

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

☐ Interim ☒ Final

Date of Interim Audit Report: 04/25/22 ☐ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 8/23/2022

Auditor Information

Name: Patrick J. Zirpoli	Email: pzirpoli@ptd.net
Company Name: Patrick J. Zirpoli LLC	
Mailing Address: 149 Spruce Swamp Road	City, State, Zip: Milanville, PA 18443
Telephone: 570-729-4131	Date of Facility Visit: March 23rd and 24th 2022

Agency Information

Name of Agency: Gaudenzia			
Governing Authority or Parent Agency (If Applicable): NA			
Physical Address: 106 W Main St.		City, State, Zip: Norristown, PA 19401	
Mailing Address: Same		City, State, Zip:	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.gaudenzia.org/prea-policy			

Agency Chief Executive Officer

Name: Dale Klatzker, PhD	
Email: dklatzker@gaudenzia.org	Telephone: (610) 239-9600

Agency-Wide PREA Coordinator

Name: Rodicia Grate	
Email: rgrate@gaudenzia.org	Telephone: 610-291-8965
PREA Coordinator Reports to: Bhavani Raqhavan	Number of Compliance Managers who report to the PREA Coordinator: 1

Facility Information

Name of Facility: Gaudenzia Philly House

Physical Address: 1306 Spring Garden Street

City, State, Zip: Philadelphia, PA 19123

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

☐ Military

☐ Private for Profit

☒ Private not for Profit

☐ Municipal

☐ County

☐ State

☐ Federal

Facility Website with PREA Information: www.gaudenzia.org/prea-policy

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

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

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe:

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
3/2020 PREA audit at prior location

Facility Director

Name: Agnes Brown

Email: agbrown@gaudenzia.org

Telephone: 215-238-2150

Facility PREA Compliance Manager

Name: Agnes Brown

Email: agbrown@gaudenzia.org

Telephone: 215-238-2150

Facility Health Service Administrator ☒ N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:

30

Current Population of Facility:

22

Average daily population for the past 12 months:

23

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	30-78	
Average length of stay or time under supervision	56 days	
Facility security levels/resident custody levels	Community	
Number of residents admitted to facility during the past 12 months	90	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	81	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	54	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	8	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	2	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant

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

Medical and Mental Health Services and Forensic Medical Exams

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

Investigations

Criminal Investigations

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

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	0
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: PA DOC) <input type="checkbox"/> N/A

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 41

§ 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

§ 115.212 Contracting with other entities for the confinement of residents.

§ 115.213 Supervision and monitoring.

§ 115.215 Limits to cross-gender viewing and searches.

§ 115.216 Residents with disabilities and residents who are limited English proficient.

§ 115.217 Hiring and promotion decisions.

§ 115.218 Upgrades to facilities and technologies.

§ 115.221 Evidence protocol and forensic medical examinations.

§ 115.222 Policies to ensure referrals of allegations for investigations.

§ 115.231 Employee training.

§ 115.232 Volunteer and contractor training.

§ 115.233 Resident education.

§ 115.234 Specialized training: Investigations.

§ 115.235 Specialized training: Medical and mental health care.

§ 115.241 Screening for risk of victimization and abusiveness.

§ 115.242 Use of screening information.

§ 115.251 Resident reporting.

§ 115.252 Exhaustion of administrative remedies.

§ 115.253 Resident access to outside confidential support services.

§ 115.254 Third-party reporting.

§ 115.261 Staff and agency reporting duties.

§ 115.262 Agency protection duties.

§ 115.263 Reporting to other confinement facilities.

§ 115.264 Staff first responder duties.

§ 115.265 Coordinated response.

§ 115.266 Preservation of ability to protect residents from contact with abusers

§ 115.267 Agency protection against retaliation.

§ 115.271 Criminal and administrative agency investigations.

§ 115.272 Evidentiary standard for administrative investigations.

§ 115.273 Reporting to residents.

§ 115.276 Disciplinary sanctions for staff.

§ 115.277 Corrective action for contractors and volunteers.

§ 115.278 Disciplinary sanctions for residents.

§ 115.282 Access to emergency medical and mental health services.

- § 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
- § 115.286 Sexual abuse incident reviews.
- § 115.287 Data collection.
- § 115.288 Data review for corrective action.
- § 115.289 Data storage, publication, and destruction.
- § 115.401 Frequency and scope of audits.
- § 115.403 Audit contents and findings.

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	March 23, 2022
2. End date of the onsite portion of the audit:	March 24, 2022
Outreach	
3. 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="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Philadelphia Sexual Assault Response Center (PSARC)
Audited Facility Information	
4. Designated Facility Capacity:	30
5. Average daily population for the past 12 months:	22
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	1
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	19
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	1
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	5
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0

22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. 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). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The agency does not track these characteristics.
Staff, Volunteers, and Contractors <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i>	
24. 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:	8
25. 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:	6
26. 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
27. 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. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	
Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Review of head count and interactions with residents.

31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	
32. 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, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	
Targeted Inmate/Resident/Detainee Interviews	
33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: <i>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.</i> <i>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.</i> <i>If a particular targeted population is not applicable in the audited facility, enter "0".</i>	5
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, 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. If 0, 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).	Not housed at this facility

35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:	0
a. If 0, 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. If 0, 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).	Discussion with staff
36. 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:	5
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input 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. If 0, 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).	
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:	0
a. If 0, 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. If 0, 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).	Discussion with staff
38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:	0

<p>a. If 0, 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. If 0, 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>Discussion with staff</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, 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. If 0, 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>Discussion with staff</p>
<p>40. 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>0</p>
<p>a. If 0, 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. If 0, 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>Discussion with staff</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, 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. If 0, 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>	Discussion with staff
<p>42. 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>	0
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<p>b. If 0, 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>	Discussion with staff
<p>43. 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>	0
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<p>b. If 0, 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>	Discussion with staff
<p>44. 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 Alleged to have Suffered Sexual Abuse)" protocol:</p>	0
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<p>b. If 0, 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>	Discussion with staff
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g.,</p>	

<p>any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	
Staff, Volunteer, and Contractor Interviews	
<i>Random Staff Interviews</i>	
46. Enter the total number of RANDOM STAFF who were interviewed:	4
47. 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 type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) Click or tap here to enter text.
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	

<p align="center"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p><i>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 interview would satisfy multiple specialized staff interview requirements.</i></p>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	6
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	

55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Agency contract administrator <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 <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

a. Enter the total number of VOLUNTEERS who were interviewed:	0
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	

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: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	

61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	
Documentation Sampling	
<i>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.</i>	
65. 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="checkbox"/> Yes <input type="checkbox"/> No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	
Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
<i>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.</i> <i>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.</i>	

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	1	0	0	0
Total	1	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate</u> sexual abuse	0	0	0	0
<u>Staff-on-inmate</u> sexual abuse	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	1	0	0
Total	0	1	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

0

a. If 0, explain why you were unable to review any sexual abuse investigation files:

No incidents

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☐ Yes ☐ No

☒ N/A (N/A if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

0

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

☐ Yes ☐ No

☒ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<u>Sexual Harassment Investigation Files Selected for Review</u>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
a. If 0, explain why you were unable to review any sexual harassment investigation files:	
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other</i>	

information that could compromise the confidentiality of any persons in the facility.	
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>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.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	1
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	<input checked="" type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="checkbox"/> Other

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Organizational Chart

DC-ADM 008 Prison Rape Elimination Act (PREA) Policy and Procedure entirety Effective April 22, 2019

DC-ADM 008 PREA Policy Statement

DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 1 - Sexual Abuse/Sexual Harassment Prevention – Responsibilities

DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Glossary of Terms DCADM 801, Inmate discipline Procedures Manual Section 1 - Misconducts/Rule Violations

DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 17 - Discipline Related to Sexual Abuse, Sexual Harassment, and retaliation

Subsection (a) The agency has developed a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment, this policy also outlines the agencies approach to preventing, detecting, and responding to such conduct. This policy is the GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) the Commonwealth of Pennsylvania Department of Corrections, policy subject Prison Rape Elimination Act (PREA), policy number DC-ADM 008 also applies at the facility. These policies had been in effect since the incorporation of PREA. Both policies address all aspects of the Prison Rape Elimination Act Standards for Community Confinement. The policies further defines all prohibited acts, the definitions listed in the glossary of terms are consistent with the definitions in the PREA Standards.

