated by force or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and/or • has been civilly or administratively adjudicated to have engaged in the activity described above. Subsection (b) According to policy and procedures, in addition to incidents of sexual abuse, the agency also considers any incidents of sexual harassment in determining whether to hire or promote anyone. Subsection (c) The background check includes driving record, Pennsylvania State Police investigative file, licensing, military

records, criminal justice documentation, and drug related convictions. Additionally, contact is made with current and prior employers.

Subsection (d) No contractors or volunteers have been hired at the facility during the past twelve months. According to Policy# 12-006 every person, volunteer, or contractor, who provides recurring on-site services and has individual/group contact with residents at a CCC, are not allowed contact with residents until they have completed a background check.

Subsection (e) Criminal History checks are being conducted on the staff on a yearly basis. The PADOE will conduct a yearly check on every staff member at this contracted facility. This was confirmed with the facility and the PADOE.

Subsection (g) Applicants for employment are required to affirm and sign the Application for Employment, indicating the information contained in the application and any attachments contain no misrepresentation or falsification, omission or concealment of material fact and is true and complete to the best of the applicant's knowledge and belief. The applicant must also acknowledge that any material omission or false information is grounds for non-selection or discipline, or termination of employment. According to PADOE policy, Section 31 of policy 8.3.1, Contractor and Volunteer Clearances, contractors and volunteers will not be granted clearance with the Department if the candidate deliberately falsified or omitted pertinent information, including PREA related misconduct on the Community Corrections Clearance Application or PREA Questionnaire. Additionally, 1.1.4 Section 4 requires the contractor or volunteer to complete the Centralized Clearance Check Information Request Form. This form contains the signature line in which the candidate acknowledges that the candidate completed the form and agrees that the information contained on the form is accurate. According to 1.1.4, any falsified information will be grounds for clearance disapproval or possible criminal prosecution. 4.1.1 Human Resources and Labor Relations Procedures Manual requires the Human Resource Office to designate a PREA Employment Verification Coordinator to:

- respond to requests by researching the employees' Official Personnel File for disciplinary actions relating to PREA and contacting the facility's Security Office for any additional relevant information;
- records the results of the research on the supplied document;
- return the information to the requester within one week of receiving the request.

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

The agency is far exceeding the standards by having in place a system where they conduct multiple background and criminal history checks on the staff. These checks are being conducted yearly which far exceeds the expectations of the standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-007 Subsection (a)(b) The agency designed this facility and made substantial modification, including installing a video monitoring system. During this process the agency considered the effect of the design and modification ensuring the agency could protect residents from sexual abuse. I confirmed with the Agency PREA Coordinator that he was involved in this process. The staff further confirmed that any PREA incident would be reviewed at the Administration level, and they are always taking into consideration possible technology changes that can better prevent incidents from occurring.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

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

MOU with Geisinger Community Medical Center

MOU with Rape Crisis Services Women's Resource Center

MOU between the PADOE and the Pennsylvania State Police

Subsection (a) The agency houses two populations at the facility, a PADOE population and a Bureau of Prisons population. The investigative processes for incidents are different. When a PADOE resident is involved in an incident the PADOE would conduct the administrative investigation and all investigations of a criminal nature are investigated by the Pennsylvania State Police. When a BOP resident is involved, the BOP would have the agency investigator conduct the administrative investigation and anything of a criminal nature would be investigated by the Scranton Police Department. Policy 12-008 addresses the agency's obligation to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The interviewed staff understood their obligation under this policy. The Pennsylvania State Police, PADOE and Scranton Police Department follows a uniform protocol which maximizes evidence identification, collection, and retention, and far exceeds any requirements of the PREA Standards. During interviews with the Facility Investigator and BCC Administration, I confirmed that they follow the protocols outlined in the policy. The facility has not had any investigations during the audit period, although I have reviewed agency-wide investigations and found that they follow the policy and a uniformed evidence protocol.

Subsection (b) I confirmed through review of Policy 12-008 and PADOE policy DC-ADM 008 and through interviews that the protocols were developed from the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition, dated April 2013. It should be noted that the Commonwealth of Pennsylvania utilizes Child Advocacy Centers for all child victims (under the age of 18). The protocols developed by the Pennsylvania Chapter of Children's Advocacy Centers and Multidisciplinary Teams are developed also utilizing the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition, dated April 28, 2013.

Subsection (c) Policy 12-008 dictates that an alleged sexual abuse victim is provided access to a forensic medical examination, the policy further describes the procedure to obtain the services of a hospital to provide these examinations. The facility has entered into a MOU with Geisinger Community Medical Center to provide these services. The Sexual Assault Nurse Examiner at the hospital will conduct a sexual assault examination. These services are provided at no cost to the victim under Pennsylvania Law. This is outlined in the Pennsylvania Victims Compensation Assistance Program Manual for Compensation Assistance. I contacted a supervisor at Geisinger Community Medical Center and verified that the services outlined in the letter of agreement are offered at the hospital and are at no cost to the victim.

Subsection (d)(e) Policy 12-008 directs the facility PREA Compliance Manager to coordinate victim services related to sexual abuse. The facility has entered into a MOU with the Rape Crisis Services Women's Resource Center to provide these services. A qualified victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals if needed. The facility PREA Compliance Manager stated that a victim would be provided the information for these services and can contact them at any time. The residents at the facility can leave the facility and have private cellular telephones. I contacted the Rape Crisis Services Women's Resource Center and verified they provide the services as outlined in the letter of agreement, and they further informed me that due to confidentiality, if these services were provided, they would not provide me that information.

