

PREA Facility Audit Report: Final

Name of Facility: Kintock Philadelphia Erie Avenue

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/16/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: James L. Roland Jr.	Date of Signature: 08/16/2022

AUDITOR INFORMATION	
Auditor name:	Roland, James
Email:	jroland1556@gmail.com
Start Date of On-Site Audit:	06/29/2022
End Date of On-Site Audit:	06/30/2022

FACILITY INFORMATION	
Facility name:	Kintock Philadelphia Erie Avenue
Facility physical address:	301 E. Erie Ave, Philadelphia, Pennsylvania - 19134
Facility mailing address:	

Primary Contact	
Name:	Nicole Cucinotta
Email Address:	nicola.cucinotta@kintock.org
Telephone Number:	6102253663

Facility Director	
Name:	Frank Guyon
Email Address:	Frank.guyon@kintock.org
Telephone Number:	2152917634

Facility PREA Compliance Manager	
Name:	Frank Guyon
Email Address:	Frank.guyon@kintock.org
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	392
Current population of facility:	285
Average daily population for the past 12 months:	296
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:	3 Youthful & 1,178 Adult
Facility security levels/resident custody levels:	Medium - Community Release
Number of staff currently employed at the facility who may have contact with residents:	85
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	The Kintock Group
Governing authority or parent agency (if applicable):	
Physical Address:	580 Virginia Drive, Suite 250, Fort Washington, Pennsylvania - 19034
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information

Name:	Nicola Cucinotta	Email Address:	Nicola.cucinotta@kintock.org
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SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

0

Number of standards met:

41

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:	2022-06-29
2. End date of the onsite portion of the audit:	2022-06-30

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	392
15. Average daily population for the past 12 months:	263
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	260
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:	8
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:	4
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:	1

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:	4
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:	6
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:	4
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:	4
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:	10
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):	<p>The Auditor was provided a private area in which to work and conduct confidential interviews. All requested files and rosters, both staff and residents, were made available to the Auditor for review.</p> <p>Immediately following the opening meeting, a tour of the facility was completed. The Auditor was escorted by the SA and the PCC. During the tour, the Auditor reviewed PREA-related documentation and materials located on bulletin boards and pertinent entries made in electronic logs. The Auditor assessed camera surveillance, physical supervision, and electronic monitoring capabilities. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision and limits to cross-gender viewing. All signs and postings were in both English and Spanish. Residents can shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and residents regarding the PREA standards were conducted. Postings regarding PREA violation reporting and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility. Audit notice postings with the PREA Auditor's contact information were posted in the same areas. The Auditor notice postings were posted 60 days before the original date of the on-site visit. Unimpeded access to all areas of the facility was provided to the Auditor.</p>
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:	85

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:	3
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:	<p>The Auditor was provided a private area in which to work and conduct confidential interviews. All requested files and rosters, both staff and residents, were made available to the Auditor for review.</p> <p>Immediately following the opening meeting, a tour of the facility was completed. The Auditor was escorted by the SA and the PCC. During the tour, the Auditor reviewed PREA-related documentation and materials located on bulletin boards and pertinent entries made in electronic logs. The Auditor assessed camera surveillance, physical supervision, and electronic monitoring capabilities. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision and limits to cross-gender viewing. All signs and postings were in both English and Spanish. Residents can shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and residents regarding the PREA standards were conducted. Postings regarding PREA violation reporting and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility. Audit notice postings with the PREA Auditor's contact information were posted in the same areas. The Auditor notice postings were posted 60 days before the original date of the on-site visit. Unimpeded access to all areas of the facility was provided to the Auditor.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	24
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Resident interviews were selected from the current population. Targeted interviews were selected from residents who were placed in categories to aid the auditor in selecting residents that were geographically diverse.</p> <p>At the time of the audit, there were 16 female residents and 244 male residents housed at KE. A total of 26 residents were interviewed. There were three Limited English Proficient (LEP) and one physically disabled resident interviewed at the facility. One cognitively disabled resident was interviewed. One physically disabled resident was interviewed. Two residents who identified themselves as gay, and one resident who identified as transgender were interviewed. The Auditor interviewed two residents who reported sexual abuse or who reported sexual victimization during risk screening. The auditor also interviewed five residents who reported sexual abuse while at the facility. No residents refused to be interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to assess residents' knowledge of the PREA and the reporting mechanisms available to them.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>The facility supplied the information for the categories stated above.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>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:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>All categories for interview were complied by the facility. Clarification of the list was discussed with the PREA coordinator prior to the interviews. . I chose randomly from that list. At the time of the audit, there were 16 female residents and 244 male residents housed at KE. A total of 26 residents were interviewed. There were three Limited English Proficient (LEP) and one physically disabled resident interviewed at the facility. One cognitively disabled resident was interviewed. One physically disabled resident was interviewed. Two residents who identified themselves as gay, and one resident who identified as transgender were interviewed. The Auditor interviewed two residents who reported sexual abuse or who reported sexual victimization during risk screening. The auditor also interviewed five residents who reported sexual abuse while at the facility. No residents refused to be interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to assess residents' knowledge of the PREA and the reporting mechanisms available to them.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>4</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> 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).	Discussions were conducted with the PCC, staff, and other inmates regarding residents status within the facility. Interviews with residents appeared to be open and forthcoming. I had no residents who refused to be interviewed.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	I oversampled residents who reported sexual abuse and those residents who reported sexual abuse during risk screening.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	15
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	I interviewed a staff member who spoke both English and Spanish. She also interpreted for a resident that requested her.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Random staff were selected by both their working shifts and their responsibilities within the facility.