Subsection (b) Gaudenzia has assigned the Chief of Compliance, and the Director of Quality Assurance to serve as the agency PREA Coordinators to ensure compliance with all standards across agency programs/facilities (115.211b). The Program Director or designee will serve as the PREA Compliance Manager for the designated program. This person will oversee coordination of the PREA standards and will directly report to the PREA coordinator identified in each region (115.211c). I reviewed the Organizational Chart and found that the PREA Coordinator is in the upper level of the administration.

During the interviews at the facility, I was informed that the PREA Coordinator is always accessible to answer questions and provide advice on PREA related issues.

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

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

Subsection (a)(b)(c) The agency does not contract for the housing of residents.

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

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Staffing Plan

Daily Assignment Rosters

Facility camera locations

Facility Brochure

Subsection (a) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL addresses supervision and monitoring of the residents at the facilities. The policy directs each facility to develop, document, and make its best efforts to comply on a regular basis with the staffing plan. The policy provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents from sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring the facility takes into consideration the following:

- 1) the physical size and layout of the facility;
- 2) number and type of offenders assigned to the facility;
- 3) video monitoring to protect offenders against sexual abuse;
- 4) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 5) any other factors.

Subsection (b) The auditor reviewed the staffing plan policy which takes into consideration all the factors outlined in the standard. I further discussed the staffing plan development with the PCM and confirmed that these factors are taken into consideration during the development of the staffing plan.

During the interview with the staff, they confirmed that the placement of the cameras throughout the facility is always being evaluated to enhance the overall facility safety.

Subsection (c) The policy dictates that whenever necessary, but no less frequently than once a year, the facility shall address, determine, and document whether adjustments are needed to the staffing plan, prevailing staffing patterns, video monitoring systems or other monitoring technologies and the resources the facility has available to commit to ensure adequate staffing levels. I confirmed the assessment during the staff interviews.

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

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Pat Search Lesson Plan

Training rosters

Subsection (a): The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances or when performed by a medical practitioner. I confirmed this procedure during staff and resident interviews, as well as review of policy. I also confirmed that the facility has not conducted a search under these circumstances.

Subsection (b): The facility is an all-male facility and does not house any females.

Subsection (c): The facility does not conduct strip searches and visual body cavity searches. This was confirmed during the staff and resident interviews.

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

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

A sign designates the bathroom is the only location a resident may be unclothed. The residents confirmed that female staff would knock on the bathroom door when doing rounds and announce their presence.

Subsection (e): The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. I further confirmed the practices during the staff, and medical interviews. When a transgender or intersex resident is placed at this facility, they would have been identified as such by the facility they were being transferred from.

Subsection (f): The agency has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This was confirmed by reviewing the provided training materials. I further verified this training during staff interviews. All staff interviewed confirmed having been trained on the proper searching techniques. During their interviews, they were able to describe these techniques and the importance of being professional and respectful during the search and to conduct searches in the least intrusive manner possible consistent with security needs.

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

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

Translated materials (regarding PREA)

Translated materials (regarding PREA)

Interpreter's List (employees)

Orientation materials

DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 4 - Sexual Abuse/Sexual Harassment Prevention - Access to Special Populations

BCC- ADM 005, Bureau of Community Corrections Resident legal Procedures Manual Section 1 - Reasonable Accommodations

Management Directive Subject: Hiring/Contracting Sign Language Interpreters/Transliterators Dated September 12, 2014

Photograph of Intake Handout written in Braille Viewed PREA Information in English and Spanish PROPIO LS LLC language Services Purchase Order

Over-the-phone Interpreting instructions

DOC Foreign Language Employee Directory

Reporting Sexual Abuse and Sexual Harassment notice written in Spanish

PREA Information handout written in Spanish Handbook written in Spanish

Foreign Language Employee Directory

Subsection (a) The agency has taken appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These steps include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility outlines the response to residents in these categories in the above policies. This plan outlines procedures for residents who are not only non-English speaking but all who are enumerated in this standard. I confirmed the use of this plan during the staff and resident interviews. The facility also can have the PADOB BCC assist in this area. PADOB Policy DC-ADM 008 dictates that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Written materials shall be delivered in alternative formats or delivered through alternative methods that accommodate a resident's disability. These include translated Spanish materials and the intake handout in Braille. BCC-ADM 005 indicates that individuals with disabilities shall be assigned to a Community Corrections Center that provides reasonable accommodations according to the individual needs of the resident, including individuals diagnosed with mental or physical impairments. Facilities are required to evaluate their ability to receive and retain residents with disabilities according to policy. The staff indicated that they evaluate the ability of the facility to accommodate disabled residents according to services

available, and the ability of the resident to access all areas of the facility. Through BCC Administrative interviews, I confirmed that they had designated facilities to accommodate residents with specific needs such as blind residents, and disabled. During the staff interviews, I confirmed that they would read the material to residents if needed, and utilize the services provided by the agency and the PADOc to ensure the resident understands the PREA information and reporting avenues.

Subsection (b): The agency has taken steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. Furthermore DC-ADM 008 outlines the steps the PADOc takes to ensure meaningful access to all aspects of the PADOc's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to individuals who are limited English proficient. This includes written materials and interpretation services either through an outside contractor or approved staff. The facility provided copies of the Spanish PREA notices, and these were also viewed at the facility during the facility tour. The interviewed residents confirmed that the notices had been posted in both English and Spanish since their arrival at the facility. BCC-ADM 005, requires qualified staff or contractors to provide translation services for residents.

Pennsylvania Department of Corrections has an eight-page list of staff who are skilled in providing interpretation services. The list contains the staff name and work location and the interpretation service the staff is qualified to provide. Staff is available to interpret in over 55 foreign languages, dialects, and sign language. If staff is not available, the PADOc also contracts for over-the-phone interpretation services through PROPIO Language Services. Staff is provided direction on how to obtain this service.

Subsection (c) The agency does not rely on resident interpreters, resident readers, or other types of resident assistants. The interviewed agency investigator is aware of the approved interpreters and confirmed during their interview that they utilize these services. All staff interviewed stated they would not allow a resident to interpret for another resident in reporting sexual abuse or sexual harassment, and they felt that they could not control the information once another resident knew about alleged sexual abuse or sexual harassment. They indicated they would utilize the translation services outlined in the policy or contact the PADOc Management Operations Center (BCC-MOC) for further guidance.

During the past 12 months, the facility has not relied on residents to provide interpretation services for any PREA related matter.

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

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

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

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:
Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Documentation of 5 year Criminal Background Record Checks for Staff

Documentation of 5 year Criminal Background Record Checks for Contractors

Personal Data Summary Sheet (4B)

Verification of the Rap Back System through JNET

Pennsylvania Department of Corrections policy DC-ADM 008

Centralized Clearances Procedures Manual 1.1.4 Section 4 Centralized Clearances Procedures

Subsection (a) Policy dictates that the facility/program shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who: (PREA 115.217.a)

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in this section.

The PADOE policy dictates that they will not contract with anyone who:

- has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997 to include state facilities for persons who are mentally ill, disabled or intellectually disabled, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential cares;
- has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and/or
- has been convicted of any offense under the following or equivalent out of state offense:
- Title 18 Pa C.S.A. Chapter 31 - Sexual offenses
- Title 18 Pa C.S.A. Chapter 59 - public Indecency

The PADOE also conducts PREA background checks for all contractors and volunteers utilizing the PREA Questionnaire and Consent to Release PREA Information. According to policy 8.3.1, prior employment in any type of confinement facility will be further investigated to ensure that the candidate has not been found to have any of the following:

- engaged in sexual abuse in a prison, jail, lockup, community confinement facility, halfway house, group home, inpatient treatment facility, correctional institution, or juvenile detention facility;
- has been convicted of engaging or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and/or
- has been civilly or administratively adjudicated to have engaged in the activity described above.

Subsection (b) According to policy and procedures, in addition to incidents of sexual abuse, the agency also considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Subsection (c) The policy dictates that before hiring new employees, who may have contact with residents, the facility/program shall:

- a. Perform a criminal background records check; and
- b. 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.

The background check includes driving record, Pennsylvania State Police investigative file, licensing, military records, criminal justice documentation, and drug related convictions. Additionally, contact is made with current and prior employers. The PADOE also conducts a thorough background check on all contractors.