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

Subsection (h) The agency does not utilize staff members for victim advocacy; this was confirmed with the PREA Coordinator.

No incidents of sexual abuse or sexual harassment were reported at the facility where these services were utilized or needed to be utilized. The facility has not had any incidents reported within the past 12 months.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-009 PREA Investigations Subsection (a)(b)(c) The agency houses two populations at the facility, a PADOc population and a Bureau of Prisons population. The investigative processes for incidents are different. When a PADOc resident is involved in an incident the PADOc would conduct the administrative investigation and all investigations of a criminal nature are investigated by the Pennsylvania State Police. When a BOP resident is involved, the BOP would have the agency investigator conduct the administrative investigation and anything of a criminal nature would be investigated by the Scranton Police Department. Policy# 12-009 states that every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved parties and anonymous reports, shall be investigated promptly, thoroughly, and objectively. Investigations shall be conducted in accordance with all related policies and Prison Elimination Act Standards. Policy# 12-009 outlines the investigative steps to be taken; initially all investigations are reported to the PADOc or BOP. The agency trained investigators or PADOc investigators will begin an administrative investigation, if the incident is criminal in nature, the administrative investigation will stop, and the Pennsylvania State Police or Scranton Police Department will be notified, this notification is documented in the written report. The policy outlines the responsibilities of the agency and all parties involved in the investigative process. Subsection (d) Policy# 12-009 and PADOc Policy 8.3.1 governs the conduct while conducting the administrative investigations. The Pennsylvania State Police, a State entity, and the Scranton Police Department have confidential policies and procedures in place that govern the conduct of criminal investigations. The Pennsylvania State Police policies were reviewed by me during my employment with the Pennsylvania State Police, and these policies address all aspects relating to criminal investigations of sexual abuse and sexual harassment in confinement settings. During the interviews with the Agency Investigator, they confirmed that they follow the conduct outlined in the policy. This was further confirmed by a review of investigations at other facilities.

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-010 Employee, Volunteer, Intern, Contractor, and Vendor Training Zero Tolerance Training Presentation Slides 2022 Monthly In-Service Training Schedule Signed PREA Training and Understanding Verification Form Subsection (a)(b)(c)(d) Policy# 12-010 11 outlines the agencies employee training. The policy states that every employee, volunteer, intern, contractor, and vendor who may have contact with residents shall be trained on his/ her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Training shall be tailored to the gender of the residents. The level and type of training shall be based on the services provided and level of contact with residents. The employees receive yearly training, the subjects include: (1) the zero-tolerance policy against sexual abuse and sexual harassment within the agency; (2) how staff are to fulfill their responsibilities under the agencies sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures as defined in this policy; (3) inmates' right to be free from sexual abuse and sexual harassment; (4) the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) the dynamics of sexual abuse and sexual harassment in confinement; (6) the common reactions of sexual abuse and sexual harassment victims; (7) how to detect and respond to signs of threatened and actual sexual abuse; (8) how to avoid inappropriate relationships with inmates; (9) how to communicate effectively and professionally with inmates, including Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) or gender-nonconforming inmates; and (10) how to comply with relevant laws of Pennsylvania related to mandatory reporting of sexual abuse to outside authorities. This training is provided on a yearly basis to the employees. The training is tailored to the gender of the residents at the facility. All staff members acknowledge that they have received and understand the training by completing the PREA Training and Understanding Verification Form. I confirmed through interviews with the staff at the facility that they have received the training as outlined above, and all staff was able to explain the training and policy. The training materials utilized for training all agency staff were reviewed. I found that training exceeds the requirements of the standards. The agency is providing yearly training which exceeds the provisions of the standard