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):	10
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Select staff received both random and specialized interview questions. KE employs a staff of 85 individuals. The seven administrative staff interviews included the COO, CDF, SA, PCC, DO, HR, and CDF. The ten specialized staff included the SA, Medical Nurse Triage, HR, Kitchen Manager, CDF, Senior Case Manager, Senior Case Manager (Federal), and an investigator. All staff members have been trained to act as first responders when a PREA-related incident occurs. A total of 26 residents, 15 random staff, and 10 specialized staff were interviewed.</p>

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.

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

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

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).	In prompt to interviews were conducted with staff in regards to first responder duties during the facility tour.
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Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Training files and Risk Screening documents.
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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	4	4	4	4
Staff-on-inmate sexual abuse	0	0	0	0
Total	4	4	4	4

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	13	13	13	13
Staff-on-inmate sexual harassment	0	0	0	0
Total	13	13	13	13

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

All allegations are investigated

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	3	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	3	0	0	1	8

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	3	1	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	3	1	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	3	0	0	2	8
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	3	0	0	2	8

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	3	4	8	2
Staff-on-inmate sexual harassment	0	0	0	0
Total	3	4	8	2

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

All allegations are both completed first administratively, then forwarded (if required) for criminal investigation.

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:

17

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:

4

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)

<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>13</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>13</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>I examine all investigations at this facility.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input checked="" type="radio"/> Other</p>
Identify the entity by name:	The Nakamoto Group, Inc.

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	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Table of Organization 4. Monthly Population Report 5. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) <p>The agency's zero-tolerance policy against sexual abuse was clearly established in the above documentation and via interviews. The policy also outlines the agency's approach to preventing, detecting, reporting, and responding to sexual abuse and sexual harassment allegations. The PCM reports to the PCC and the COO. Zero-tolerance posters are displayed throughout every area of the facility. The agency and facility directives outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Residents are informed orally about the zero-tolerance policy and the PREA program during in-processing and are required to view a video during admission and orientation presentations. Additional program information is contained in the Resident Handbook and is posted throughout the facility, as observed by the Auditor during the tour. All PREA information, both video and written, is available in English and Spanish. Interpretive services are available for residents who do not speak or read English or Spanish. Both KE staff and residents are provided with multiple opportunities to become informed of PREA policies and procedures. All employees receive initial training and Annual Refresher Training (ART), as well as updates throughout the year.</p> <p>Corrective action: None required</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized) <p>KE does not have any contracts with other agencies.</p> <p>Corrective action: None required</p>

115.213	Supervision and monitoring
	<p data-bbox="242 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 453 237">Auditor Discussion</p> <p data-bbox="242 271 1035 300">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="242 383 718 927" style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. KE Staffing Plan Report 4. KE Camera Layout 5. KE Organizational Chart 6. Evacuation Map 7. Unannounced Rounds 8. Review of Daily Count Sheets 9. Interviews with the following: <ol data-bbox="272 898 576 927" style="list-style-type: none"> a. Staff (Specialized/Random) <p data-bbox="242 1016 1493 1279">Agency policy requires the facility to review the staffing plans on an annual basis. Interviews with the COO and PCC revealed compliance with the PREA and that other safety and security issues are always a primary focus when considering and reviewing their respective staffing plans. KE has been provided with all necessary resources to support the programs and procedures which ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, resident access to telephones, resident computer access, staff interviews, and rosters. Supervisory/Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. Interviews with staff confirmed unannounced rounds to all areas of the facility are conducted on a weekly basis, with no warning to employees. During the tour, camera locations were observed by the Auditor.</p> <p data-bbox="242 1361 571 1391">Corrective action: None required</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Policy 11.08 Strip Searches 4. PREA Training Curriculum 5. PREA Training Acknowledgement (10 Examples) 6. KE Job Description/Post Orders 7. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) <p>Policies and documentation address this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergencies or when performed and documented by a medical practitioner. Staff interviewed indicated they received cross-gender pat search training during initial and annual training. The Auditor observed that each unit has individual shower stalls for privacy. The facility has implemented a policy that all staff working the shift will announce themselves prior to walking the units to allow residents the opportunity to prepare themselves from a privacy perspective. The residents interviewed acknowledged they can shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Staff, along with residents interviewed, indicated that employees of the opposite gender announce their presence before entering a unit. Staff members were aware of the policy prohibiting the search of a transgender or intersex resident for the sole purpose of determining the resident's genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of a resident by a staff member at KE.</p> <p>Corrective action: None required</p>

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Policy 15.01 Reception and Orientation 4. Examples of Residents Rights signed document 5. LinguaLinux - Translations Services 6. Resident Handbook 7. PREA Intake Packet 8. PREA Brochure – English 9. PREA Brochure - Spanish 10. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) <p>KE takes appropriate steps to ensure residents with disabilities and residents with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings, and resident handbooks are available in both English and Spanish. These documents were submitted to and reviewed by the Auditor. Interviewed staff members were aware of the policy that, under no circumstances, is any resident interpreter or assistant to be used regarding PREA issues. Where interpreters are necessary, yet unavailable, the contracting authority will be notified for assistance and an interpreter will be assigned to review intake and handbook information, including all PREA information, training, and procedures. KE uses Lingualinx Translation Services as interpreters to assist residents if it is required. At the time of the audit, there were three LEP residents, and one resident with physical disabilities. No residents were unable to understand the PREA information. The review of documentation and staff and resident interviews support a finding that the facility is compliant with this standard.</p> <p>Corrective action: None required</p>