Subsection (d) Policy dictates that the facility/program shall also perform a criminal background record check before enlisting the services of any contractor or volunteer who may have contact with residents. According to PADOE policy every person, volunteer, or contractor, who provides recurring on-site services and has individual/group contact with residents, are not allowed contact with residents until they:

- submit to a criminal background check by completing the Community Corrections Application electronically and submitting it to the Facility Director or designee

- submit to a Prison Rape Elimination Act (PREA) background check by electronically completing the PREA Questionnaire and Consent to Release PREA Information and submitting the forms to the Facility Director or designee
- receive clearance from the Department after an investigation and criminal history check. Criminal background records checks are maintained in the Centralized Clearance database for staff and contractors.

Subsection (e) The agency conducts criminal background records checks at least every five (5) years of current employees, contractors, and volunteers who may have contact with residents. The Pennsylvania Department of Corrections utilizes the Justice Network (JNET) System to cross check all contractors on a yearly basis. According to PADOC policy contractor and volunteer clearance is valid for a maximum of 24 months; however, policy 8.3.1, requires an annual clearance update conducted on every individual who received clearance and continues to provide services.

Subsection (f) The facility/program asks all applicants and employees who may have contact with residents directly about previous misconduct described in this section in written applications and interviews for hiring or promotions and in interviews or written self-evaluations conducted as part of reviews for current employees. Employees shall have a continuing affirmative duty to disclose any such misconduct.

Subsection (g) Policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

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

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

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Subsection (a)(b) The agency has not made any substantial expansion or updated a video monitoring system, electronic surveillance system, or other monitoring technology in this facility. During the

interviews, I confirmed that if any expansion or acquisition or updating of the video monitoring system, electronic surveillance system, or other monitoring technology should take place, the overall security and safety is taken into consideration, including the sexual safety of the residents.

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

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 1- Sexual Abuse/Sexual Harassment Prevention-Responsibilities Section 14- Responding to Reports of Sexual Abuse

Section 15- Access to Outside Confidential Support Services

Section 18- Investigating Allegations of Sexual Abuse and/or Sexual Harassment Memorandum between the Pennsylvania Department of Corrections and Pennsylvania State Police dated February 16, 2017, with an amendment to include 26 Lockup Facilities operated by the Pennsylvania Board of Probation and Parole

Policy 8.3.1 Bureau of Community Corrections Security Procedures Manual Section 24- BCC Evidence Control

National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition

Pennsylvania Victims Compensation Assistance Program Manual for Compensation Assistance

Memorandum of Understanding (MOU) between the PADOX and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) dated October 21, 2015

Subsection (a) The PADOX is responsible for all administrative investigations at the facility, all investigations of a criminal nature are investigated by the Pennsylvania State Police. Policy DC-ADM 008 addresses their obligation to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy directs staff to follow the initial Response Checklist and the Instructions for PREA Evidence Retention, which are contained within section 14. The Response Checklist and the Instructions for PREA Evidence Retention outlines the uniform evidence protocol, which is designed to maximize the retention/collection of usable evidence. The Pennsylvania State Police follows a uniform protocol which maximizes evidence identification, collection, and retention, and far exceeds any requirements of the PREA Standards. During interviews with the PADOX Investigators and BCC Administration, I confirmed that they follow the protocols outlined in the policy. The facility has had one investigation during the audit period, I have also reviewed PADOX agency-wide investigations and found that they follow the policy and a uniformed evidence protocol.

Subsection (b) I confirmed through review of policy DC-ADM 008 and interviews that the protocols were developed from the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition, dated April 2013. It should be noted that the Commonwealth of

Pennsylvania utilizes Child Advocacy Centers for all child victims (under the age of 18). The protocols developed by the Pennsylvania Chapter of Children's Advocacy Centers and Multidisciplinary Teams are developed also utilizing the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition, dated April 28, 2013.

Subsection (c) Policy DC-ADM 008 Section 1 dictates that an alleged sexual abuse victim is provided access to a forensic medical examination as outlined in Section 14. Section 14 further describes the procedure to obtain the services of a hospital to provide these examinations. The Johnstown CCC has entered into a letter of agreement with Conemaugh Memorial Medical Center Johnstown, PA, to provide these services. The Sexual Assault Nurse Examiner at the hospital will conduct a sexual assault examination. These services are provided at no cost to the victim under Pennsylvania Law. This is outlined in the Pennsylvania Victims Compensation Assistance Program Manual for Compensation Assistance. I contacted a supervisor at Conemaugh Memorial Medical Center and verified that the services outlined in the letter of agreement are offered at the hospital and are at no cost to the victim.

Subsection (d)(e) DC-ADM 008 section 15 directs the facility PREA Compliance Manager to coordinate victim services related to sexual abuse. The PADOc has entered into a Memorandum of Understanding (MOU) between the PADOc and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) to provide these services. A qualified victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals if needed. The PADOc stated that a victim would be provided the information for these services and can contact them at any time. The residents at the facility can leave the facility and have private cellular telephones. I contacted the Philadelphia Sexual Assault Response Center (PSARC) and verified they provide the services as outlined in the MOU, and they further informed me that due to confidentiality, if these services were provided, they would not provide me that information.

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

Subsection (h) The agency does not utilize staff members for victim advocacy; this was confirmed during interviews.

No incidents of sexual abuse or sexual harassment were reported at the facility where these services were utilized or needed to be utilized.

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

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 18- Investigating Allegations of Sexual Abuse and/or Sexual Harassment

Memorandum between the Pennsylvania Department of Corrections and the Pennsylvania State Police dated February 16, 2017, with an amendment to include 26 Lockup Facilities operated by the Pennsylvania Board of Probation and Parole

Policy 8.3.1 Bureau of Community Corrections Security Procedures Manual Section 24- BCC Evidence Control Section 35- Investigations

Bureau of Community Corrections and Lockup PREA Report-Sexual Abuse

Subsection (a)(b)(c) The PADO is responsible for all administrative investigations at the facility, all investigations of a criminal nature, are investigated by the Pennsylvania State Police. Policy DC-ADM 008 states that every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved parties and anonymous reports, shall be investigated promptly, thoroughly, and objectively. Investigations shall be conducted in accordance with all related Department policies and Prison Elimination Act Standard. Policy 8.3.1 outlines the investigative steps to be taken; initially all investigations are reported to the Office of Special Investigations and Intelligence (OSII) for tracking, utilizing the Sexual Abuse Coversheet; this is completed via email. The PADO trained investigators will begin an administrative investigation, if the incident is criminal in nature, the administrative investigation will stop, and the Pennsylvania State Police will be notified, this notification is documented in the written report. The Major and Captain of the Bureau of Community Corrections are notified of the investigation and the investigations are tracked by them as well. The PADO policy for investigations is available to the public on the PADO website at <https://www.cor.pa.gov>. The policy outlines the

responsibilities of the PADOCC and the Pennsylvania State Police. The facility staff related that they would report an incident immediately to the MOC to start this process.

Subsection (d) Policy 8.3.1 governs the agency's conduct while conducting the administrative investigations. The Pennsylvania State Police, a state entity, has confidential policies and procedures in place that govern the conduct of criminal investigations. These policies were reviewed by me during my employment with the Pennsylvania State Police, and these policies address all aspects relating to criminal investigations of sexual abuse and sexual harassment in confinement settings. During the interviews with the PADOCC Investigators, they confirmed that they follow the conduct outlined in the policy. This was further confirmed by a review of investigations at the agency level.

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

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

PREA Training PowerPoint

Training Rosters

Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors

Subsection (a)(b)(c)(d) Policy states that staff members shall receive comprehensive training upon hiring in the prevention, detection, and reporting of sexual assault/rape or sexual misconduct. The staff who may have contact with residents are trained on:

- a. The agency's zero-tolerance policy for sexual abuse and sexual harassment
- b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
- c. Residents right to be free from sexual abuse and sexual harassment
 - The right of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment
 - The dynamics of sexual abuse and sexual harassment in confinement
 - The common reactions of sexual abuse and sexual harassment victims
 - How to detect and respond to signs of threatened and actual sexual abuse
 - How to avoid inappropriate relationships with residents.
 - How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming residents and
 - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
 - The Pennsylvania mandated child protected service laws and mandated abuse reporting.
 - How to respond to residents with disabilities and limited English proficiencies.