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-010 Employee, Volunteer, Intern, Contractor, and Vendor Training Signed PREA Training Acknowledgement of Understanding and Duty to Report Subsection (a)(b)(c) Policy# 12-010 11 outlines the agencies employee training. The policy states that every employee, volunteer, intern, contractor, and vendor who may have contact with residents shall be trained on his/ her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The policy states that contractors and volunteers who have contact with residents (to include contract service providers, and public visitors) shall receive training on their responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They shall be trained during orientation sessions and annual training reflective of the level of contact they have with residents. All contractors and volunteers shall be required to sign the PREA Contractors/ Volunteers PREA Training acknowledgement. PREA training shall be effective for a period of one year. Any contractor or volunteer that has multi-facility access should request and maintain a copy of the PREA Training and Understanding acknowledgement for provision to the PCM at each subsequent facility. The policy further defines the level of training as follows: (1) Level 1 – for contractors and volunteers who have a high level of contact (5 hours or more per week on average) with residents, the training shall be the same as regular staff members receive both pre-service and annual training. (2) Level 2 – for contractors and volunteers who have a sporadic level of contact (less than 5 hours per week on average) with residents, they shall receive a brief orientation on the facility's zero tolerance policy, how to make a report, to whom to make a report. Once this information has been reviewed the trainee shall keep a copy of the "Contractors/ Volunteers PREA Training"). During the audit, I reviewed the completed Signed PREA Training Acknowledgement of Understanding and Duty to Report for the contractors who enter the facility. I verified with the staff that they will provide the training to the contractors at the facility level. I reviewed the training materials utilized. I found them to be extremely comprehensive and outlined the agency sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-011 Resident Education Policy# 12-005 Resident Disabilities and English Proficiency Resident video with closed captioning and in Spanish Resident intake handout PREA Notices in Spanish and English Reporting Avenues in Spanish and English Language Line directions PADOC Language Translation Services (a)(b)(c)(d)(e) During the intake process, residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and information on agency policies and procedures for responding to such incidents. This procedure is outlined Policy# 12-011. The Facility staff confirmed that the residents receive the PREA Inmate Intake Handout, which is provided by a staff member at intake. The resident will confirm receipt by signing the receipt. They further confirmed if a reentrant is limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills, the information will be provided as outlined in standard 115.216. This education would be provided on an individual basis by a staff member. During the Agency Level interviews, I confirmed that the education is provided at each facility, so if a resident was transferred to a different facility, they would receive the information. During the facility tour, I confirmed the key information is readily available to the residents through posters located throughout the facility. These posters are in both English and Spanish. During the resident interviews, I confirmed they are receiving the information upon intake, they also confirmed the information is posted throughout the facility and has been since they arrived. All the interviewed residents confirmed that they also viewed a video on PREA at the time they completed their screening. They also confirmed they were asked if they have any questions. The agency is not only providing the information to the residents but also providing an in person training which far exceeds the requirements of the standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-009 PREA Investigations Letter confirming education through materials from the PREA Resource Center Subsection (a)(b)(c) Policy# 12-009 outlines the training for staff who are assigned to investigate sexual abuse and sexual harassment in confinement settings. It dictates that all investigators must complete specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. During the audit process, I reviewed the training material utilized for the Investigators Training, the training includes all required topics outlined in the standard. During the interviews with agency investigator, I found them to be extremely knowledgeable in the investigation process and techniques. More importantly, they are fully aware of the limitations when conducting the administrative investigation and will stop and immediately contact the Pennsylvania State Police or Scranton Police Department if the investigation appears to be criminal. The audited facility did not have any investigations during the auditing period, but I have had the opportunity to review several agency investigations. I found the investigations comprehensive and informative.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The audited facility does not have any medical or mental health staff. All services are provided through providers in the community.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Documentation reviewed:

Pre-Audit Questionnaire

Policy# 12-014 PREA Risk Screening and Use of Information

Completed PRAT tools

Subsection (a)(b)(c)(d)(e)(f) Policy# 12-014 outlines the procedure to conduct screenings within 72 hours for all residents that enter the facility, and upon transfer to another facility. The agency utilizes the PREA Risk Assessment Tool (PRAT), which is an objective screening instrument developed to identify residents that are at high-risk for victimization or abusiveness. The PRAT considers at a minimum:

- whether the inmate has a mental, physical, or developmental disability;
- the age of the inmate;
- the physical build of the inmate;
- whether the inmate has previously been incarcerated;
- whether the inmate's criminal history is exclusively nonviolent;
- whether the inmate has prior convictions for sex offenses against a child or an adult;
- whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- whether the inmate has previously experienced sexual victimization;
- the inmate's own perception of vulnerability; and
- whether the inmate is detained solely for civil immigration purposes.

The screening also considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, to assist assessing residents. The screening at the facility is conducted by the Case Managers. During the interviews, I found that all Case Managers are trained to conduct screening if needed. During the interviews they stated that they would see the resident either upon arrival or the next morning if they come in after they are gone. The normal process is to bring the resident to their office and conduct the screening with them in private. The information will be entered into the PRAT Tracker which they utilize to track the screenings to ensure a second assessment is conducted between 20 and 30 days. The second assessment is also conducted in person.

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

Subsection (h) Policy# 12-014 prohibits disciplining any resident for refusing to answer, or for not disclosing complete information in response to questions asked during the screening. The Facility Director confirmed they had not disciplined anyone for not answering the questions on the screenings.

Subsection (i) The agency has implemented controls on the completed PRAT. The PRAT is stored in a secure office. I confirmed with the staff at the facility that general staff do not have access to the information.

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

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

During the case manager interviews I confirmed that they meet everyone on their caseload every 10 days. This meeting is to conduct a status check on the resident which includes any issues and overall safety. This practice far exceeds the requirements of the standard.

115.242	Use of screening information
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-014 PREA Risk Screening and Use of Information Completed PRAT tools Subsection (a)(b) Policy# 12-014 outlines the procedure to utilize the information received from the PRAT to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. During the interviews with the Case Managers and Director, they stated that these decisions are made on an individualized basis. They could assign the residents to rooms that are closer to the officer's station to ensure the resident is monitored closely. Subsections (c)(d)(e)(f) Policy# 12-014 states that the agency considers on a case-by-case basis whether a placement would ensure the health and safety of all impacted residents and whether the placement or accommodation could potentially present management or security problems when assigning a transgender or intersex resident to a facility that is consistent with the residents gender identity and in making other privacy, housing, and programming assignments. When a PADOA resident is transferred to a facility, transgender or intersex residents are reviewed by the PREA Accommodation Committee (PAC) to make individualized determinations regarding privacy, housing, and programming assignments to ensure their safety at the current facility. Participants in the review consider all aspects of the residents social and medication transition. Residents are invited to participate in the PAC meetings. The reviews are documented by using the PREA Accommodation Committee (PAC) checklist and the PREA Accommodation Committee Reassessment Checklist which is completed at a 6-month review. By policy, transgender and intersex residents are given the opportunity to shower separately and privately from other residents. During the resident interviews one resident identified as transgender. He relates that he was given the opportunity to shower alone, all bathrooms in the facility are single occupancy. He also was asked about housing and informed me that he feels safe staying with the females. During interviews I confirmed the procedures outlined above. As per policy, the agency does not place transgender or intersex residents in dedicated facilities, units, or wings solely based on such identification or status, unless such a placement is in connection with a consent decree, legal settlement, or legal judgment for the purposes of protecting such residents. During the PREA Coordinator interview, I confirmed the agency is not under any legal action or consent decrees. I confirmed that the facility can safely house transgender residents.