115.217	<p>Hiring and promotion decisions</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Policy Recruitment and Selection: section #8 4. Employment Application 5. Employee Background Checks, One and Five Year PDOC (examples) 6. Employee Background Checks, BOP 7. Contractor Background Check 8. Employee Handbook 9. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) <p>Policies and interviews confirm compliance with this standard. All employees and volunteers have background checks completed through the National Criminal Information Center (NCIC) and through the BOP and the PDOC. There is one contract staff member at the facility. Contractor background checks are done through PDOC. Staff promotions require a background check before a promotion is approved. A tracking system is in place to ensure that updated background checks are conducted every five years. The policy states that false information submitted by the applicant is grounds for termination. The auditor reviewed employment documentation which supports the facility's compliance with this standard.</p> <p>Corrective action: None required</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 324">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="231 324 1508 761" style="list-style-type: none"> <li data-bbox="231 324 1508 392">1. KE Pre-Audit Questionnaire <li data-bbox="231 392 1508 459">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="231 459 1508 526">3. PREA Intake Packet <li data-bbox="231 526 1508 593">4. KE Camera Layout <li data-bbox="231 593 1508 761">5. Interviews with the following: <ol data-bbox="231 593 1508 761" style="list-style-type: none"> <li data-bbox="231 593 1508 761">a. Staff (Specialized) <p data-bbox="231 761 1508 929">Policies and interviews confirm compliance with this standard. The KE has upgraded its video monitoring system to include 64 video surveillance cameras. Cameras are placed strategically throughout the facility to ensure the safety and security of both residents and staff.</p> <p data-bbox="231 929 1508 1012">Corrective action: None required</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1034 300">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="240 383 1190 1216" style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Report of Findings (Form) 3. Report of Findings (Document examples) 4. Victim Notifications (Document) 5. Victim Notifications (Examples) 6. MOU-Drexel University College of Medicine (DUCOM) website: Drexel.edu 7. MOU-WOAR-Philadelphia Center Against Sexual Violence 8. Policy PDOC DC-ADM-008 (State) PREA: page 68 9. KE Claims Log 2021-2022 10. Resident Handbook 11. Certified PREA Investigations information 12. Interviews with the following: <ol data-bbox="272 1070 1190 1216" style="list-style-type: none"> a. Staff (Specialized/Random) b. Sexual Assault Nurse Examiner (SANE) – Dexler University College of Medicine c. Women Organized Against Rape (WOAR) – Philadelphia Center Against Sexual Violence <p data-bbox="240 1301 1485 1630">KE staff members were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. Staff members were aware that agency investigators conduct administrative investigations of sexual abuse allegations. All criminal investigations are reported to and conducted by the Pennsylvania Department of Corrections (PDOC). All forensic medical examinations are conducted by SANE staff at DUCOM. A telephone interview with the SANE representative at DUCOM was conducted and the provider was aware of the provisions of the PREA standards. The representative indicated that a SANE is available 24 hours a day, seven days a week. There were no SANE examinations conducted during the past 12 months. WOAR, a community crisis support center, is available to provide victim advocates when requested by the resident. Follow-up treatment is completed by personnel within the community, as directed by PDOC. There have been 17 allegations or investigations during this auditing period, none that required forensic services</p> <p data-bbox="240 1720 568 1749">Corrective action: None required</p>

115.222	<p data-bbox="229 69 1509 1267">Policies to ensure referrals of allegations for investigations</p> <p data-bbox="229 1267 1509 1312">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 1312 1509 1357">Auditor Discussion</p> <p data-bbox="229 1357 1509 1402">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="229 1402 1509 752" style="list-style-type: none"> <li data-bbox="229 1402 1509 1447">1. KE Pre-Audit Questionnaire <li data-bbox="229 1447 1509 1491">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="229 1491 1509 1536">3. Third Party reporting website:www.kintock.org <li data-bbox="229 1536 1509 1581">4. MOU-WOAR-Philadelphia Center Against Sexual Violence <li data-bbox="229 1581 1509 1626">5. Kintock Erie 2022 Sexual Abuse Prevention – Annual Report <li data-bbox="229 1626 1509 752">6. Interviews with the following: <ol data-bbox="229 752 1509 752" style="list-style-type: none"> <li data-bbox="229 752 1509 752">a. Staff (Specialized/Random) <p data-bbox="229 752 1509 1133">Policies and documents address the mandates of this standard. The policy requires that all criminal allegations of sexual abuse and sexual harassment be referred for investigation to the appropriate law enforcement authorities: the Pennsylvania Department of Corrections (PDOC) is that agency. An interview was conducted with the PCC and the agency investigator concerning the reporting process for PREA allegations. Allegations are submitted via an electronic database and assigned to the investigator (PCC). If the investigator determines that the allegation could be of a criminal nature, the PDOC is notified. The case is initiated by the agency investigator and then referred to PDOC, who continues with the investigation to its conclusion. The entire investigation process is monitored by the PDOC. Standard compliance was also demonstrated via interviews with the PCC and an investigator. The agency reported 17 allegations of sexual abuse during the past 12 months. All investigations were reviewed by the Auditor.</p> <p data-bbox="229 1133 1509 1267">Corrective action: None required</p>
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115.231	<p>Employee training</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Policy (HR) 4.04 Staff Training 4. Employee Training Curricula Units 1-5 5. Employee Training Sign-off Sheets 6. Employee Certificates of Completion: PREA (15 Examples) 7. KE PowerPoint Training Objectives 8. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random <p>KE provides PREA training to employees. KE also provides PREA standards training which all staff are required to complete. All staff members are mandated to receive training annually and the curriculum includes an extensive review of the PREA requirements. The training curriculum, sign-in sheets, and other related training documentation were reviewed by the Auditor. Interviewed staff verified the requirement to acknowledge, in writing, not only that they received the PREA training, but that they understood it.</p> <p>Corrective action: None required</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Employee Training Sign-off Sheets 4. KE PowerPoint Training Objectives 5. Signed Training Documents Acknowledging Receipt and Understanding of Information 6. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized) <p>KE presently has no volunteers. All volunteers and contractors (if hired), receive the PREA training, including the zero-tolerance policy, reporting, and responding requirements. The training is documented and maintained on file per facility policy.</p> <p>Corrective action: None required</p>