Annual in-service training on sexual assault/rape or sexual misconduct is conducted. The PREA training is be tailored to the gender of the residents at the facility. Any employee who is reassigned from a male only facility to a female only facility, or vice versa, shall receive additional training relative to the gender of the residents at their new facility.

All staff members acknowledge that they have received and understand the training by completing the verification form. I confirmed through interviews with the staff at the facility that they have received the training as outlined above, and all staff was able to explain the training and policy. I further verified the training by reviewing the training records for the staff. The training materials utilized for training were reviewed.

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

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors

Subsection (a)(b)(c) Policy states that all volunteers, interns, and contractors who have contact with residents must be trained in their responsibilities under this policy and procedure. The level and type of training shall be based on the services they provide and the level of contact they have with residents, but all will be notified of the agency's zero-tolerance policy regarding sexual abuse, sexual assault/rape, sexual misconduct, and sexual harassment and informed how to report such incidents. All training is documented through staff/ volunteer/ intern/ contractor signature, employees will document and sign off that they understand the training they received.

During the audit, I found that the facility was not properly training the contractors entering the facility. During the corrective action plan the facility ensured all contractors were properly trained under the policy, and oversight was initiated to ensure that the practice continues. The facility provided all documentation concerning the corrective action.

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

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Zero Tolerance Acknowledgment Signed

Resident Handbook, relevant pages, (English and Spanish)

Posters Posted on Units (regarding PREA and zero tolerance)

Resident Files and Case Manager Notes

(a)(b)(c)(d)(e) During the intake process, residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and information on agency policies and procedures for responding to such incidents. This procedure is outlined in the agency policy. The staff confirmed that the residents receive the PREA Handout, which is provided by a staff member at intake. The resident will confirm receipt by signing the acknowledgement which is kept in the resident's file. They further confirmed if a resident is limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills, the information will be provided as outlined in standard 115.216. This education would be provided on an individual basis by a staff member. The residents receive an in-depth orientation at which time the facility provided training on the

Prison Rape Elimination Act. The training is provided by a staff member who verbally reviews the materials with the residents and answers any questions the residents may have. During the staff interviews, I confirmed that the education is provided at each facility, so if a resident was transferred to a different facility, they would receive the information.

During the facility tour, I confirmed the key information is readily available to the residents through posters located throughout the facility. These posters are in both English and Spanish.

During the resident interviews, I confirmed they are receiving the information upon intake, they also confirmed the information is posted throughout the facility and has been since they arrived.

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

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☐ Yes ☐ No ☒ NA

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Subsection (a)(b)(c) The agency does not conduct any form of administrative or criminal sexual abuse investigations. The administrative investigations are conducted by the PADO, and all criminal investigations are conducted by the Pennsylvania State Police.

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

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation reviewed:

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Subsection(a)(c)(d) Policy GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) outlines the training for all full and part-time medical and mental health care practitioners who work regularly in the facilities. The policy states that the agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained on an annual basis in:

- o How to detect and assess signs of sexual abuse and sexual harassment
- o How to preserve physical evidence of sexual abuse;
- o How to respond effectively and professionally to victims of sexual abuse; and sexual harassment
- o How and to whom to report allegations or suspicions of sexual abuse.

2. Medical staff will not be trained to conduct forensic examinations. The facility will retain a Memorandum of Understanding with a local hospital to conduct SAFE/SANE forensic examinations in cases involving sexual assault.

3. All training shall be documented. Through staff/ volunteer/ intern/ contractor signature, employees will sign-off on document that they understand the training they received.

4. Medical contractors shall also receive the training mandated for volunteers/interns/contractors mandated under number 4 in this section.

Subsection (b): The medical staff employed by the agency do not conduct forensic examinations.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Completed screening forms

screening spreadsheet

Subsection (a)(b)(c)(d)(e)(f) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) states the following:

- Residents shall be assessed using the PREA Screener (unless required differently by state regulations) by qualified staff within 72 hours of arrival to the facility (whether new intake or a transfer) for potential vulnerabilities or tendencies with regards to sexually aggressive behavior.
- The screening information shall be ascertained through conversation with the resident during the intake process, reviewing past medical and mental health history and other relevant sources

of information e.g. classification assessments; court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

- c) Residents identified as "high risk" shall be monitored, separated/isolated if necessary, and counseled accordingly with consultation with Department of Corrections or Probation & Parole. For the purposes of this policy, "high risk" shall be defined as those residents with a history of sexually assaultive behavior.
- d) Residents identified as "at risk" for sexual victimization shall be monitored, segregated if necessary, and counseled accordingly with consultation with Department of Corrections or Probation & Parole or referral source.
- e) The intake screening shall consider, at a minimum, the following criteria to assess resident's for risk of sexual victimization: (PREA 115.241.d)
 - 1. Whether the resident has a mental, physical, or developmental disability;
 - 2. The age of the resident;
 - 3. The physical build of the resident;
 - 4. Whether the resident has been previously incarcerated;
 - 5. Whether the resident's criminal history is exclusively nonviolent;
 - 6. Whether the resident has prior convictions for sex offenses against an adult or child;
 - 7. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - 8. Whether the resident has previously experienced sexual victimization; and
 - 9. The resident's own perception of vulnerability.
 - 10. Any other information which may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
- f) Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs d (1), (7), (8), or (9) of this section.
- g) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this section in order to ensure that sensitive
- h) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.
- i) All information regarding a resident's risk for sexual victimization or predatory behaviors shall be forwarded to the resident's counselor and clinical team, and this will be included in the resident's treatment plan and aftercare discharge transition plan. This plan will travel with the resident throughout his/her term of supervision and serve as a method for information sharing between facilities and field services staff.
- j) Within a set period of time, not to exceed thirty (30) days from the resident's arrival at the facility, the facility will reassess the resident's risk of sexual victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

- k) A resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

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

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

Subsection (i) The agency has implemented controls on the completed screenings. The screening is stored in a secured office that limits access to general staff. I confirmed with the staff at the facility that the only staff who have access to the information are the PCM and Counselor.

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

I reviewed the completed screenings for all the residents, and I reviewed the tracking tool for the facility, which listed all residents. For the past 6 months all residents had been screened within 72 hrs., and a second screening was completed within 30 days. Prior to that the screenings were not occurring in a timely manner. During the corrective action period the facility continues to ensure that all screenings were taking place with the timeframe. The tracking tool was provided showing the continuing timeliness of the screenings.

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

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Pre-Audit Questionnaire

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Screenings tracking spreadsheet

Completed screenings

Subsection (a)(b) Policy outlines the procedure to utilize the information received from the PRAT to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. During the interviews with the staff, they stated that these decisions are made on an individualized basis. They could assign the residents to rooms that are closer to the officer's station to ensure the resident is monitored closely. They also can house in a smaller room, if need be, to ensure overall safety.

Subsections (c)(d)(e)(f) The PADOE policy states that the PADOE considers on a case-by-case basis whether a placement would ensure the health and safety of all impacted residents and whether the placement or accommodation could potentially present management or security problems when assigning a transgender or intersex resident to a facility that is consistent with the residents gender identity and in making other privacy, housing, and programming assignments. When transferred to a facility, transgender or intersex residents are reviewed by the PREA Accommodation Committee (PAC) to make individualized determinations regarding privacy, housing, and programming assignments to ensure their safety at the current facility. Participants in the review consider all aspects of the resident's social and medication transition. Residents are invited to participate in the PAC meetings. The reviews are documented by using the PREA Accommodation Committee (PAC) checklist and the PREA Accommodation Committee Reassessment Checklist which is completed at a 6-month review. By policy, transgender and intersex residents are given the opportunity to shower separately and privately

from other residents. At the facility, a transgender resident would be able to utilize one of the single showers.

During PADOc agency level interviews I confirmed the procedures outlined above. As per policy, the agency does not place transgender or intersex residents in dedicated facilities, units, or wings solely based on such identification or status, unless such a placement is in connection with a consent decree, legal settlement, or legal judgment for the purposes of protecting such residents. The CCC, in coordination with the Bureau of Community Corrections Administration and the Office of Population Management will strive not to place transgender and intersex residents in dedicated facilities.

During the PADOc PREA Coordinator interview, I confirmed PADOc is not under any legal action or consent decrees. I confirmed that every contracted facility in BCC can safely house transgender inmates; the agency does not have a dedicated CCC to house transgender or intersex residents.

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

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 11- Sexual Abuse-Sexual Harassment Prevention Training with attachments 11-D and 11-H

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 12- Sexual Abuse-Sexual Harassment Prevention Reporting Sexual abuse and Sexual Harassment with Attachment 12-C

Inmate Handbook
Public Website

Subsection (a) and (b) The policy requires all staff, contractors, volunteers, and residents to report knowledge or suspicion of sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The policy states:

1. A resident may report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any staff member, either verbally or in writing. A resident may correspond directly with the Program Director, Division Director, Regional Director/Chief of Compliance, or Executive Director
2. The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse or sexual harassment to agency officials,

allowing the resident to remain anonymous on request. The programs shall have a designated reporting mechanism which can be accessed by residents at any time to report abuse or harassment. Staff and clients can anonymously report a PREA case via email to the corporate PREA coordinators by using the following email address prea@gaudenzia.org or they can write a letter to the PREA coordinator at Gaudenzia Incorporated, 106 W. Main Street, Norristown, PA 19401.

3. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports
4. The Program Director or designee must report any sexual misconduct to all regulatory and/or law enforcement agencies pursuant to contract, licensure, or statute. This shall be treated as a Major Critical incident and shall follow the internal reporting procedures as outlined in Gaudenzia, Inc. Critical Incident reporting.
5. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. Staff member can report it to HR Director, to the facility PREA coordinator/manager or to the Corporate PREA coordinator. Staff may also use the aforementioned reporting procedure.

The facility also utilizes the reporting avenues through the PADO. PADO DC-ADM 008 requires all staff, contractors, volunteers, and residents to report knowledge or suspicion of sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The policy provides a number of ways in which residents may report allegations of sexual abuse, sexual harassment, retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. DC-ADM 008 lists the following reporting avenues:

- Tell any staff member to immediately report the incident
- Tell any supervisor or manager to immediately report the incident
- Make a written request to any staff member, supervisor or manager
- Send a written report to the third party reporting address established with the Office of State Inspector General (OSIG):
 - ATTN: PREA Coordinator
 - Office of State Inspector General
 - 555 Walnut Street, 8th Floor
 - Harrisburg, PA 17101
- Have your family call to notify the facility or contact OSIG

The same information is provided to residents in the Intake Handout, which is given to all residents at the time of intake at the facility. The reporting information is also posted throughout the facility. During the staff and resident interviews, I confirmed that they are familiar with the reporting avenues and understood how to report. They further understood that the reports could be made anonymously and through a third party.

Subsection (c): The policy requires all staff to accept and document reports made verbally, in writing, anonymously, and from uninvolved parties. The procedure further requires staff to promptly forward the information to the Bureau of Community Corrections - Management Operations Center (BCC-MOC). All reports are immediately documented and retained in the investigative file. The staff understood the requirements under the policy, and all stated that they would notify the MOC and the facility director.

Subsection (d): Staff are trained during the PREA Training, that they have the option to privately report an allegation of sexual abuse, sexual harassment, or retaliation. The interviewed staff understood the reporting avenues available to them, and they knew they could report to the HR Director, to the facility PREA coordinator/manager or to the Corporate PREA coordinator.

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

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.252 (d)

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

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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 12- Sexual Abuse-Sexual Harassment Prevention Reporting Sexual abuse and Sexual Harassment

Policy BCC-ADM 003 Community Corrections Resident Grievances Procedures Manual Section 1 Grievance Reporting

The agency does not have a grievance system to report sexual abuse or harassment. The PADO DC-ADM 008 states that inmates shall not utilize the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse, as defined in the Glossary of Terms for this procedures manual. However, if an inmate files a grievance related to staff-on-inmate sexual abuse/sexual harassment or inmate-on-inmate sexual abuse, the Facility Grievance Coordinator shall reject the grievance and forward it to the facility Security Office in SCIs or the BCC-MOC in CCCs, CCFs, and Lockups, in addition to the PCM/designee for tracking and investigation. The inmate shall be notified of the rejection and forwarding of the allegation for investigation. During the interview with the BCC administration and agency staff, they confirmed this procedure.

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

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 11- Sexual Abuse-Sexual Harassment Prevention Training with attachments 11-D and 11-E Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 12- Sexual Abuse-Sexual Harassment Prevention Reporting Sexual abuse and Sexual Harassment with attachment 12-C

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 14- Sexual Abuse-Sexual Harassment Prevention Responding to Reports of Sexual abuse with attachment 14-J

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 15- Sexual Abuse-Sexual Harassment Prevention Access to Outside Confidential Support Services

Memorandum of Understanding (MOU) between the PADOc and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) dated October 21, 2015

Subsection (a)(b) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) outlines the facility's obligation to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. Policy states that residents shall be provided information about and access to outside victim advocates for emotional support services related to sexual abuse. The facility shall enable reasonable communication between residents and these organizations and agencies in as confidential a manner as possible. Prior to being given access to communication, the facility will communicate to the resident the extent to which the communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The PADOc who investigates all allegations of sexual abuse and sexual harassment has policies in place to dictate the use of emotional support services throughout the investigative process. DC-ADM 008 outlines the PADOc's obligation to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. The policy states that the PCM shall ensure that inmates are offered and provided with access to outside victim advocates for emotional support services related to sexual abuse which has occurred in a confinement setting. During staff interviews at the facility and PADOc Investigator interviews I confirmed that the resident would be provided the contact information for the Philadelphia Sexual Assault Response Center (PSARC). They further confirmed that there are no restrictions on contacting them, the residents have the ability to utilize the unrecorded telephones anytime they wish and leave during the day. The facility also has the information for the Pennsylvania Coalition Against Rape (PCAR) posted throughout the facility. This provides all residents the ability to contact PCAR.

Subsection (c) The PADOc has a letter of agreement with the Memorandum of Understanding (MOU) between the PADOc and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) a community service provider that can provide residents with confidential emotional support services related to sexual abuse. I contacted the Philadelphia Sexual Assault Response Center and confirmed that they provide these services. They

further stated that no MOU is needed they provide these services free of charge to all victims of sexual abuse.

The staff confirmed that the facility had not had an investigation where the services needed to be offered; the staff understood their obligations under the policy.

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

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 12- Sexual Abuse-Sexual Harassment Prevention Reporting Sexual abuse and Sexual Harassment

Public website

PADOC website

Subsection (a) The facility relies on the PADOC to provide the third-party reporting avenues since all of the residents are under PADOC the PADOC. DC-ADM 008 states that family, friends, and the general public can make reports through the Sexual Abuse Reporting Address with the OSIG. This is an option for the general public to report an allegation of sexual contact. The reporting address is:

ATTN: PREA Coordinator
Office of State Inspector General
555 Walnut Street, 8th Floor
Harrisburg, PA 17101

It also states that a writer may choose to include his/her name and contact information, but it is not necessary for making a report; complaints can be made anonymously. The PADOC has this information posted on their website and posted throughout the facility.

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

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

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

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Subsection (a) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Policy DC-ADM 008 states that all staff shall report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Any information regarding sexual misconduct that is received by any staff member, medical, counselors, house managers, support staff, contractor, or volunteer shall be immediately reported to the Program Director to initiate the appropriate follow- up actions. Reports by staff shall be made in writing utilizing the chain-of-command (Program Director to Division Director to Regional Director) or by sending information directly to the PREA Coordinator or designee. All interviewed staff understood the responding duties, and all stated that they would immediately contact the Program Director and the MOC and report the incident.

Subsection (b) The policy states that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The interviewed staff confirmed that they would not divulge the information to anyone unless they needed to know about the incident.

Subsection (c) The policy states that unless otherwise precluded by federal, state or local law, medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform the resident of the practitioner's duty to

report, and the limitations of confidentiality, at the initiation of services. It should be noted that receive these services in the community.

Subsection (d) The policy states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. If the resident was deemed to be a vulnerable adult under law, the Pennsylvania Department of Human Services would be notified. All allegations involving a juvenile would be reported to ChildLine. This was confirmed during staff interview. It should be noted the facility does not house any juvenile offenders.

Subsection (e) The policy states the facility/program shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility/program's designated investigators. The facility staff is required to verbally notify the BCC-MOC for action and investigation. If staff are unsure whether an allegation being made is related to sexual abuse or sexual harassment, the information is still forwarded to BCC-MOC for review. During interviews I confirmed that all allegations of sexual abuse and sexual harassment are investigated and reported to the BCC-MOC.

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

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Subsection (a) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) states that when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

During the staff interviews I confirmed with the staff that they would immediately take the resident to a secure area away from the other residents. The Program Director and BCC Administration confirmed that they can make housing changes as well as facility changes if the situation dictates.

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

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Subsection (a)(b)(c)(d) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) states that upon receiving an allegation that a resident was sexually abused while confined at another facility/program, the Program Director shall notify the head of the facility or appropriate official of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than seventy- two (72) hours after receiving the allegation. The facility/program shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with this policy. I confirmed with the Program Director that any allegation received under these circumstances would immediately be reported to the BCC-MOC for investigation.

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

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Subsection (a)(b) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) states that the first operations staff to respond to the report shall be required to: upon learning of an allegation that a resident or detainee was sexually abused, the first staff member to respond shall take immediate action and

- Separate the alleged victim and abuser, if they have not already been separated;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
- If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

The policy further states that upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to take these steps the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify supervisor and director.

During the interviews, all staff indicated that they would make the residents safety their priority and follow the policy.

The facility has not had an incident of sexual abuse during the audit period.

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

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Subsection (a) The agency has adopted the GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) as the institutional plan which coordinates the actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, facility leadership and the PADOCC. The Program Director stated that they or a designated security staff would immediately notify the MOC and the Pennsylvania State Police. If an emergency response was needed, the Philadelphia Police Department would also be notified.

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

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Subsection (a) and (b) The facility does not enter into any collective bargaining agreement that would limit their ability to remove alleged staff sexual abusers from contact with residents.

The Program Director and Agency PREA Coordinator both verified that it is the facilities practice to remove a staff member from contact with residents who allege misconduct by the staff member. This practice has been in place well before the PREA Standards were enacted. This practice shows the facilities and agencies ongoing efforts to protect residents and provide a safe and healthy atmosphere.

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

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire
GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Subsection (a) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) outlines the agency's duties in protecting residents and staff against retaliation for reporting an incident or cooperating with an investigation of sexual abuse or sexual harassment. It states that any the facility/program shall protect 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 and shall designate which staff members or departments are charged with monitoring retaliation. The Program Director at the facility would be charges with monitoring for retaliation.

Subsection (b) The facility/program shall 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 The Program Director and BCC administration confirmed that the have the authority to employ multiple protection measures, such as housing changes or transfer for a resident victim or abusers, or removal of alleged staff or resident abusers from contact with the victim. These protective measures on an individual basis.

Subsection (c) The policy requires that for at least 90 days following a report of sexual abuse, the facility/program shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items to be monitored include resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The program/facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Subsection (d) The policy states that in the case of residents, such monitoring shall include periodic status checks.

Subsection (e) The policy states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the facility/program shall take appropriate measures to protect that person from retaliation.

Subsection (f) The policy states that the facility/program's obligation to monitor shall terminate if the allegation is unfounded. The Program Director confirmed retaliation monitoring would occur for a minimum of 90 days and would follow the policy.

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

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 18- Sexual Abuse-Sexual Harassment Prevention Investigating Allegations of Sexual Abuse and/or Sexual Harassment

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 20- Sexual Abuse-Sexual Harassment Prevention Data Collection and Retention

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 35 Investigations Subsection (a) All allegations at the facility are investigated by the PADOE trained investigators or the Pennsylvania State Police. The PADOE polices dictate the investigative process. DC-ADM 008 states that every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved parties and anonymous reports, shall be investigated promptly, thoroughly, and objectively. During the staff interviews, I confirmed that all allegations are reported and investigated. The allegations are reported to the MOC, and an investigator is immediately assigned. The investigations are tracked utilizing the PREA Tracking System. During the BCC Administrative interviews, I confirmed that anonymous and third-party reports are investigated in the same thorough manner.

Subsection (b)(c) DC-ADM 008 states the Department will use investigators who have received specialized training in sexual abuse investigations when an incident of sexual abuse is alleged. The interviewed investigators confirmed they had received the department PREA training, as well as the investigator's training as outlined in standard 115.234. They further confirmed that as per the training and policy they would gather and preserve direct and circumstantial evidence such as DNA and electronic monitoring data, interview alleged victims, suspected abusers, and witnesses, and review prior complaints of sexual harassment and report of sexual abuse involving the suspected abuser.

Subsection (d) Policy states that if the evidence appears to support a criminal prosecution, compelled interviews will be conducted. The investigators indicated that if this occurs, they will contact the Bureau Major for guidance. They confirmed that if the investigation indicated any criminal statutes were violated, the Pennsylvania State Police would conduct the compelled interviews.

Subsection (e) The interviewed investigators confirmed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff. They further stated that the Department does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition of proceeding with the investigation. This is further outlined in the policy.

Subsection (f) DC-ADM 008 requires investigators to make an effort to determine whether staff actions or failures to act contributed to the abuse. At the conclusion of the investigation, an Investigative Summary is completed and includes a description of the allegation, a detailed description of the reviewed video or other electronic monitoring data which articulates how the allegation was not supported, and a conclusion that articulates how the victim's allegation was determined to be not credible and how the evidence supports a determination of unfounded. This includes descriptions of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings are included. The Investigative Summary includes statements of the victim, witnesses, and abuser, video evidence, and police reports, if available, and how the evidence supports the findings.

Subsection (g) The Criminal Investigations are documented in a report which includes a thorough description of the physical, testimonial, legal documents, and copies of all documentary evidence where feasible. These reports are created by the Pennsylvania State Police.

Subsection (h) Allegations of sexual abuse are referred to PSP. However, according to DCADM 008 if a case has not already been referred for a criminal prosecution, the Bureau of Investigations and Intelligence will refer substantiated allegations of conduct that appear to be criminal for prosecution.

Subsection (i) Policy indicates that each facility and Bureau of Investigations and Intelligence are responsible to securely maintain PREA investigation files, including criminal and administrative agency investigative reports for as long as the alleged abuser is incarcerated or employed plus five additional years.

Subsection (j) DC-ADM 008 states that if the alleged abuser or victim departs from employment or control of the facility or Department, the investigation will not be terminated. Interviews confirmed if an alleged abuser submits resignation from employment, the resignation will not be accepted. If the victim leaves the facility, the investigator will make every effort to interview the alleged victim prior to departure or will make efforts to contact the alleged victim wherever the victim is.

Subsection (l) When an allegation is investigated by PSP or another outside law enforcement agency, the policy requires the investigator to maintain regular contact with the criminal investigator for updates and progress, to request a copy of the investigative information to be included in the Department's investigative file, and request notification of the outcome of the investigation in order to notify the alleged victim. The PADO and PSP have a MOU outlining the cooperation between the two agencies when the investigations are conducted. The Program Director would be in contact with the PADO during the investigation process.

Numerous investigations have been reviewed during audits with the PADO. These investigations are thorough and extremely organized. All provisions outlined in the standard as well as all policy requirements are being followed. The investigations are extremely consistent and the administrative

investigators are ensuring anything that may appear criminal is immediately reported to the Pennsylvania State Police for investigation.

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

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 18- Sexual Abuse-Sexual Harassment Prevention Investigating Allegations of Sexual Abuse and/or Sexual Harassment

Investigators Training Power Point

Policy 8.3.1 Bureau of Community Corrections Security Procedures Manual Section 35 Investigations

DC-ADM 008 and 8.3.1 state that no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated. This is outlined in the training that all investigators receive. The interviewed investigators and BCC Administration confirmed the use of this standard of proof when investigating allegations of sexual abuse and sexual harassment. This was further confirmed during review of PADOC investigations.

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

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 18- Sexual Abuse-Sexual Harassment Prevention Investigating Allegations of Sexual Abuse and/or Sexual Harassment with attachment 18-C

Resident notification from 2021

Subsection (a) DC-ADM 008 states that following an investigation of a resident's allegation of sexual abuse or sexual harassment in a Department of Corrections facility, or contract facility, the PCM at the facility where the resident is housed is responsible for notifying the resident of the outcome of the investigation whether the allegation is found to be substantiated, unsubstantiated, or unfounded. The PCM confirmed that when they receive the outcome information from the investigator, they would then inform the resident of the investigation finding.