115.251	Resident reporting
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire PREA Notice Scranton Third Party PADOC Poster OSIG MOU with PADOC Policy# 12-013 Reporting of Sexual Harassment and Sexual Abuse Public Website Subsection (a) and (b) Policy# 12-013 requires all staff, contractors, volunteers, and residents to report knowledge or suspicion of sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility provides several ways in which residents may report allegations of sexual abuse, sexual harassment, retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy# 12-013 lists the following reporting avenues: Residents may privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Reports may be made verbally, in writing, anonymously, and from third parties such as family and friends to: a. Any staff member b. The PREA Compliance Manager (PCM)/ facility director c. Third Party Reporting (DOC only) ATTN: PREA Coordinator Office of State Inspector General 555 Walnut Street, 8th Floor Harrisburg, PA 17101 d. Victim Assistance resource specific to program location e. National Sexual Assault Telephone Hotline 800-656-HOPE f. As a last resort use 911 The same information is provided to residents in the issued PREA Intake Handout, which is given to all residents at the time of intake at the facility. The reporting information is also posted throughout the facility, and daily PREA announcements are made on each shift at the facility, these announcements include reporting avenues. During the staff and resident interviews, I confirmed that they are familiar with the reporting avenues and understood how to report. They further understood that the reports could be made anonymously and through a third party. Subsection (c): Policy# 12-013 requires all staff to accept and document reports made verbally, in writing, anonymously, and from uninvolved parties. The procedure further requires staff to promptly forward the information to the facilities designated investigators and director. All reports are immediately documented and retained. The staff understood the requirements under the policy, and all stated that they would notify the facility director.

Subsection (d): Staff are trained during the PREA Training and the update training, that they have the option to privately report an allegation of sexual abuse, sexual harassment, or retaliation through:

- Verbal report to the Facility Director/ PREA Compliance Manager
- Written report to the Facility Director/ PREA Compliance Manager.
- Call National Sexual Assault Hotline at 800-656-4673
- Submitting an e-mail to prea@Firetree.com
- Written report to:

PREA Coordinator

Office of Inspector General

555 Walnut St, 8th Floor

Harrisburg, PA 17101

All staff indicated that they would report to the Facility PCM. 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.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The audited facility does not have any grievances system that deals with sexual abuse or sexual harassment. If an allegation were mistakenly filed through the BOP or PADOE grievance system, it would be immediately removed from the grievance process and handled by an investigator.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy 12-008 Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, Victim Advocate Services and Follow-up Services MOU with Rape Crisis Services Women's Resource Center Subsection (a)(b) Policy 12-008 outlines the facility's obligation to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. The policy states that the PCM shall ensure that residents are offered and provided with access to outside victim advocates for emotional support services related to sexual abuse which has occurred in a confinement setting. The PCM will inform residents prior to giving them access 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. During his interview, the Facility Director/PCM stated that he would provide the resident the contact information for Rape Crisis Services Women's Resource Center. He further stated he would explain that there are no restrictions on contacting them, the residents have the ability to utilize the unrecorded telephones anytime they wish and leave during the day. Subsection (c) The facility has a MOU with the Rape Crisis Services Women's Resource Center that can provide residents with confidential emotional support services related to sexual abuse. I contacted the Rape Crisis Services Women's Resource Center and confirmed that the MOU is current. The Facility Director confirmed that the facility had not had an investigation where the services needed to be offered; he understands his obligations under the policy.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire OSIG third party reporting Policy# 12-013 Reporting of Sexual Harassment and Sexual Abuse Public website Subsection (a) The public can make reports through the Sexual Abuse Reporting Address with the OSIG. This is an option for the public to report an allegation of sexual contact. The following is posted on the agency website: 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: ATTN: PREA Coordinator Office of State Inspector General 555 Walnut Street, 8th Floor Harrisburg, PA 17101 This information is also posted in common areas in the facility.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-013 Reporting of Sexual Harassment and Sexual Abuse Policy# 12-021 Protection against Retaliation Subsection (a) Policy# 12-013 states that all staff, contractors, volunteers, and residents shall report knowledge or suspicion of the following: - Sexual abuse - Sexual harassment - Retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and - Staff neglect or violation of responsibilities that may have contributed to such incidents All interviewed staff understood the responding duties, and all stated that they would immediately contact the Facility Director and report the incident. Subsection (b) Policy# 12-013, states that reports shall be held in strict confidence and shall precipitate the immediate commencement of an investigation. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse allegation to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions, where sexual abuse with a resident is reported. The interviewed staff confirmed that they would not divulge the information to anyone unless they needed to know about the incident. Subsection (c) Policy# 12-013 states that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse, to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. It should be noted that Scranton Pavilion does not have medical and mental health providers, these services are received in the community. Subsection (d) The facility does not house nor have contact with anyone under the age of 18. Subsection (e) I confirmed through interviews that when learning of an allegation of sexual abuse, sexual harassment, including third party and anonymous reports, the facility director or designee is required to verbally notify the Agency Investigator and the BOP or PADO C MOC, for action and investigation. If staff are unsure whether an allegation being made is related to sexual abuse or sexual harassment, the information is still forwarded to Agency Investigator and the BOP or PADO C MOC for review. During interviews I confirmed that all allegations of sexual abuse and sexual harassment are investigated.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-016 Protection of Residents Duties Subsection (a) Policy# 12-016 states that when staff become aware that a resident is subject to substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the resident. First responders are also required to take preliminary steps to protect the alleged victim. During the facility interviews I confirmed with the staff that they would immediately take the resident to the secure area downstairs away from the other residents. The Facility Director confirmed that they can make housing changes as well as facility changes if the situation dictates.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: Pre-Audit Questionnaire Policy# 12-017 Reporting to Other Confinement Facilities Subsection (a)(b)(c)(d) Policy# 12-017 states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director shall: a. Ensure the safety of the victim b. Verbally notify the DOC Operations Center (for DOC residents), Federal Community Corrections Manager, CCM (for federal residents), and State Police for sexual abuse incidents/ allegations, as appropriate, for action and investigation in accordance with procedures delineated in Policy 12-009 c. Ensure first responder duties are completed in accordance with Staff First Responder Duties for every incident/ allegation of sexual abuse; and d. Document the allegations on a DC-121, Part 3-BCC, or other appropriate reporting document The policy further states that Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director/ designee shall document the receipt of the allegation on the appropriate reporting form (DC-211, Part 3-BCC, Incident Report, etc.). For non-DOC and non-federal residents, the Facility Director/ designee receiving the allegation will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, with consent when appropriate. The BCC Operations Center (for DOC residents) or the Federal BOP CCM office (for federal residents), will make initial contact with the affected facility and the reporting Facility Director/ designee shall make follow-up contact with the affected Facility Manager within 72 hours of report. The affected facility will be provided a copy of the confidential report and contact information for any follow-up questions. During staff interviews, it was confirmed that the above procedures would be followed. The Facility Director confirmed that if they received a report under these circumstances, they would follow the policy.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-018 Staff First Responder Duties Subsection (a)(b) Policy# 12-018 states that upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall take immediate action and - Call "911" if a physical and/ or sexual assault is in progress; - As soon as safely possible, separate the alleged victim and alleged abuser; - Escort the victim to a safe location away from others; - Notify the Facility Director/ designee; - Contact the DOC Operations Center (for DOC residents), or the CCM office (for federal residents) and follow all direction provided to include preserving and protecting any possible crime scene until appropriate steps can be taken to collect evidence; and - Complete the First Responder Checklist (Attachment 4-D) and a DC-121, Part 3- BCC for DOC residents, and equivalent checklist procedures and reporting forms for non-DOC residents; and - Secure and protect the potential crime scene, until physical evidence can be collected by law enforcement and/ or an outside medical professional. If the abuse occurred within a time period that still allows for the collection of physical evidence (96 hours), request shall be made to the alleged victim that no actions take place 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, 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. During the interviews, all staff indicated that they would make the residents safety their first priority and follow the policy. The facility has not had any investigations during the audit period. All initial reports completed by the staff are forwarded to the investigator and kept within the investigation file. This was confirmed during previous agency investigations at other facilities and investigator interviews.