115.233	Resident education
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1034 300">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="242 383 871 1043" style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. KE Resident Handbook 4. Federal Handbook 5. MOU-WOAR-Philadelphia Center Against Sexual Violence 6. PREA Posters (Example 1) 7. Resident Services Support Phone Numbers List 8. PREA Intake Packet 9. PREA Acknowledgement Signature Sheets (Examples) 10. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) b. Residents <p data-bbox="242 1131 1490 1760">Policies and documentation address the components of this standard. The facility puts forth its best efforts to educate the residents regarding the PREA. Residents receive information during the intake process including a PREA packet and Resident Handbook, printed in English and Spanish. A staff member conducts an education program regarding the PREA for all residents within 30 days of their arrival at the facility. Most PREA education is conducted within 24 hours of arrival to KE. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities. Residents also view a comprehensive orientation video that explains the facility's zero-tolerance policy and covers the resident's right to be free from sexual abuse, sexual harassment, and retaliation. There are PREA posters displayed throughout the facility and in each housing unit and a "Hotline" telephone number, which may be called to report sexual abuse or sexual harassment. Since the "Hotline" telephone number is an 800-toll-free number, residents can call from any of the available telephones. The mailing address for the PDOC and BOP are listed in the Resident Handbook and posted in each housing unit for resident correspondence concerning any sexual abuse or sexual harassment allegation. There is also a translation language line available to LEP residents. The Auditor was provided a random sampling of PREA Acknowledgement Signature Sheets to verify that residents, admitted during the auditing period, received the PREA education and relevant written materials. All residents are required to acknowledge, in writing, the completion of PREA education. During the interview process, randomly selected residents indicated they received information about the facility's rules against sexual abuse/sexual harassment when they arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment, and their right not to be punished for reporting sexual abuse/sexual harassment. Residents were aware of available services outside of the facility for dealing with sexual abuse.</p> <p data-bbox="242 1848 568 1877">Corrective action: None required</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="229 318 1509 645" style="list-style-type: none"> <li data-bbox="229 318 1509 380">1. KE Pre-Audit Questionnaire <li data-bbox="229 380 1509 443">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="229 443 1509 506">3. Investigator Certifications <li data-bbox="229 506 1509 645">4. Interviews with the following: <ol data-bbox="229 546 1509 645" style="list-style-type: none"> <li data-bbox="229 546 1509 645">a. Staff (Specialized) <p data-bbox="229 645 1509 891">KE has one investigator. All administrative investigations are conducted by the investigator. All allegations are reported immediately to the Pennsylvania Department of Corrections (PDOC) via electronic data entry. Once an allegation is received, the agency investigations are conducted internally as an administrative investigation. If it is determined that there is adequate evidence of a criminal nature, the case is forwarded to the PDOC for investigation to completion. The SA/PCM, COO, and the PCC are kept informed during the investigative process and at the conclusion of the investigation.</p> <p data-bbox="229 891 1509 963">Corrective action: None required</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> <li data-bbox="229 371 1509 412">1. KE Pre-Audit Questionnaire <li data-bbox="229 434 1509 474">2. MOU-WOAR-Philadelphia Center Against Sexual Violence <li data-bbox="229 497 1509 586">3. Interviews with the following: <ol style="list-style-type: none"> <li data-bbox="229 551 1509 586">a. Staff (Specialized/Random) <p data-bbox="229 663 1509 725">All medical services are provided by the community hospital and PDOC. Mental health services are provided by PDOC. KE case manager does assess residents for mental health services and makes referrals to PDOC.</p> <p data-bbox="229 810 1509 864">Corrective action: None required</p>