Subsection (b) If a law enforcement agency conducts the investigation, the PADOC will request the relevant information from the investigating agency in order to inform the resident of the outcome of the criminal investigation.

Subsection (c) Following a residents allegation that a staff committed sexual abuse against a resident, the PCM is responsible for informing the resident when the following occurs:

- the staff is no longer posted within the residents unit
- the staff is no longer employed at the facility
- the Department learns the staff has been criminally charged related to the sexual abuse within the facility
- the Department learns that the staff has been convicted on a charge related to sexual abuse within the facility.

Subsection (d) Following a residents allegation of sexual abuse by another resident, the PCM will inform the victim when the PADOc learns the alleged abuser has been criminally charged related to the sexual abuse within the facility or when the PADOc learns that the abuser has been convicted on a charge related to sexual abuse within the facility.

Subsection (e) PADOc uses as a standard form, PREA Investigation - Inmate Notification, to document and notify alleged victims. Upon completion, this form is filed in the resident file, and a copy is forwarded to the BCC PREA Captain.

When notifying a resident following an allegation of sexual abuse or sexual harassment, the PCM uses the standard PREA Investigation - Inmate Notification form "Staffing Update" a section includes checkboxes for:

- transferred to another post
- transferred to another facility
- temporarily restricted from this facility
- permanently restricted from this facility
- permanently restricted from all Department of Corrections sites and its contracted sites
- is no longer employed by the Department of Corrections
- is no longer employed by the contract Facility
- other (please define below)

The form includes a section titled "Criminal Action" which lists two checkbox options when notifying residents who alleged sexual abuse by another resident:

- Criminal charges have been filed against the abuser in relation to the sexual abuse report filed
- The abuser has been convicted of criminal charges related to the sexual abuse report filed.

Subsection (f) Notifications occur when the resident has been transferred to another facility within the PA Department of Corrections. However, the PADOc's obligation to report the results of the investigation to the alleged victim terminates if the alleged resident victim is released from the PADOc's custody.

One incident has been investigated at the facility during the past 12 months. The PREA Investigation - Inmate Notification was reviewed.

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

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Subsection (a)(b)(c) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Additionally, staff may be subject to criminal sanctions. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Subsection (d) The policy states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The facility has not had any staff member subject to disciplinary action for sexual abuse or sexual harassment within the past 12 months. It was confirmed with PADOC that any substantiated allegations will result in the revocation of the staff members security clearance.

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

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Subsection (a) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) states that any contractor

or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal.

Subsection (b) The policy states that the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

I confirmed during interviews that the facility has not had a contractor or volunteer reported to law enforcement or relevant licensing bodies for allegations of sexual abuse. The PADO and Agency confirmed that if a contractor or volunteer was alleged to have engaged in sexual abuse or sexual harassment of residents, they would not be allowed to enter the facility nor have contact with residents. Upon notification of the allegation, the allegation would be documented and the MOC would be contacted to assign an investigator. I further confirmed that the contractor's or volunteer's security clearance would be immediately suspended; and if the allegations were substantiated the security clearance would be revoked.

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

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 17- Sexual Abuse-Sexual Harassment Prevention Discipline Related to Sexual Abuse Sexual Harassment and Retaliation

Policy DC-ADM 801 Inmate Discipline

Policy 13.8.1 Access to Mental Health Care Procedures Manual Section 11 Sex Offender Treatment

Subsection (a) The residents fall under the PADOX discipline system for sexual abuse and sexual harassment allegations. DC-ADM 008 states that residents are subject to disciplinary sanctions according to the formal disciplinary process, following an administrative finding that the resident violated the zero-tolerance policy, engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Subsection (b) DC-ADM 008 states that sanctions will be commensurate with the nature and circumstances of the sexual abuse, sexual harassment or retaliation committed, the residents disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories.

Subsection (c) The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the behavior when determining what type of sanction if any, should be imposed.

Subsection (d) DC-ADM 008 states that when a resident is found guilty of a Class 1 Misconduct related to sexual abuse in a facility that offers Sex Offender treatment Program the Unit Manager/Facility Director will refer the resident to the Sex Offender Treatment Program for evaluation to determine

whether or not the resident is appropriate for the program, and if the resident will be required to complete the program as part of the sanctions or as a condition to accessing programming or other benefits. Policy 13.8.1 outlines actions for inmates without a sexual conviction who sexually assaults during incarceration. If a sexual assault results in a formal legal charge and a criminal conviction in a Pennsylvania court of law, the individual will be referred for assessment. The policy directs all facilities to 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 a mental health practitioner. If the facility offers Sex offender Treatment, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. Residents who have been found to have engaged in sexual abuse without an accompanying criminal conviction shall be evaluated for Sex Offender Treatment and offered the opportunity to participate voluntarily in programming. The Facility Director confirmed that a resident who engages in sexual abuse or sexual harassment would be removed from the center and transferred to a State Correctional Institution. The resident would then be offered programming at the receiving institution according to policy.

Subsection (e) It was confirmed that the facility would discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact. If this is determined, the incident would be reported to the Pennsylvania State Police, since this activity is criminal in nature.

Subsection (f) DC-ADM 008 states that a report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Subsection (g) The Department prohibits all sexual activity between residents and may discipline residents for such activity. The Department will not deem such activity as sexual abuse, if through the investigative process determines, the activity was consensual.

The facility has not disciplined any resident for sexual abuse or sexual harassment within the past 12 months.

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

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Forensics Examinations Law

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 14- Sexual Abuse-Sexual Harassment Prevention Responding to Reports of Sexual Abuse with attachment 14-F

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 1- Sexual Abuse-Sexual Harassment Prevention Responsibilities

Policy 8.1.1 Community Corrections Procedures Manual Section 5 Resident Procedures Memorandum of Understanding (MOU) between the PADO and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) dated October 21, 2015

Subsection (a) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) states that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by the medical and mental health practitioners according to their professional judgment. The policy further requires staff to ensure the alleged sexual abuse victim is provided access to a forensic medical examination and mental health evaluation. The staff indicated that they would notify law enforcement via 911 if the alleged victim requires emergency medical treatment and ensures the alleged victim is provided access to a forensic medical examination. Victims of sexual abuse are provided the form "If you are the Reported Victim of Sexual abuse - CCC's and Lockups" which quotes 28 C.F.R. 115.282 (a)(d) and requires the victim to indicate whether the victim is requesting or declining a medical examination, mental health evaluation, and rape crisis services. The victim is asked to sign and date the form. Health care is provided to community correctional center residents in the community rather than on-site.

Subsection (b) The policy states that where available, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take the preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. The facility utilizes Philadelphia Sexual Assault Response Center (PSARC); the Supervisor at the hospital indicated that a Sexual Assault Nurse Examiner is always available as well as victim advocates.

Subsection (c) The policy states that resident victims of sexual abuse while in the program shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where

medically appropriate. The supervisor at Philadelphia Sexual Assault Response Center (PSARC) confirmed that this is provided to all victims of sexual assault.

Subsection (d) Through policy and Pennsylvania Law, all treatment services are provided to the alleged victim without financial costs and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident. Pennsylvania State law prohibits a provider from billing a victim for forensic rape exams. The State also does not require a victim of sexual assault to cooperate with law enforcement or prosecution for the examination to be paid for by the victim's Compensation Assistance program. The supervisor at Philadelphia Sexual Assault Response Center (PSARC) confirmed that victims of sexual assault receive services without cost to the victim. She also confirmed that victims are not required to cooperate with an investigation to receive an examination and treatment.

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

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Forensics Examinations Law

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 14- Sexual Abuse-Sexual Harassment Prevention Responding to Reports of Sexual Abuse with attachment 14-F

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 1- Sexual Abuse-Sexual Harassment Prevention Responsibilities

Policy 8.1.1 Community Corrections Procedures Manual Section 5 Resident Procedures Memorandum of Understanding (MOU) between the PADOX and the Philadelphia and Drexel University College of Medicine (DUCOM) for its Philadelphia Sexual Assault Response Center (PSARC) dated October 21, 2015

Subsection (a) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) requires the facility to offer medical and mental health evaluation and if appropriate, treatment to all residents who have allegedly been victimized by sexual abuse in any prison jail, lock up, or juvenile facility. In Community

Corrections Centers, residents receive medical and mental health care in the community. Residents are notified of services via the "If you are the Reported Victim of Sexual Abuse - CCCs and Lockups," which is provided to residents upon the report of an incident of sexual abuse.

Subsection (b) Ongoing medical and mental health treatment is available for residents who have been allegedly victimized by sexual abuse. This includes appropriate follow-up services, treatment plans, and as necessary referrals for continued care following the residents transfer to another facility or released.

Subsection (c) Policy states that the facility is required to provide alleged victims with medical and mental health services consistent with the community level of care. Johnstown CCC will provide services to residents through community providers.

Subsection (d) and (e) Policy dictates that a female victim would be offered a pregnancy tests and if pregnancy results from the conduct described in paragraph § 115.283(d), they will receive timely and comprehensive information as well as access to all lawful pregnancy-related medical services. The audited facility is an all-male facility.

Subsection (f) Policy dictates that all alleged victims of sexual abuse are offered testing for sexually transmitted infections. This was further confirmed with the supervisor at the Philadelphia Sexual Assault Response Center (PSARC).

Subsection (g) Pennsylvania State Statute dictates treatment services are provided to alleged victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Victims are provided services at no cost and are not required to file a report or consent to the rape kit being tested.

Subsection (h) The policy requires a mental health evaluation to be conducted on abusers within 60 days of learning of the abuse history and offer treatment when deemed appropriate. PADOE Policy 13.8.1 requires the same and states that the treatment may be required. Residents who have been found to have engaged in sexual abuse without an accompanying criminal conviction shall also be evaluated for Sex Offender treatment, as appropriate, and offered the opportunity to participate voluntarily in programming.

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

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Subsection (a)(b) GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) dictates that at the conclusion of every sexual abuse investigation, whether substantiated or unsubstantiated, the facility will conduct a Sexual Abuse Incident Review. This review should take place within 30 working days. During the auditing period no incidents or allegations of sexual abuse have occurred at the facility, where a review has taken place.

Subsection (c) The Sexual Abuse Incident Review team consists of the Regional PREA Manager, Program Management Staff, Program Medical Staff, and if needed, Corporate Compliance Staff.

Subsection (d) The policy states the review team shall:

- o Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- o Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- o Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

- o Assess the adequacy of staffing levels in that area during different shifts;
- o Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- o Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (i) thru (v) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Subsection (e) The policy states that the facility/program shall implement the recommendations for improvement or shall document its reasons for not doing so.

The interviewed staff understood their obligations under the policy.

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

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 20- Sexual Abuse-Sexual Harassment Prevention Data Collection and Retention

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 02- Sexual Abuse-Sexual Harassment Prevention Contracting

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 18- Sexual Abuse-Sexual Harassment Prevention Investigating Allegations of Sexual Abuse Sexual Harassment

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 16- Sexual Abuse-Sexual Harassment Prevention Sexual Abuse Incident Reviews

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 17- Sexual Abuse-Sexual Harassment Prevention Discipline Related to Sexual Abuse Sexual Harassment

2013 through 2020 PADOCA Annual Reports PREA Tracking System Collection

2015 through 2020 PADOCA SSV-1A Forms Contract Incident Data

Data Collection and incident Based Monitoring from Contract Facilities Sample Data from Contract Facilities

Subsection (a) Both the agency and the PADOCA collect data from the facility, the data is also included in the PADOCA yearly report. The agency policy directs the facility/program to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized

instrument and set of definitions developed by the Corporate PREA Coordinator. PADOc DC-ADM 008 directs the PREA Compliance Division to collect accurate, uniform data for every allegation of sexual abuse at facilities under the direct control of the Department of Corrections, using a standardized instrument and set of definitions. The PREA Tracking System is used to track every report, complaint, or allegation of sexual abuse and/or sexual harassment, according to DC-ADM 008. The tracking is a web-based application, tracking the same information for each report. As confirmed in DC- ADM 008, this tracking includes County Jails, who provide contract services to the Bureau of Community Corrections. BCC Administration and the PREA Coordinator confirmed the use of the PREA Tracking System for all reports of sexual abuse and sexual harassment, including those stemming from contracted agencies.

Subsection (b) Agency policy dictates the Corporate PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually. PADOc policy dictates that the PREA Compliance Coordinator is responsible for reviewing data collected and to aggregate the data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This information is compiled into a PREA Annual Report. I reviewed the annual reports for both the agency and PADOc from 2013 through 2020.

Subsection (c) The agency and PADOc also reports any additional information required by the Survey of Sexual Violence required by the Department of Justice, Bureau of Justice Statistics. The Survey of Sexual Violence is completed by DOC for each incident, as indicated by the submission of completed Surveys of Sexual Violence forms from 2015 through 2020. The information included in the Survey is included in the PREA reports submitted by investigators.

Subsection (d) The agency policy and DC-ADM 008 indicates that all data be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The information is housed in the PADOc PREA Tracking System as well as at the agency corporate level.

Subsection (e) The agency does not contract for the housing of their residents.

Subsection (f) Policy dictates that upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

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

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 20- Sexual Abuse-Sexual Harassment Prevention Data Collection and Retention
2013 through 2020 PADOc Annual Reports

Subsection (a) The agency policy and PADOc policy states that the Corporate PREA Coordinator and PADOc PREA Compliance Division are responsible for reviewing data collected and annually aggregating the data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by:

- identifying problem areas
- taking corrective action on an ongoing basis
- preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.

The staff confirmed that incident-based data is collected. This information is used to monitor locations and identify a trend and areas of concern to address specific problems or address agency-wide issues through training.

Subsection (b) As per policy, the annual report includes comparison data and corrective actions for the current year with those from previous years, and an assessment of the agencies progress in addressing sexual abuse.

Subsection (c) As per agency policy the report shall be approved by Executive staff and made readily available to the public through its Web site or, if it does not have one, through other means. As per PADOc policy DC-ADM 008 the annual PREA Report is authored by the coordinator and is forwarded to the Secretary for approval and posted on the Department's website by June 30 of each year. Both agency and PADOc PREA Annual reports were reviewed. The PREA Annual Report for 2020 is currently posted on the Pennsylvania DOC public website.

Subsection (D) The policy states that specific identifying information shall be redacted so that no individual is identifiable. In a review of the PREA Annual Reports, no personal identifying information was included or redacted, and there did not appear to be any information posing a threat to the safety and security of a facility.

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

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation reviewed:

Pre-Audit Questionnaire

GAUDENZIA, INC. POLICY & PROCEDURE MANUAL Relevant Regulations/Standards: 28 C.F.R. Part 115 Docket No.OAG-131 National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)

Policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 20- Sexual Abuse-Sexual Harassment Prevention Data Collection and Retention
Annual reports

Subsection (a) The agency requires that all data collected is securely retained. DC-ADM 008 requires PREA data collected to be securely retained on the Department's secure servers.

Subsection (b) (c) The agency policy indicates that the agency shall make all aggregated sexual abuse data readily available to the public at least annually through its Web site or, if it does not have one, through other means. It further requires that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. PADOc DC-ADM 008 states that the Department shall make all aggregated sexual abuse data information from facilities under its direct control and contracted facilities readily available to the public through the Department website, at least annually. Specific identifying information collected for reported purposes shall be redacted so no individual is identifiable or if publication would present a clear and specific danger to the facility. The nature of the redaction must be indicated. The PREA Coordinator's confirmed that incident-based data is collected, and that information is compiled in an annual report. The annual reports are easily located on the PADOc public website.

Subsection (d) As per policy collected PREA data is retained for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Subsection (a)(b) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency has ensured that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. This was verified by reviewing all of the audit reports from August 20, 2013 to present. I also verified that annually at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.

Subsection (h) During the audit process I had access to all areas of the audited facilities.

Subsection (i) I received copies of all relevant documents associated with the audit process.

Subsection (m) During the onsite audit I conducted private interviews with residents.

Subsection (n) Residents and Staff were permitted to send me confidential information or correspondence. Audit notices were posted 8 weeks prior to the first day of the onsite audit. This was confirmed through time stamped photographs.

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Subsection (f) All final audit reports are available to the public through the agency website. This was confirmed by navigating to the website.

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

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Patrick J. Zirpoli

08/23/2022

Auditor Signature

Date