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Scranton Pavilion PREA reporting procedures Subsection (a) The facility responding plan was reviewed during the pre-audit. The plan includes first responder duties, Facility Director responsibilities, emergency medical treatment services, and mental health treatment services. The Facility Director stated that he or a designated security staff would immediately notify the Agency Investigator, PADO or BOP and in an emergency the Scranton Police Department. The plan coordinates the efforts of the community providers who would provide a sane examination and victim advocacy. The facility holds MOU's with both of these organizations.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency does not enter into any collective bargaining agreement.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-021 Protection against Retaliation Subsection (a) Policy# 12-021 outlines the agency's duties in protecting residents and staff against retaliation for reporting an incident or cooperating with an investigation of sexual abuse or sexual harassment. It states that any individual who seeks to deter a resident or other individual from reporting sexual abuse or sexual harassment or who in any manner harasses or intimidates any person who reports the alleged contact is subject to discipline. Policy# 12-021 designates the Facility Director in as the staff charged with monitoring retaliation. Subsection (b) The Facility Director confirmed that by the policy he has the authority to employ multiple protection measures, such as housing changes or transfer for a resident victim or abusers, or removal of alleged staff or resident abusers from contact with the victim. He would determine these protective measures on an individual basis. Subsection (c) Policy# 12-021 requires that at least 90 days following a report of sexual abuse or sexual harassment, the facility will monitor the conduct and treatment of residents or staff who reported the sexual abuse or sexual harassment and of residents who were reported to have suffered sexual abuse or sexual harassment to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy such retaliation. Retaliation monitoring would be documented. Retaliation Monitoring includes the review of disciplinary reports, housing reports, program changes, negative performance reviews, and reassignments of staff. The facility does have the authority to continue monitoring past 90 days if the initial monitoring indicates a continuing need or is requested by the alleged victim when there is evidence of retaliation. Subsection (d) Meetings are documented. These meetings are conducted with the person of concern to discuss any concerns or observations. These occur within 72 hrs. and within each subsequent 15 days. Subsection (e) Staff indicated that if any other individual who cooperates with an investigation expresses fear of retaliation; the agency will take appropriate measure to protect that individual against retaliation. Subsection (f) Policy# 12-021 limits the obligation to monitor retaliation once the resident is released from custody, or the investigation is determined to be unfounded. The Facility Director confirmed retaliation monitoring occurs for a minimum of 90 days. The facility has had no incidents within the auditing period.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-009 PREA Investigations Subsection (a) Policy# 12-009 states that every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved parties and anonymous reports, shall be investigated promptly, thoroughly, and objectively. During the staff interviews, I confirmed that all allegations are reported and investigated. The allegations are reported to the Agency Investigator, PADO, or the BOP and an investigator is immediately assigned. The investigations are tracked by the respective agencies. During the staff interviews, I confirmed that anonymous and third-party reports are investigated in the same thorough manner. Subsection (b)(c) Policy# 12-009 states the agency will use investigators who have received specialized training in sexual abuse investigations when an incident of sexual abuse is alleged. The interviewed investigators,, from both the agency and PADO, confirmed they had received the PREA training, as well as the investigator's training as outlined in standard 115.234. They further confirmed that as per the training and policy they would gather and preserve direct and circumstantial evidence such as DNA and electronic monitoring data, interview alleged victims, suspected abusers, and witnesses, and review prior complaints of sexual harassment and report of sexual abuse involving the suspected abuser. Subsection (d) Policy states that if the evidence appears to support a criminal prosecution, compelled interviews will be conducted. The investigators indicated that if this occurs, they will contact either the PADO or BOP for guidance. They confirmed that if the investigation indicated any criminal statutes were violated, the Pennsylvania State Police or Scranton Police Department would conduct the compelled interviews. Subsection (e) The interviewed investigators confirmed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a resident or staff. They further stated that the agency does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition of proceeding with the investigation. This is further outlined in the policy. Subsection (f) Policy requires investigators to make an effort to determine whether staff actions or failures to act contributed to the abuse. At the conclusion of the investigation, an Investigative Summary is completed and includes a description of the allegation, a detailed description of the reviewed video or other electronic monitoring data which articulates how the allegation was supported or not supported, and a conclusion that articulates how the victim's allegation was determined to be credible or not credible and how the evidence supports this determination. This includes descriptions of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding are included. The Investigative Summary includes statements of the victim, witnesses, and abuser, video evidence, and police reports, if available, and how the evidence supports the findings. Subsection (g) The Criminal Investigations are documented in a report which includes a thorough description of the physical, testimonial, legal documents, and copies of all documentary evidence where feasible. These reports are created by the Pennsylvania State Police or Scranton Police Department. Subsection (h) Allegations of sexual abuse are referred to the Pennsylvania State Police or Scranton Police Department who will then refer the investigation to the District Attorney for prosecution. Subsection (i) Policy indicates that the agency will securely maintain PREA investigation files, including criminal and administrative agency investigative reports for as long as the alleged abuser is incarcerated or employed plus five additional years. These are secured by the PREA Investigator, BOP, or PADO. Subsection (j) Policy states that if the alleged abuser or victim departs from employment or control of the facility or agency, the investigation will not be terminated. Interviews confirmed if an alleged abuser submits resignation from employment, the investigation will continue. If the victim leaves the facility, the investigator will make every effort to interview the alleged victim prior to departure or will make efforts to contact the alleged victim wherever the victim is. Subsection (l) When an allegation is investigated by PSP or Scranton Police Department the PCM will maintain regular contact with the criminal investigator for updates and progress, to request a copy of the investigative information to be included in the agency investigative file, and request notification of the outcome of the investigation in order to notify the