115.241	<p>Screening for risk of victimization and abusiveness</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. PREA Screening Checklist form 4. Screening Checklist Examples (25) 5. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) <p>The policy addresses the requirements of this standard. Facility policy requires the use of a screening instrument (Screening Checklist) to determine proper housing, bed assignment, work assignment, education, and other program assignments, with the goal of keeping residents at a high risk of being sexually abused/sexually harassed separate from those residents who are at a high risk of being sexually abusive. Facility policy also requires all residents to be screened within 72 hours of arrival; however, they are routinely screened on the day of arrival. Risk management staff review all relevant pre-sentence documentation and information from other confinement facilities and reassess a resident's risk level, as necessary, within 30 days of arrival. Facility policy prohibits residents from being disciplined for refusing to answer, or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability. Housing and program assignments are made on a case-by-case basis and residents are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff and a random review of risk screening assessments support the finding that the facility is compliant with this standard.</p> <p>Corrective action: None required</p>
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115.242	Use of screening information
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1035 302">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="240 383 735 757" style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. PREA Screening Checklist form 4. Screening Checklist form (Signed Examples) 5. Facility Count Sheet 6. Interviews with the following: <ol data-bbox="272 728 576 757" style="list-style-type: none"> a. Staff (Specialized/Random) <p data-bbox="240 842 1484 1272">Policies, screening forms, and interviews address the requirements of this standard. Facility policy requires the use of a screening instrument (Screening Checklist) to determine proper housing, bed assignment, work assignment, education, and other program assignments, with the goal of keeping residents at a high risk of being sexually abused/sexually harassed separate from residents at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and residents are not placed in housing units based solely on their sexual identification or status. Based on the information provided by the facility, three LGBTI residents were housed in KE at the time of the audit. They were interviewed by the auditor. Additionally, residents indicating sexual victimization or abusiveness during risk screening were also interviewed. Residents who reported sexual abuse while at the facility were also interviewed. All the residents mentioned above were interviewed in support of this standard. During the audit, risk management staff indicated transgender and intersex residents would be reassessed biannually and the residents' views with respect to their safety would be given serious consideration. Additionally, all residents are given the opportunity to shower separately from other residents. Staff and resident interviews, the review of supporting documentation, and the Auditor's observations support the facility being in compliance with the standard.</p> <p data-bbox="240 1357 571 1388">Corrective action: None required</p>

115.251	Resident reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1034 300">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="242 383 871 869" style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. MOU-WOAR-Philadelphia Center Against Sexual Violence 4. PREA Poster (Example 1) 5. Ombudsman Poster 6. Resident Handbook 7. Interviews with the following: <ol data-bbox="272 786 576 869" style="list-style-type: none"> a. Staff (Specialized/Random) b. Residents <p data-bbox="242 958 1485 1319">Policies, the PREA Notices, and Resident Handbook address the requirements of the standard. A review of supporting documentation and staff/resident interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately, and from a third party) for residents to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility which explain reporting methods. Staff members promptly accept and document all verbal, written, anonymous, private, and third-party reports of the alleged abuse. Residents may report sexual abuse/sexual harassment by using the PDOC website, phoning the PREA "Hotline" number, contacting the Pennsylvania Ombudsman's via a toll-free number or through written correspondence, WOAR, or contacting facility staff. Family and friends also have access to these methods of reporting. All interviewed residents confirmed awareness of the multiple methods of reporting sexual abuse/assault allegations. Interviews with staff and residents, observation of posters addressing reporting methods, and an examination of policies and documentation confirm that KE is in compliance with this standard.</p> <p data-bbox="242 1408 568 1438">Corrective action: None required</p>

115.252	Exhaustion of administrative remedies
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1037 300">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="242 383 901 869" style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Grievance Form 4. Grievance Form (Examples) 5. Employee PREA Training Curriculum and Completion Sheets 6. Resident Handbook 7. Interviews with the following: <ol data-bbox="274 786 574 869" style="list-style-type: none"> a. Staff (Specialized/Random) b. Residents <p data-bbox="242 958 1492 1489">Residents may file a grievance; however, all allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred to the SA/PCM and the PCC. Residents are not required to use an informal grievance process and procedures also allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Additionally, the policy prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. The policy states that there is no time frame for filing a grievance relating to sexual abuse or sexual harassment. Allegations of sexual abuse or harassment by staff shall be referred to the management, in accordance with procedures established for such referrals. The policy addresses the filing of emergency administrative remedy requests. If a resident files an emergency grievance with the facility and believes he/she is under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. There is no prohibition that limits third parties, including fellow residents, staff members, family members, attorneys, and outside victim advocates in assisting residents in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of residents. There were no grievances filed involving PREA-related issues during the past 12 months. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by residents in which the resident declined third-party assistance. Residents are held accountable for manipulative behavior and false allegations. Generally, disciplinary action would be taken if a grievance was filed in bad faith.</p> <p data-bbox="242 1574 571 1603">Corrective action: None required</p>

115.253	<p>Resident access to outside confidential support services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Women Organized Against Rape (WOAR) 4. Resident Handbook 5. Advocacy Posters 6. Hotline Telephone Numbers Near All Resident Telephones 7. Publications Near All Resident Telephones 8. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) b. Residents <p>Policies and the Resident Handbook address the requirements of this standard. The facility has WOAR, a rape crisis advocacy service. Contact information for the WOAR is posted in the housing units. Residents are provided with a rape crisis advocacy toll-free hotline number and have other numerous support group telephone numbers located near every phone accessible to the residents. The auditor verified the MOU with the WOAR by through a telephone conversation.</p> <p>Corrective action: None required</p>
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115.254	<p>Third party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Resident Handbook 4. Resident Education Curriculum 5. Ombudsman Posters 6. WOAR Posters 7. Publications Near All Resident Telephones 8. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) b. Residents <p>Policy and procedures, Resident Handbook, PREA Posters, victim services numbers, and the resident training curriculum meet the mandates of this standard. The website and posted notices assist third-party reporters in reporting allegations of sexual abuse/sexual harassment. The residents interviewed indicated they were aware of third-party reporting and would probably feel more comfortable reporting an incident of sexual abuse to someone at the facility. Calls to toll-free telephone numbers can be placed at any time and the contact information is located near all resident telephones.</p> <p>Corrective action: None required</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1034 297">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> <li data-bbox="242 387 564 414">1. KE Pre-Audit Questionnaire <li data-bbox="242 445 715 472">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="242 504 855 530">3. Employee PREA Training Curriculum and Sign-in Sheets <li data-bbox="242 562 576 642">4. Interviews with the following: <ol style="list-style-type: none"> <li data-bbox="276 616 576 642">a. Staff (Specialized/Random) <p data-bbox="242 732 1477 992">Policies and the training curriculum address the requirements of this standard. Staff, contractors (if hired), and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Interviewed staff members were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The reporting is ordinarily made to the SA/PCM, PCC, and the COO, but could be made privately or to a third party. The policy requires the information concerning the identity of the alleged resident victim and the specific facts of the case to be shared with staff on a need-to-know basis, due to the staff's involvement with the victim's welfare and/or the investigation of the incident. A review of policy and interviews with staff support the finding that the facility is in compliance with this standard.</p> <p data-bbox="242 1081 568 1108">Corrective action: None required</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="229 318 1509 645" style="list-style-type: none"> <li data-bbox="229 318 1509 380">1. KE Pre-Audit Questionnaire <li data-bbox="229 380 1509 443">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="229 443 1509 506">3. Employee PREA Training Curriculum and Sign-in Sheets <li data-bbox="229 506 1509 645">4. Interviews with the following: <ol data-bbox="229 546 1509 645" style="list-style-type: none"> <li data-bbox="229 546 1509 645">a. Staff (Specialized/Random) <p data-bbox="229 645 1509 922">Policy addresses the requirements of this standard. Interviewed staff members were aware of their duties and responsibilities if they become aware or suspect that a resident is being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the resident, including separating the victim/predator, securing the scene to protect potential evidence, preventing the destruction of potential evidence, and contacting the PCC, SA/PCM, or on-call supervisor. In the past 12 months, there were no instances in which KE staff determined that a resident was subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="229 922 1509 1055">Corrective action: None required</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1034 297">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> <li data-bbox="242 387 564 414">1. KE Pre-Audit Questionnaire <li data-bbox="242 443 715 470">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="242 499 855 526">3. Employee PREA Training Curriculum and Sign-in Sheets <li data-bbox="242 555 576 582">4. Interviews with the following: <ol style="list-style-type: none"> <li data-bbox="242 611 564 638">a. Staff (Specialized/Random) <p data-bbox="242 730 1473 891">Policy addresses the requirements of this standard. Policy requires that any resident allegation of sexual abuse occurring while confined at another facility be reported to the PCC who, in turn, notifies the head of the facility and the appropriate office of the PDOC. This must occur within 72 hours of receipt of the allegation. Policy also requires that an investigation be initiated. In the past 12 months, KE received three allegations from residents that they were abused while confined at another facility.</p> <p data-bbox="242 981 568 1008">Corrective action: None required</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="229 318 1509 645" style="list-style-type: none"> <li data-bbox="229 318 1509 380">1. KE Pre-Audit Questionnaire <li data-bbox="229 380 1509 443">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="229 443 1509 506">3. Employee PREA Training Curriculum and Sign-in Sheets <li data-bbox="229 506 1509 568">4. Interviews with the following: <ol data-bbox="229 568 1509 645" style="list-style-type: none"> <li data-bbox="229 568 1509 645">a. Staff (Specialized/Random) <p data-bbox="229 645 1509 927">Policy and the training curriculum address the requirements of this standard. All interviewed staff members were extremely knowledgeable concerning their first responder duties and responsibilities upon learning of an allegation of sexual abuse/sexual harassment. All staff carry a first responder card. This card has all the instructions needed by a first responder. Staff indicated they would separate the residents, secure the scene, prevent the destruction of any evidence and contact the SA/PCM or PCC. In the past 12 months, there were no allegations that a resident was sexually abused, and a first responder was required to separate the victim and the abuser.</p> <p data-bbox="229 927 1509 1055">Corrective action: None required</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> <li data-bbox="229 371 1509 412">1. KE Pre-Audit Questionnaire <li data-bbox="229 434 1509 474">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="229 497 1509 537">3. Employee PREA Training Curriculum and Sign-in Sheets <li data-bbox="229 560 1509 600">4. Interviews with the following: <ol style="list-style-type: none"> <li data-bbox="229 622 1509 663">a. Staff (Specialized/Random) <p data-bbox="229 721 1509 828">Policy addresses the requirements of this standard. The policies were reviewed by the Auditor. The local policy specifies the guidelines and procedures that prevent sexual abuse/sexual assault and provides for prompt and effective intervention, in the event abuse or assault occurs. During the audit period, there were seventeen allegations of sexual abuse/harassment.</p> <p data-bbox="229 900 1509 954">Corrective action: None required</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Employee PREA Training Curriculum and Sign-in Sheets 4. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) <p>The facility has no collective bargaining agreement with any entity. Employees are subject to discipline, including removal, if they engage in any sexual abuse/sexual harassment of a resident.</p> <p>Corrective action: None required</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 295">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="229 295 1508 582" style="list-style-type: none"> <li data-bbox="229 295 1508 336">1. KE Pre-Audit Questionnaire <li data-bbox="229 336 1508 376">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="229 376 1508 582">3. Interviews with the following: <ol data-bbox="229 582 1508 582" style="list-style-type: none"> <li data-bbox="229 582 1508 582">a. Staff (Specialized/Random) <p data-bbox="229 582 1508 963">Policy addresses the requirements of this standard. The policy prohibits any type of retaliation against any staff person or resident who reports sexual abuse or sexual harassment or cooperates in related investigations. The SA/PCM is charged with monitoring retaliation. During the interview, he indicated that he follows up on all 30, 60, and 90-day reviews to ensure policy is being enforced and conducts periodic status checks on the frequency of incident reports, housing reassignments, and negative performance reviews/staff job reassignments, as required in 115.67c. In the event of possible retaliation, the PCC indicated he would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months. Compliance with this standard was determined by a review of policy/documentation and staff interviews.</p> <p data-bbox="229 963 1508 1030">Corrective action: None required</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Investigator Certification 4. PDOC PREA Policy DC-ADM 008 5. Investigations (17 examples) 6. Claims Log 7. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) <p>Policy addresses the components of this standard. All investigations are conducted by trained investigators of both the KE and the PDOC. If the administrative investigation results in the possibility of criminal intent, it is referred to the PDOC, who then reviews the case and completes the investigation to its completion to determine if the prosecution will be pursued. According to the PCC, the facility fully cooperates with any outside agency that initiates an investigation. The PCC serves as the facility liaison and provides requested information to outside investigative agencies, as well as access to the resident. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the individual's status as a resident or staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. There were 17 PREA sexual abuse/sexual harassment allegations investigated at KE during the auditing period. Residents are notified of the outcome of an investigation. Compliance with this standard was determined by a review of policy/documentation and staff interviews.</p> <p>Corrective action: None required</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 324">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> <li data-bbox="231 369 1508 414">1. KE Pre-Audit Questionnaire <li data-bbox="231 436 1508 481">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="231 492 1508 593">3. Interviews with the following: <ol style="list-style-type: none"> <li data-bbox="231 548 1508 593">a. Staff (Specialized/Random) <p data-bbox="231 660 1508 739">Policy and interviews address the requirement of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated.</p> <p data-bbox="231 806 1508 864">Corrective action: None required</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 295">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="229 376 718 698" style="list-style-type: none"> <li data-bbox="229 376 558 416">1. KE Pre-Audit Questionnaire <li data-bbox="229 434 718 474">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="229 492 478 533">3. Investigator training <li data-bbox="229 551 526 591">4. Investigator Certification <li data-bbox="229 609 574 649">5. Interviews with the following: <ol data-bbox="229 667 558 698" style="list-style-type: none"> <li data-bbox="229 667 558 698">a. Staff (Specialized/Random) <p data-bbox="229 779 1509 949">Policy addresses the mandates of this standard. All investigations are referred to the PDOC through the electronic data system. There were 17 allegations of sexual abuse/sexual harassment in the last 12 months. Residents involved in the allegation are to be notified, in writing, of the outcome of the investigation. Documentation is maintained in the investigative file. Investigations, outcomes, and notifications were reviewed by the auditor. Compliance with this standard was determined by a review of policy and staff interviews.</p> <p data-bbox="229 1030 558 1061">Corrective action: None required</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Employee Handbook 4. Work Rules and Related Policies Employee Training Sign-off Sheet (Examples) 5. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) <p>Policy addresses the requirements of this standard. Employees are subject to disciplinary sanctions for violating facility sexual abuse or sexual harassment policies. There have been no reported cases of residents engaging in sexual activity with staff in the past 12 months and no staff members were disciplined or terminated for violation of facility policy. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, may be reported to criminal investigators and any law enforcement or relevant professional/certifying/licensing agencies unless the activity was not criminal. Employees are subject to discipline, including termination, if they engage in any sexual abuse/sexual harassment of a resident. Compliance with this standard was determined by a review of policy/documentation and staff interviews.</p> <p>Corrective action: None required</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) b. Volunteer <p>Policy addresses the requirements of the standard. Any contractor (if hired) or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and would be reported to the appropriate investigator, law enforcement, or relevant professional/licensing/certifying bodies unless the activity was clearly not criminal. In non-criminal cases, KE would take appropriate remedial measures and consider whether to prohibit further contact with residents. During the past 12 months, there were no incidents in which a contractor or volunteer was accused of sexual abuse or sexual harassment. Compliance with this standard was determined by a review of policy and volunteer/contractor training files, as well as staff and volunteer interviews.</p> <p>Corrective action: None required</p>

115.278	<p>Disciplinary sanctions for residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Resident Handbook 4. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) <p>Policy addresses the requirements of this standard. The policy defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The policy identifies residents engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Non-consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between residents does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. Residents are subject to disciplinary sanctions pursuant to the formal disciplinary process defined by the policy. The facility does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the resident's behavior when determining what type of sanction if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Compliance with this standard was determined by a review of policy/documentation, an examination of the resident discipline process and staff interviews.</p> <p>Corrective action: None required</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. MOU-Drexel University College of Medicine (DUCOM) website: Drexel.edu 4. MOU-WOAR-Philadelphia Center Against Sexual Violence 5. Kintock Health Screen form 6. Informed Consent for Medical Treatment (document) (25 examples) 7. WOAR 8. Employee PREA Training Curriculum and Sign-in Sheets 9. Resident Handbook 10. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized/Random) b. Cooper Health System Emergency Department Registered Nurse <p>Policy addresses the requirements of this standard. Residents have access to emergency medical services at DUCOM. Contact was made with the DUCOM to ensure that the facility had SANE personnel to provide forensic treatment. The treatment is offered at no financial cost to the residents. WOAR, the Victim Advocacy Center, provides all advocacy services relevant to this standard. Advocates provide support, crisis intervention, information, and referral services to the victim. There are other community advocacy groups that will provide emergency support.</p> <p>Corrective action: None required</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1034 297">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> <li data-bbox="242 387 564 414">1. KE Pre-Audit Questionnaire <li data-bbox="242 445 715 472">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="242 504 1034 530">3. MOU-Drexel University College of Medicine (DUCOM) website: Drexel.edu <li data-bbox="242 562 871 589">4. MOU-WOAR-Philadelphia Center Against Sexual Violence <li data-bbox="242 620 576 647">5. Interviews with the following: <ol style="list-style-type: none"> <li data-bbox="242 678 564 705">a. Staff (Specialized/Random) <li data-bbox="242 736 932 763">b. Drexel Health System Emergency Department Registered Nurse <p data-bbox="242 846 1485 1039">Policy addresses the requirements of this standard. Residents have access to emergency medical services at DUCOM. Contact was made with DUCOM to ensure that the facility had SANE personnel available to provide forensic treatment. The treatment is offered at no financial cost to the residents. WOAR, a Victim Advocacy Center provides all advocacy services relevant to this standard. Contact was made with a representative from WOAR who reported that KE was within their area of service. WOAR is used by all facilities of PDOC. Advocates provide support, crisis intervention, information, and referral services to the victim.</p> <p data-bbox="242 1128 568 1155">Corrective action: None required</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="229 318 1509 582" style="list-style-type: none"> <li data-bbox="229 318 1509 380">1. KE Pre-Audit Questionnaire <li data-bbox="229 380 1509 443">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="229 443 1509 582">3. Interviews with the following: <ol data-bbox="229 537 1509 582" style="list-style-type: none"> <li data-bbox="229 537 1509 582">a. Staff (Specialized) <p data-bbox="229 582 1509 1097">Policy addresses the requirements of this standard. KE has an incident review team in place. The review team includes upper-level management and line supervisors. In the event of a PREA incident, the review team would prepare a report and implement any recommendations for improvement. The review team considers whether the incident or allegation was motivated by race; ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation, or by the vulnerability of mentally or physically disabled offenders; or was motivated or otherwise caused by other group dynamics at the facility. The team also considers the location in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse and assess the adequacy of staffing levels in that area during different shifts. The team also assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. Criminal and/or administrative investigations are completed on all allegations of sexual abuse or sexual harassment as directed by the PDOC. There were 17 allegations of sexual abuse/sexual harassment during the auditing period. The auditor reviewed all allegations.</p> <p data-bbox="229 1097 1509 1164">Corrective action: None required</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized) <p>Policy addresses this standard. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control and uses a standardized instrument and set of definitions. The agency aggregates the data annually and prepares a report. The agency PREA policy and practice require the collection of the data per this standard. The agency PREA Coordinator is responsible for preparing this aggregated data report for the agency. The 2021 report was reviewed by the auditor.</p> <p>Corrective action: None required</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol data-bbox="229 318 1509 761" style="list-style-type: none"> <li data-bbox="229 318 1509 380">1. KE Pre-Audit Questionnaire <li data-bbox="229 380 1509 443">2. Policy 3.05 Sexual Abuse and Harassment <li data-bbox="229 443 1509 506">3. KE Staffing Plan <li data-bbox="229 506 1509 568">4. KE Website <li data-bbox="229 568 1509 761">5. Interviews with the following: <ol data-bbox="229 568 1509 761" style="list-style-type: none"> <li data-bbox="229 568 1509 761">a. Staff (Specialized) <p data-bbox="229 761 1509 963">Policy supports this standard. The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Problem areas are identified, and corrective action is taken, as needed. The annual report reflects the findings of the facility and compares the current year's reports with the previous year's reports. The annual report is made available at www. thekintockgroup.org. The annual report is approved by the agency head. Sensitive information is redacted to protect the residents.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <ol style="list-style-type: none"> 1. KE Pre-Audit Questionnaire 2. Policy 3.05 Sexual Abuse and Harassment 3. Kintock Annual PREA Report 2021 4. Website: www.the.kintockgroup.org. 5. 2020-2021 Daily Population (1st day of the month for past 12 months) 6. Interviews with the following: <ol style="list-style-type: none"> a. Staff (Specialized) <p>The agency's PCM reports that the annual report is published on the website at www.the.kintockgroup.org. Interviews with the COO, SA/PCM, and PCC demonstrate compliance with this standard. The data is securely retained and maintained for at least ten years.</p> <p>Corrective action: None required</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <p>This was the second PREA audit of this facility. The Auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The Auditor was able to conduct private interviews with both residents and staff. The Auditor was provided supporting documentation before and during the audit. Notifications of the audit posted throughout KE allowed residents to send confidential letters to the Auditor before the audit. No confidential letters were received by the Auditor as a result of the audit postings.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed (on-site visit, documentation, staff and resident interviews):</p> <p data-bbox="229 318 1509 828">Kintock Erie has fully implemented all policies, practices, and procedures outlined in the PREA standards. The Auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff/residents, and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. Facility policies are directly tied to the PREA standards and staff expectations. The facility's leadership is fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and staff's ongoing efforts to ensure all policies, procedures, and practices comply with the Prison Rape Elimination Act. PREA training for staff and residents is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting, and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated into the intake and allegations of sexual abuse processes. Medical networks for the residents are established in the community. The public has access to reporting mechanisms and the agency PREA trends data via the agency website. Kintock Erie currently complies with all applicable PREA standards and no corrective actions are required.</p>

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

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	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.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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).	yes
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.	no
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.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
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.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
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.)	yes
	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.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
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.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
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.)	yes
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?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

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