alleged victim. The PADO and PSP have a MOU outlining the cooperation between the two agencies when the investigations are conducted.

Numerous investigations have been reviewed during audits with the agency. These investigations are thorough and extremely organized. All provisions outlined in the standard are being followed.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-009 PREA Investigations Investigators Training Power Point Policy states that no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated. This is outlined in the training that all investigators receive. The interviewed investigator confirmed the use of this standard of proof when investigating allegations of sexual abuse and sexual harassment. This was further confirmed during review of agency investigations.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-023 Reporting to Residents Subsection (a) Policy states that following an investigation of a resident's allegation of sexual abuse or sexual harassment the agency will notify the resident whether the allegation is found to be substantiated, unsubstantiated, or unfounded. This notification will be in writing. The Facility Director confirmed that he would follow the process but to date they have not had any incidents. Subsection (b) If a law enforcement agency conducts the investigation, the agency will request the relevant information from the investigating agency in order to inform the resident of the outcome of the criminal investigation. Subsection (c) Following a reentrant's allegation that a staff committed sexual abuse against a resident, the PCM is responsible for informing the resident when the following occurs: a) The staff member is no longer posted within the resident's unit; b) The staff member is no longer employed at the facility; c) The agency learns the staff member has been criminally charged related to sexual abuse or sexual harassment within the facility; or d) The agency learns that the staff member has been convicted on a charge related to sexual abuse or sexual harassment within the facility. Subsection (d) Following a resident's allegation of sexual abuse by another resident, the PCM will inform the victim when the facility learns the alleged abuser has been criminally charged related to the sexual abuse within the facility or when the agency learns that the abuser has been convicted on a charge related to sexual abuse within the facility. Subsection (e) The facility would uses a standard form, PREA Investigation - Inmate Notification, for PADOc residents and a similar form for BOP residents. Upon completion, this form is filed in the resident file, and a copy is forwarded to the BCC PREA Captain or the BOP. Subsection (f) Notifications occur when the resident has been transferred to another facility. However, the obligation to report the results of the investigation to the alleged victim terminates if the alleged resident victim is released from custody. No incidents of sexual abuse or sexual harassment have been alleged or investigated at the facility during the past 12 months.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-024 Subsection (a)(b)(c) Policy# 12-024 states that any employee who violates the agency zero-tolerance policy shall be subject to appropriate disciplinary or administrative action up to and including termination. Discipline occurs in accordance with Policy# 12-024 which states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The policy further states that disciplinary sanction for violations of agency policies related to sexual abuse or sexual harassment other than engaging in sexual abuse shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Subsection (d) Policy# 12-024 states that all terminations for violations of sexual abuse and sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation shall be reported to professional licensing bureaus and law enforcement agencies, unless the activity was clearly not criminal. The facility has not had a staff member subject to disciplinary action for sexual abuse or sexual harassment.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-025 Corrective Action for Contractors, Volunteers, and Interns Subsection (a) Policy# 12-025 states that any contractor, volunteer, or Intern who violates the agency zero-tolerance policy is subject to appropriate disciplinary or administrative action. When an allegation is made against a contractor, volunteer, or Intern, that person will be removed from contact and communication with the alleged victim until the conclusion of the investigation. If contractor, volunteer, or Intern has been found to have engaged in sexual abuse, the individual will have their access to the facility revoked and will be reported to professional licensing bureaus and law enforcement agencies, unless the activity was clearly not criminal. Subsection (b) Policy# 12-025 states that if a contractor or volunteer violates the policy other than by engaging in sexual abuse, the facility will take appropriate remedial measures and shall consider whether to prohibit further contact with residents. I confirmed during interviews that the facility has not had a contractor or volunteer reported to law enforcement or relevant licensing bodies for allegations of sexual abuse. The Facility Director confirmed that if a contractor, volunteer, or Intern was alleged to have engaged in sexual abuse or sexual harassment of residents, they would not be allowed to enter the facility nor have contact with residents The facility has not had a contractor, volunteer, or Intern subject to disciplinary action for sexual abuse or sexual harassment.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-026 Disciplinary Sanctions for Residents Subsection (a) Policy# 12-026 states that residents are subject to disciplinary sanctions according to the formal disciplinary process, following an administrative finding that the resident violated the zero-tolerance policy, engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Subsection (b) Policy# 12-026 states that sanctions will be commensurate with the nature and circumstances of the sexual abuse, sexual harassment or retaliation committed, the residents disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. Subsection (c) The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the behavior when determining what type of sanction if any, should be imposed. Subsection (d) The facility does not offer any in house programming, therapy, or intervention. Subsection (e) It was confirmed that the facility would discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact. If this is determined, the incident would be reported to the Pennsylvania State Police or Scranton Police Department, since this activity is criminal in nature. Subsection (f) Policy# 12-026 states that a report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Subsection (g) The agency prohibits all sexual activity between residents and may discipline residents for such activity. The agency will not deem such activity as sexual abuse, if through the investigative process determines, the activity was consensual. The facility has not disciplined any resident for sexual abuse or sexual harassment within the past 12 months.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documentation Reviewed Pre-Audit Questionnaire Policy 12-008 Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, Victim Advocate Services and Follow-up Services MOU with Geisinger Community Medical Center MOU with Rape Crisis Services Women's Resource Center Subsection (a) Policy 12-008 states that alleged victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The policy further requires staff to ensure the alleged sexual abuse victim is provided access to a forensic medical examination and mental health evaluation. The staff indicated that they would notify law enforcement via 911 if the alleged victim requires emergency medical treatment and ensures the alleged victim is provided access to a forensic medical examination. All health care is provided to community correctional center residents in the community rather than on-site by staff. The victim would be transported to Geisinger Community Medical Center for treatment. Subsection (b) Policy 12-008 directs security staff first responders to take preliminary steps to protect the alleged victim if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. The facility utilizes Geisinger Community Medical Center for forensic examinations; the Supervisor at the hospital indicated that a Sexual Assault Nurse Examiner is always available. She further confirmed that the hospital would contact the Rape Crisis Services Women's Resource Center to ensure a victim advocate was available to the victim. Subsection (c) Policy 12-008 states that all alleged victims of sexual abuse are offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. The supervisor at Geisinger Community Medical Center confirmed that this is provided to all victims of sexual assault. Subsection (d) Through policy and Pennsylvania Law, all treatment services are provided to the alleged victim without financial costs and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident. Pennsylvania State law prohibits a provider from billing a victim for forensic rape exams. The State also does not require a victim of sexual assault to cooperate with law enforcement or prosecution for the examination to be paid for by the victim's Compensation Assistance program. The supervisor at Geisinger Community Medical Center confirmed that victims of sexual assault receive services without cost to the victim. She also confirmed that victims are not required to cooperate with an investigation to receive an examination and treatment.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed Pre-Audit Questionnaire Policy 12-008 Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, Victim Advocate Services and Follow-up Services MOU with Geisinger Community Medical Center MOU with Rape Crisis Services Women's Resource Center Subsection (a) Policy 12-008 requires the facility to offer medical and mental health evaluation and if appropriate, treatment to all residents who have allegedly been victimized by sexual abuse in the facility, residents receive medical and mental health care in the community. Residents are notified of services available in the community. Subsection (b) Ongoing medical and mental health treatment is available for residents who have been allegedly victimized by sexual abuse. This includes appropriate follow-up services, treatment plans, and as necessary referrals for continued care following the residents transfer to another facility or released. These services are also provided in the community. Subsection (c) Policy states that the facility is required to provide alleged victims with medical and mental health services consistent with the community level of care. These services would be provided to residents through community providers. Subsection (d) and (e) Policy dictates that a female victim would be offered a pregnancy tests and if pregnancy results from the conduct described in paragraph § 115.283(d), they will receive timely and comprehensive information as well as access to all lawful pregnancy-related medical services. Subsection (f) Policy dictates that all alleged victims of sexual abuse are offered testing for sexually transmitted infections. This was further confirmed with the supervisor Geisinger Community Medical Center. Subsection (g) Pennsylvania State Statute dictates treatment services are provided to alleged victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Victims are provided services at no cost and are not required to file a report or consent to the rape kit being tested. Subsection (h) The policy requires an attempt to provide a mental health evaluation to be conducted on abusers within 60 days of learning of the abuse history and offer treatment when deemed appropriate.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed: Pre-Audit Questionnaire Policy# 12-027 Subsection (a)(b) Policy# 12-027 dictates that at the conclusion of every sexual abuse investigation, whether substantiated or unsubstantiated, the facility will conduct a Sexual Abuse Incident Review. This review should take place within 30 working days of notice the investigation was deemed satisfactory. During the auditing period no incidents or allegations of sexual abuse have occurred at the facility, where a review has taken place. Subsection (c) The Sexual Abuse Incident Review Team may involve the following individuals Facility Director/ designee, COO and other applicable managers or supervisors, Investigator, Facility Counselor, facility medical/ mental health practitioner, and the Firetree, Ltd. PREA Coordinator. Subsection (d) DC-ADM 008 states that the Sexual Abuse Incident Review committee shall: • considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, • considers whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status, gang affiliation, or was motivated by other group dynamics, • examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, • assesses the adequacy of staffing level in that area during different shifts, • assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff, • considers information such as housing assignment, measures taken as a result of the allegation, need for follow-up for the victim. The review is documented on the Sexual Abuse Incident Review standard form. The report is submitted within 5 days of the review to the PADO or BOP. Subsection (e) Policy states that the Facility Director/ designee shall implement the recommendations for improvement or shall document reasons for not doing so. The interviewed staff understood their obligations under the policy.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-028 Data Management Subsection (a) Policy# 12-028 directs the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under the direct control of the agency, using a standardized instrument and set of definitions. Subsection (b) Policy dictates that the agency is responsible for reviewing data collected and to aggregate the data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This information is compiled into a PREA Annual Report. I reviewed the annual reports from 2016 through 2020. Subsection (c) The incident-based data collected includes, 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. The information included in the Survey is included in the PREA reports submitted by investigators. Subsection (d) Policy indicates that all data be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. All data is stored electronically. Subsection (e) The agency does not contract for the housing of their residents. Subsection (f) The Department of Justice has not requested the data from the agency. The 2020 Annual Report was available on the website and viewed.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-028 Data Management 2016 through 2020 Reports Subsection (a) The agency is responsible for reviewing data collected and annually aggregating the data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by: • identifying problem areas • taking corrective action on an ongoing basis • preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The PREA Coordinator confirmed that incident-based data is collected. This information is used to monitor locations and identify a trend and areas of concern in order to address specific problems or address agency-wide issues through training. An annual report is prepared and includes corrective action. Subsection (b) As per policy, the annual report includes comparison data and corrective actions for the current year with those from previous years, and an assessment of the agencies progress in addressing sexual abuse. Subsection (c) As per policy the annual PREA Report is authored by the PREA Coordinator and is approved by the Firetree, Ltd. governing board. PREA Annual reports for 2016 through 2020 were reviewed. The PREA Annual Report for 2020 is currently posted on the agency website. Subsection (D) Policy states that specific identifying information shall be redacted so that no individual is identifiable. The agency may also redact specific material from the reports when publication would present a clear and specific danger to a facility but must indicate the nature of the material redacted. In a review of the PREA Annual Reports, no personal identifying information was included or redacted, and there did not appear to be any information posing a threat to the safety and security of a facility.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Policy# 12-028 Data Management 2016 through 2020 Reports Subsection (a) Policy# 12-028 requires PREA data collected to be securely retained by the agency. This is electronically stored. Subsection (b) (c) DC-ADM 008 states that the agency shall make all aggregated sexual abuse data information from facilities under its direct control available to the public through the agency website, at least annually. Specific identifying information collected for reporting purposes shall be redacted so no individual is identifiable or if publication would present a clear and specific danger to the facility. The nature of the redaction must be indicated. The PREA Coordinator confirmed that incident-based data is collected and that information is compiled in an annual report. The annual reports are easily located on the agency public website. Subsection (d) As per Policy# 12-028, collected PREA data is retained for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Subsection (a)(b) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency has ensured that each facility operated by the agency, is audited at least once. This was verified by reviewing all of the audit reports from August 20, 2013 to present. I also verified that annually at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited. Subsection (h) During the audit process I had access to all areas of the audited facilities. Subsection (i) I received copies of all relevant documents associated with the audit process. Subsection (m) During the onsite audit I conducted private interviews with residents. Subsection (n) Residents and Staff were permitted to send me confidential information or correspondence.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Subsection (f) All final audit reports are available to the public on the agency website. This was confirmed by navigating to the website and reviewing the audit reports.

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

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

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

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

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

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

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

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

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

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

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

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

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

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

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

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

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

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

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

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	no
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

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

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

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes