

PREA Facility Audit Report: Final

Name of Facility: Keystone Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/17/2026

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Patrick J. Zirpoli

Date of Signature: 08/17/2026

AUDITOR INFORMATION

Auditor name: Zirpoli, Patrick

Email: pzirpoli@ptd.net

Start Date of On-Site Audit: 07/14/2026

End Date of On-Site Audit: 07/15/2026

FACILITY INFORMATION

Facility name: Keystone Residential Reentry Center

Facility physical address: 7201 Allentown Boulevard, Harrisburg, Pennsylvania - 17112

Facility mailing address: 7201 Allentown Blvd, Harrisburg,, Pennsylvania - 7112

Primary Contact

Name:	Amanda Price
Email Address:	aprice@kcshbg.com
Telephone Number:	7173146099

Facility Director	
Name:	Jefrey Troutman
Email Address:	jtroutman@kcshbg.com
Telephone Number:	7176510340

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

Facility Characteristics	
Designed facility capacity:	190
Current population of facility:	171
Average daily population for the past 12 months:	177
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	21-92
Facility security levels/resident custody levels:	Parole
Number of staff currently employed at the	38

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	8
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15

AGENCY INFORMATION	
Name of agency:	Keystone Correctional Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	7201 Allentown Boulevard, Harrisburg, Pennsylvania - 17112
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Amanda Price	Email Address:	aprice@kcshbg.com

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

7

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.231 - Employee training
- 115.233 - Resident education
- 115.241 - Screening for risk of victimization and abusiveness
- 115.242 - Use of screening information
- 115.251 - Resident reporting
- 115.273 - Reporting to residents

Number of standards met:

34

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-07-14
2. End date of the onsite portion of the audit:	2026-07-15

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	YWCA of Greater Harrisburg and the Pennsylvania Department of Corrections.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	190
15. Average daily population for the past 12 months:	177
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	184
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	4
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. 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):	Individuals possessing these characteristics were recognized during the audit process; however, the facility does not maintain records or perform tracking of inmates with these attributes.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	38
37. 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:	11

38. 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:	2
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No 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.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☐ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor ensured the interviewees were geographically diverse by selecting inmates from all housing areas of the facility.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. 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):	The facility has two open-dormitory housing areas separated by a wall and the control room. Residents were selected from both housing areas and from different locations within each area.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. 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:	4
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1

50. 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:	1
51. 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:	2
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Staff confirmed that no inmates exhibiting this characteristic were present at the facility.
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Provisions related to inmates with these characteristics are no longer subject to audit, and questions regarding their housing or related circumstances are not applicable to the audit process.
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Staff confirmed that no inmates exhibiting this characteristic were present at the facility.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Staff confirmed that no inmates exhibiting this characteristic were present at the facility.
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility is a community corrections facility and does not have a segregated housing unit.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	A total of 20 interviews were conducted with randomly selected inmates, including those identified as possessing targeted characteristics. All participants responded to a series of general questions, while inmates possessing designated characteristics received additional inquiries relevant to their specific category.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No additional comments regarding selecting or interviewing random staff.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☐ Yes ☐ No ☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☒ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No additional comments regarding selecting or interviewing specialized staff.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	All observations pertaining to the site review are detailed in the standard discussions.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor independently selected all onsite documentation for review from the original source.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	2	0	2	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	5	0	5	0
Total	8	0	8	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	1	1
Total	0	0	1	1

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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	3	0
Staff-on-inmate sexual harassment	0	2	1	0
Total	0	4	4	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

Investigative files are maintained by the responsible investigative agency, either PADO or PSP, and are not stored at the audited facility.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	Investigative files are maintained by the responsible investigative agency, either PADOC or PSP, and are not stored at the audited facility.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Investigative files are maintained by the responsible investigative agency, either PADO or PSP, and are not stored at the audited facility. The audited facility does not conduct any form of PREA investigation.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual c. Organizational Chart Interviews

a. PREA Coordinator

Site Review

115.211(a) The agency indicated in their response to the PAQ that the agency has a written policy mandating zero tolerance of all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states, it is the policy of Keystone Correctional Services, Inc. to prohibit any form of sexual abuse and/or sexual harassment of a Reentrant. Keystone Correctional Services, Inc. has a zero tolerance for sexual abuse or sexual harassment of any individual under our supervision. This policy applies to all staff, volunteers, and contract personnel working with residents, anyone entering the facility for any official purpose and all residents. The agency's policy further outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; defines all prohibited behaviors regarding sexual abuse and sexual harassment; outlines sanctions for those found to have participated in prohibited behaviors; and provides agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.211(b). The agency indicated in their response to the PAQ that the agency employs or designates an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The agency has designated the Chief Operating Officer as the PREA Coordinator. The PREA Coordinator responsibilities are defined by policy Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, which stipulates that the PREA Coordinator will develop, implement, and oversee agency efforts to comply with PREA standards in all its facilities, including ensuring that required trainings are performed.

The PREA Coordinator confirmed her allocation of time during her specialized staff interview, and further stated that she has enough time to oversee the agency's efforts to comply with PREA standards. According to the agency's organizational chart, the PREA Coordinator reports directly to the President/CEO.

The evidence supports a finding that the agency is in substantial compliance with this provision.

After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I

	confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure - Manual - Interviews a. PREA Coordinator 115.212 (a)(b). In the PAQ, the agency reported that it has not entered into or renewed any contract for resident confinement on or after August 20, 2012, or since the last PREA audit, whichever is later. The PREA Coordinator confirmed that the agency does not contract with other entities to house residents; rather, the agency is contracted by the Pennsylvania Department of Corrections to house residents. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.

115.213	Supervision and monitoring
----------------	-----------------------------------

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual c. Staffing Plan February 2026 d. Previous years staffing plans Interviews a. PREA Coordinator b. Director c. Random Staff Site Review 115.213 (a). The agency indicated in their response to the PAQ that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against abuse. The staffing plan was designed to accommodate 168 residents. The staffing plan is predicated on an average daily population of 168 residents. According to the auditor’s interview with the Director and PREA Coordinator, the agency has adopted a model based upon the current staffing levels and is determined by identifying daily population needs. The auditor’s review of the facility’s staffing plan revealed the facility is detailed in defining what positions are required to meet minimum staffing levels, including supervisory staff, on each shift. During the site review, no areas were identified that needed additional or enhanced supervision. The site review revealed sound correctional practices that serve to mitigate risk presented by physical plant, video surveillance, and/or staffing limitations (i.e. regular unannounced rounds; locked doors; open or low shelving; mirrors; controlled movement; open floor plans; adequate supervision ratios; etc.).

	The evidence supports a finding that the agency is in substantial compliance with this provision. 115.213 (b). The agency indicated in their response to the PAQ that each time the staffing plan is not complied with the facility documents and justifies all deviations from the staffing plan. In the past 12 months, the agency reported that there have been deviations from the staffing plan due to staff vacancies, unscheduled leave, or scheduled leave. While deviations are possible, the Director and PREA Coordinator stated that any reduction in staffing realized by the facility is augmented using overtime in order to comply with the approved staffing plan. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.213 (c). The agency indicated in their response to the PAQ that at least once every year the agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan. During discussions with the PREA Coordinator it was confirmed this annual review process took place in February 2026 and was documented. The auditor reviewed the staffing plans for 2023 and 2024 to confirm a yearly review of the staffing plan. The documentation was reviewed and was found to meet all provisions of the standard. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following:

- a. Pre-Audit Questionnaire
- b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual
- c. Training Logs
- d. Training PowerPoint
- e. Keystone Correctional Services, Inc. Policy Searches

Interviews

- a. Staff
- b. Residents

115.215 (a). The agency indicated in their response to the PAQ that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the staff have conducted zero cross- gender strip or cross-gender body cavity searches. Keystone Correctional Services, Inc. Policy Searches mandates that if a reentrant needs to be strip searched only staff of the same sex shall participate in the search. The policy further states that under no circumstances shall facility staff conduct manual or instrument searches of body cavities as part of the search process. Twelve of 12 random security staff (non-medical) confirmed that cross- gender strip or cross-gender visual body cavity searches are not allowed or performed. One hundred percent of interviewed residents stated they have never been subject to an unclothed body search by a female staff person while incarcerated at the facility.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.215 (b). The facility indicated in their response to the PAQ that the facility does not house female residents and, as such, does not permit cross-gender pat-down searches of female residents, nor does it restrict female residents' access to programming or out of cell opportunities in order to comply with this provision. The auditor confirmed through a website review, census report, and discussions with the PREA Coordinator the facility does not house female residents.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

During the facility review, the auditor confirmed that no cross-gender strip searches or cross-gender visual body cavity searches of male residents occurred in the past 12 months, and no related Incident reports were on record. This was also confirmed during interviews with 11 random security staff and 20 random and target residents who all indicated that they were not aware of any female officers conducting cross-gender strip searches.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

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

Of the 20 residents interviewed, all stated they have not been observed by a female staff member in a state of undress. Eleven of 11 security staff members affirmed that there are policies and procedures in place to prevent opposite gender viewing.

The auditor heard opposite gender announcements being made behalf when a female staff member was not already present. Eleven randomly interviewed security staff members stated that the announcement is consistently completed. All interviewed residents confirmed the announcements were made.

	The evidence supports a finding that the agency is in substantial compliance with this provision. 115.215 (e). This provision is no longer applicable to compliance finding. 115.215 (f). This provision is no longer applicable to compliance finding. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure - Manual c. Language Line Information d. Spanish PREA Information Interviews a. Random staff b. Targeted Residents Site Review

115.216 (a). The agency indicated in their response to the PAQ that they agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states that the information will be communicated orally and in written form in a manner that is clearly understood by Reentrants, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as Reentrants who have limited reading skills. LanguageLine Solutions will be made available for Reentrants who are limited English proficient and Deaf when necessary. Staff will not rely on Reentrant interpreters. Disabled Reentrants communication needs will be handled on a case by case basis and KCSI will make every effort to cater to those needs. The facility shared a copy of LanguageLine Solutions documentation, which includes contact information for the services. During the onsite review, intake staff who are tasked with providing PREA materials stated they ask all new residents if they understand the information they receive; they have not received any negative responses but would engage support services if someone responded affirmatively. The staff reported that if a person's disability prevents understanding, the facility is equipped to respond with a variety of interventions to ensure effective communications.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

	language assistance services. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.216 (c). The agency indicated in their response to the PAQ that the agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations. The facility engages interpretation services to avoid using residents in this capacity. The facility has not used a resident in this capacity in the past 12 months. The auditor's interview with the PREA Coordinator verified the information provided during the pre- onsite audit phase; there have not been any instances in the past 12 months where resident interpreters, readers, or other types of resident assistants have been used. Interviews with 18 random and targeted staff confirmed that they were not aware of any instance where a resident interpreter was used to assist with first responder or investigative actions. During the site review of the facility, the auditor observed PREA posters displayed throughout the facility in Spanish, as well as English. Information pertaining to PREA is also provided to residents in Spanish and English during the intake process. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following:

- a. Pre-Audit Questionnaire
- b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual
- c. Sample Background Material

Interviews

- a. Random staff
- b. Human Resources Staff

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

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

Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual outlines this process and the PA Department of Corrections (DOC), Bureau of Community Corrections (BCC) screening paperwork ensures that all candidates are asked "Have you ever been convicted, disciplined, investigated, or accused of sexual misconduct of any nature?" The auditor reviewed personnel records and confirmed this practice.

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

115.217 (c). The facility indicated in their response to the PAQ that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with

federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility reported one hundred percent of individuals hired in the past 12 months who may have contact with residents had a criminal background record check completed.

Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual details the agency's criminal background check expectation. The required pre-employment process includes using data from local, county, state, and federal law enforcement agencies, prior employers, schools, colleges, social service agencies, and any agency, department, company, individual, or service may be contacted if it is deemed that such agency has pertinent background information.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

In the past 12 months, the facility reported having no contracts for services where criminal background record checks were conducted. The auditor randomly selected contractor files and verified that all had a criminal background check conducted.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.217 (e). The facility indicated in their response to the PAQ that agency policy requires either a criminal background check be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual require that the facility shall either conduct criminal background

	records checks at least every five years for current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees. The auditor's interview with staff confirmed the five-year criminal history checks. It should be noted that the PADOE conducts yearly contracts on all staff at the facility. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.217 (g). The facility indicated in their response to the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states omissions regarding such misconduct, or the provision of false information, shall be grounds for termination of employment or services. Staff are also required to notify their immediate supervisor of any contact with law enforcement. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.217 (h). An interview with the PREA Coordinator confirmed that if the agency receives inquiries from other confinement facilities related to a current or former employee's history of substantiated sexual abuse or sexual harassment of inmates while employed. Such inquiries are reviewed and responded to in accordance with agency policy. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following:

a. Pre-Audit Questionnaire

b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual

Interviews

a. PREA Coordinator

Site Review

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.218 (b). The facility indicated in their response to the PAQ that the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since 8/20/2012, or since the last PREA audit, whichever is later. The PREA Coordinator confirmed that the facility has installed and added exterior cameras since the last PREA audit. I confirmed that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department's ability to protect inmates from sexual abuse.

The evidence supports a finding that the agency is in substantial compliance with this provision.

After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the

	reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual c. Letter of agreement with the YWCA Greater Harrisburg d. Pennsylvania Department of Corrections policy DC-ADM 008 Interviews a. PREA Coordinator b. YWCA Greater Harrisburg Supervisor Site Review 115.221 (a). The agency indicated in their response to the PAQ that the agency is not responsible for conducting administrative sexual abuse/sexual harassment investigations nor criminal sexual abuse/sexual harassment investigations. All administrative investigations are conducted by the PADO all criminal investigations are conducted by the Pennsylvania State Police. This process was confirmed with the PREA Coordinator, PADO and PSP. The evidence supports a finding that the agency is in substantial compliance with this provision.

115.221 (b). The agency indicated in their response to the PAQ that the agency is not responsible for conducting administrative sexual abuse/sexual harassment investigations nor criminal sexual abuse/sexual harassment investigations. All administrative investigations are conducted by the PADOH all criminal investigations are conducted by the Pennsylvania State Police.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

UPMC Harrisburg, the local hospital, is equipped 24/7 to provide a SANE examination.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

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

	During the pre-onsite audit phase, the auditor conducted an interview with a representative from YWCA Greater Harrisburg who indicated that a victim advocate is available to meet with the resident victim during a SANE exam upon request. In practice, the service provider is staffed to respond to the hospital 24 hours a day and seven days a week. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.21 (f). The PREA Coordinator confirmed that the PADO and PSP follows the requirements of paragraphs (a) through (e) of this section. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual c. Pennsylvania Department of Corrections policy DC-ADM 008 Interviews a. PREA Coordinator

	115.222 (a, b, c). The facility indicated in their response to the PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual that all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing. The PADO and PSP policies further describe the investigative process. The PADO Investigators possess legal authority to conduct administrative investigations and will collaborate with PSP during criminal investigations. In the designated 12-month audit period, as evidenced by a review documentation, the agency received and responded to 6 allegations of sexual abuse/sexual harassment. Of these investigations, zero allegations were referred for prosecution. There were no criminal investigations conducted by PSP in the auditing period. The PREA Coordinator indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The auditor reviewed the agency's public website and easily located the aforementioned policy which describes investigative and referral practices. Pennsylvania Department of Corrections policy DC-ADM 008 describes the investigative responsibility of the PADO and PSP. The responsibilities outlined in the policy include the following: initial inquiry; referral to PA State Police when warranted; collecting physical and testimonial evidence; a description of reasoning behind credibility assessments; gathering investigative facts and findings; and notifying the alleged victim of the outcome. The policy also describes the scope of administrative and criminal investigations. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

The evidence reviewed to determine compliance included the following:

- a. Pre-Audit Questionnaire
- b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual
- c. PREA Training PowerPoint
- d. PREA Participation Guide
- e. Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors
- f. Yearly sign offs and tests

Interviews

- a. PREA Coordinator
- b. Random Staff

Site Review

115.231 (a). The facility indicated in their response to the PAQ that the agency trains all employees who may have contact with inmates on the following topics: the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of inmates to be free from sexual abuse and sexual harassment; right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual state that all employees, volunteers, and contractors shall receive instruction on the provisions enumerated above.

The auditor reviewed PREA-related guides, and modules for in-service, and PREA refresher which are utilized to educate all new and existing Staff/Volunteer/

Contractor that will have contact with residents on how to fulfill their responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The training resources detail each of the sub-topics listed within this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

During the onsite audit phase, the auditor confirmed through random staff interviews that each completed training prior to having contact with residents. These training courses include the elements described in provision (a). One hundred percent, as confirmed through a report, of staff members received instruction on the elements required by this provision in 2026.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.231 (d). The facility indicated in their response to the PAQ that the agency documents that employees who may have contact with residents understand the training they have received through employee signature. The auditor reviewed staff training records while onsite and confirmed the acknowledgment method that accompanies staff training.

The evidence supports a finding that the agency is in substantial compliance with

	this provision. The agency provides yearly PREA training which includes policy review. This practice far exceeds the requirements of this standard. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual c. Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors Interviews a. PREA Coordinator c. Contractors Site Review 115.232 (a). The facility indicated in their response to the PAQ that all volunteers and contractors (specifically, 11 volunteers and contractors currently authorized to enter the facility) who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Keystone Correctional

Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states that all volunteers and contractors who have contact with residents have been trained on their responsibilities under PREA and this policy relating to sexual abuse and sexual harassment prevention, detection, response, and reporting including the agency zero-tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents.

During the onsite audit phase, three contractors were interviewed. All contractors confirmed that they had received training on their responsibilities under the agency's zero tolerance policy against sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor reviewed random, completed PREA Training and Understanding Verification Forms, which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.232 (c). The facility indicated in their response to the PAQ that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. As stated, the auditor reviewed random, completed PREA Training and Understanding Verification Forms, which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment. The interviewed contractors stated during their interview that they had received training specific to the agency's zero tolerance policy and how to make a report of sexual abuse or sexual harassment.

The evidence supports a finding that the agency is in substantial compliance with this provision.

	After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual c. PREA Reentrant and Detainee Intake Handout Receipt d. Resident handout Interviews a. Intake Staff b. Random and Targeted Residents c. Random Staff Site Review a. PREA Posters b. PREA Audit Postings c. Residents Orientation 115.233 (a). The facility indicated in their response to the PAQ that residents receive information at the time of intake about the zero-tolerance policy and how to report

incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months, 100 percent of newly admitted residents (513) were given this information at intake. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states all Reentrants, including those who have transferred from different community confinement facilities, will receive an orientation that includes KCSI's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. The materials provide information on the federal law, residents rights to be free from sexual abuse and sexual harassment in confinement, definitions, and reporting avenues. During the residents interviews all interviewed residents confirmed that they had received this information while at the facility. All residents were shown the handout; they were all familiar with the handout and were given one at intake. The residents also confirmed going through an orientation where a video was shown and PREA was further explained.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.233 (b). The agency indicated in their response to the PAQ that in the past 12 months 100 percent of residents (19) who are transferred from a different community confinement facility were provided with refresher information referenced in 115.233(a)-1. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states all Reentrants, including those who have transferred from different community confinement facilities, will receive an orientation that includes KCSI'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.

During the resident interviews, all residents who went through the intake process within the past 12 months indicated that they received PREA Information at intake and watched the PREA Video during an orientation.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

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

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

The agency is not only providing information as required by the standard, but they

	are also further educating residents through an in-person session and video. This practice far exceeds the requirements of the standard. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. PREA Coordinator 115.234 (a)(b)(c) The facility indicated in the PAQ that the agency does not conduct administrative or criminal sexual abuse investigations. This was confirmed through an interview with the PREA Coordinator. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. PREA Coordinator - b. 115.235 (a)(b)(c)(d) The facility indicated in the PAQ that the agency does not have medical and mental health practitioners who work regularly in its facilities. This was confirmed through an interview with the PREA Coordinator. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire

b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual

c. PREA Screening

Interviews

a. Staff Responsible for Screening

b. Random Residents

c. PREA Coordinator

Site Review

a. Intake/Screening Process

115.241 (a). The facility indicated in their responses to the PAQ that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual requires that all new Reentrants or transferred Reentrants shall be assessed by using the Prison Rape Assessment Tool (PRAT) to assess potential vulnerabilities or tendencies with regards to sexually aggressive behavior. The PRAT will be issued to the Reentrant during the intake process. Reentrants will complete the form on their own with an envelope for them to seal and place in a secured mailbox that only PCM has access to.

The auditor discussed the risk screening process with the intake staff during the site review. They stated an initial risk screening is completed with each resident upon arrival. The risk screenings are conducted as outlined in the policy. Of 20 resident interviews, 20 residents remembered completing screening questions. The auditor randomly selected resident records to corroborate the facility's intake screening process.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.241 (b). The facility indicated in their responses to the PAQ that the agency has a policy that requires residents to be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of intake. In the past 12 months, 513 residents reportedly entered the facility and remained there for 72 hours or more. Of these residents, the facility stated all were screened for risk within 72

hours of admission.

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

Of 20 resident interviews, 20 residents remembered being asked the applicable screening questions, they further confirmed this occurred during the intake process and within 72 hrs. of arrival at the facility. The auditor randomly selected resident records to corroborate the facility's intake screening process.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.241 (c). The facility indicated in their response to the PAQ that risk assessments are conducted using an objective screening instrument. A review of the PREA Screening reveals 13 questions or screening measures.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.241 (d). The agency's PREA Screening tool is comprised of 13 questions; all of which meet the prescribed criteria for this provision. Specifically, the PREA Screening includes questions in the following areas:

- I have, or am perceived to have a physical, mental, or developmental disability.
- I am a biological male under 5' 6" and weigh less than 140 lbs., or a biological female under 5' and weigh less than 100 lbs.
- I have been sexually abused, sexually assaulted, or sexually victimized?
- If the above occurred while incarcerated indicate facility I am concerned about my ability to defend myself while incarcerated?
- I identify as gay, lesbian, bisexual, intersexual, transgender and/or I have been diagnosed with gender dysphoria. (if yes, circle the appropriate identifier(s))

- I am under 20 years of age.
- It is my first time incarcerated.
- I am detained solely for civil immigration purposes. My criminal history is exclusively nonviolent.
- I am currently charged with having been previously convicted of a sexual crime(s) against an adult or child.
- I have a current or prior criminal conviction(s) for violent offense(s) (including murder, manslaughter, assault, robbery, felonious use of a firearm).
- I have been found guilty of disciplinary findings within the last 3 years for Major Disciplinary Infractions for institutional violence, or I have been the aggressor in prior substantiated institutional sexual abuse incidents.
- I have issues with gay, lesbian, bisexual, intersexual or transgender people

The facility does not assess for the final consideration (i.e. 115.41(d)(10)), "Whether the inmate is detained solely for civil immigration purposes" as the agency does not confine residents for this reason exclusively.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.241 (f). The facility indicated in their responses to the PAQ that the agency has a policy that requires the facility to reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PAQ indicates that in the past 12 months, 482 residents have reportedly entered the facility and remained there for 30 days or more. Of these residents, the facility stated 482 (100%) were rescreened for risk within 30 days of admission.

This reassessment is being conducted by the counselors, and they are taking into consideration all information available to them at the time of reassessment. This was confirmed by reviewing the reassessment documentation and staff interviews.

During the resident interviews all residents confirmed meeting with their counselor for a reassessment and those who stayed past 30 days confirmed doing it twice.

This practice far exceeds the requirements of the standard, not only are the counselors completing a reassessment, but they are meeting with the residents on a regular basis, multiple times a month. These meeting include inquiries of overall safety.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.241 (g). The facility indicated in their response to the PAQ that the agency has a policy requiring an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual state that the PRAT may be reissued when warranted due to referral request, incident of sexual abuse, or receipt of additional Information that bears on the Reentrants risk of sexual victimization or abusiveness.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual state that reentrants may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions in the PRAT. Staff confirmed that residents are not disciplined for refusing to answer.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.241 (i). Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA)

	Policy and Procedure Manual state that the agency shall implement appropriate controls on the dissemination within the facility of responses to the questions to ensure that sensitive information is not exploited to the Reentrant's detriment by staff or other Reentrants. Interviews with the PREA Coordinator confirmed that access is controlled by role or classification. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.242	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual c. PREA Screening Interviews a. Staff Responsible for Screening c. PREA Coordinator d. Director 115.242 (a, b). The facility indicated in their response to the PAQ that the agency uses the information from the risk screening as required by standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of

keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual outlines the process of initial screening and utilization of the information to make decisions relative to housing, bed, work, education, and program assignments with the goal of keeping separate residents at high risk of victimization and those at high risk for abusiveness. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to appropriate staff to inform treatment plans, security, and management decisions including housing, bed, work, education, and program assignments.

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

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.242 (c). This provision is no longer applicable to compliance finding.

115.242 (d). This provision is no longer applicable to compliance finding.

115.242 (e). This provision is no longer applicable to compliance finding.

115.242 (f). This provision is no longer applicable to compliance finding.

115.242 (g). This provision is no longer applicable to compliance finding.

The evidence supports a finding that the agency is in substantial compliance with this provision.

During interviews I confirmed that residents are constantly being assessed for their housing needs.

After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.

115.251	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual c. PREA Handout d. PREA Posters Interviews a. PREA Coordinator b. Random Residents c. Random Staff Site Review a. Informal Interviews b. Posted Information 115.251 (a). The facility indicated in their response to the PAQ that the agency has established multiple internal methods for residents to privately report sexual abuse; sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. According to Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual a Reentrant may report sexual abuse and sexual harassment, retaliation by other Reentrants 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/ volunteer/contractor, either verbally or in writing. A PREA Handout is distributed to residents upon intake outlining the reporting avenues.

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

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The agency does not house residents solely for immigration purposes and, as such, does not have a policy or provide residents detained solely for civil immigration purposes information on how to contact consular or Department of Homeland Security officials.

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

An interview with staff confirmed that a resident may report externally and, if chosen, anonymously by phone or letter. Not only may they write to the OSIG Sexual Abuse Reporting Address, but they may do so anonymously. Of 20 random and targeted residents interviewed, they all understood anonymous reporting options.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.251 (c). The facility indicated in their response to the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Moreover, staff are required to document verbal reports. According to Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual staff shall accept reports verbally, in writing, anonymously, and from third parties and shall

	promptly document any verbal reports. All random staff stated residents can report in any of the ways described by this provision. All also stated that they would complete an incident report immediately upon accepting a report from a resident, regardless of the report method. All interviewed residents stated they were aware of written, verbal, or third-party reporting options; they confirmed that they can report in any of the accepted ways. A review of the agency public website revealed a list of ways in which sexual abuse or sexual harassment may be reported. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.251 (d). The facility indicated in their response to the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment by reporting immediately and confidentially to any supervisor. Staff are informed of this opportunity via training materials and Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual. The auditor reviewed Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual and training materials, which confirm reporting options. All interviewed random staff stated they can report privately. They further described multiple methods including notifying a supervisor and contacting Investigations. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following:

	a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. PREA Coordinator 115.251 (a). The facility indicated in their response to the PAQ that the agency does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse. Sexual abuse in the Commonwealth of Pennsylvania is a criminal offense and a violation of PA Title 18 Crimes Code. Any grievance filed regarding sexual abuse would immediately be reported to the proper authorities for investigation. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard Auditor Discussion The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual c. Letter of Agreement with The YWCA Greater Harrisburg d. PREA Posters with Pennsylvania Coalition on Rape (PCAR) contact information

Interviews

- a. PREA Coordinator
- b. Random Residents
- c. Supervisor at The YWCA Greater Harrisburg

Site Review

115.253 (a). The agency indicated in their response to the PAQ that they provide residents with access to outside victim advocates for emotional support services related to sexual abuse. They also indicated that they provide residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and provide residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. The agency does not house residents solely for civil immigration purposes and does not provide information for immigrant services agencies.

Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual outlines these services the contact information is provided in the PREA Handout and PREA posters.

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

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

During the interviews 20 of 20 residents stated that external support services are available and have seen the contact information on posters in the housing units. All 20 residents interviewed indicated that the posters are in the housing units and common areas, the posters include information on victim advocacy.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.253 (b). The facility indicated in their response to the PAQ that the facility informs residents, prior to giving them access to outside support services, the

	extent to which such communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The residents were aware of these services and assumed their communication with an advocate would remain confidential. Staff at PCAR and the YWCA Greater Harrisburg confirmed the communication is confidential. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.253 (c). The facility indicated in their response to the PAQ that the facility maintains a letter of agreement with a community service provider for the provision of emotional support services related to sexual abuse experienced by residents. The auditor reviewed the letter of agreement which was signed by both parties. The agreement describes the responsibilities and outlines the support services provided to the residents following an incident of sexual abuse in a confinement setting, as well as ongoing support services for victims of sexual abuse. Staff at PCAR and the YWCA Greater Harrisburg confirmed the services are being offered as outlined. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual

	c. Agency public website screenshots Interviews a. Random Residents Site Review 115.254 (a). The facility indicated in their response to the PAQ that the agency provides a method, and publicly distribute reporting information on their website, to receive third-party reports of resident sexual abuse or sexual harassment. The auditor observed this information is posted publicly by navigating to http://www.kcshbg.com/zerotolerance.html. There readers will learn that, specifically, third parties may contact the Agency directly, and review the reporting avenues. During the pre-onsite phase, the auditor tested this reporting mechanism by calling the number listed. The telephone was immediately answered by the facility. In addition to posting methods on the public website, the facility circulates such information in the PREA Handout. The term “third party” includes residents, family members, attorneys, or outside advocates. Interviews with random and target residents confirmed that they are aware they may report to a person externally to the agency. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following:

a. Pre-Audit Questionnaire

b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual

Interviews

a. Random Staff

b. PREA Coordinator

c. Director

115.261 (a). The agency indicated in their response to the PAQ that all staff must report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are also required to immediately report according to policy any retaliation against residents or staff who reported such an incident. Finally, staff must immediately report according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states all staff/volunteers/contractors shall report immediately and according to KCSI 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 a part of the current facility; retaliation against Reentrants or staff/volunteers/contractors who reported such incident/ and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation..

The agency's training modules restate the reporting requirement as defined in policy.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.261 (b). The facility indicated in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, the agency prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions, this is outlined in the Keystone Correctional Services, Inc. Prison Rape Elimination Act

	(PREA) Policy and Procedure Manual. All random staff interviewed reported they would immediately contact a supervisor; they would refrain from sharing the information other than with staff who have a need to know. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.261 (c). The facility does not have any medical or mental health practitioners. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.261 (d). As discussed, the facility does not house youthful residents. If the alleged victim is considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. This report would be made by the investigating entity, PADO or PSP, as required by state law. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.261 (e). Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual state that staff are responsible for accepting reports in a multitude of formats from any source and, thereafter, notify a supervisor for investigation referral. The referral would go directly to the PADO or PSP, who conduct all investigations. An interview with the PREA Coordinator confirmed this practice. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.262	Agency protection duties
----------------	---------------------------------

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. Random Staff b. PREA Coordinator c. Director 115.262 (a). The facility indicated in their response to the PAQ that when the agency or facility learns a resident is subject to a substantial risk of imminent sexual abuse; it takes immediate action to protect the resident. The facility reported that there has been one instance of substantial imminent risk in the past 12 months. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual directs all staff to protect residents in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. The PREA Coordinator stated all staff are responsible for immediately intervening when they receive information that a resident may be at imminent risk. They are required to notify a supervisor. A qualified person will assess their circumstances and discuss alternate housing options if necessary. There are several tools at their disposal to ensure continued safety to include separate from the threat; adjust bed status; or transfer facilities. A case-by-case determination will be made to determine the best course of action to maximize safety with the lowest level intervention. Interviews with random staff verified those at imminent risk would be separated from the threat immediately. Staff further articulated that they would act immediately; ask preliminary questions to better understand the risk; monitor; act immediately as safety is paramount; notify a supervisor; and keep the person at imminent risk separate from the threat until a placement decision could be made.

	The evidence supports a finding that the agency is in substantial compliance with this provision. The auditor reviewed the information for the immediate response to an incident of substantial risk of imminent sexual abuse. Within 30 minutes of the incident being reported the resident was moved and separated, the alleged perpetrator was removed from working in the kitchen where the incident took place and the incident was reported to PADO. This level of response exceeds the expectations of the standard. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. PREA Coordinator b. Director 115.263 (a). The facility indicated in their response to the PAQ that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. In the past 12 months, the facility has received one allegation of abuse at another confinement facility.

Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states upon receiving an allegation that a Reentrant was sexually abused while confined at another facility/program, the PCM shall notify the BCC Management Operations Center for investigation.

The facility's Director and PREA Coordinator confirmed the practice outlined by policy. The documentation for the one report received was reviewed, the policy was followed and notification was made to the PADO C MOC.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.263 (d). The facility indicated in their response to the PAQ that agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the facility has not received notification from other confinement facilities. According to Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual this would be immediately reported to the BCC Management Operations Center for investigation.

The PREA Coordinator understood the obligations under the policy.

The evidence supports a finding that the agency is in substantial compliance with this provision.

	After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. Random Staff 115.264 (a). The facility indicated in their response to the PAQ that the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report must separate the alleged victim and abuser and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Moreover, if the abuse occurred within a time period that allows for the collection of physical evidence, the first security staff member to respond shall request that the alleged victim and ensure that the alleged suspect not take any actions that could destroy physical evidence. In the past 12 months, the facility indicated they have not had any allegations of sexual abuse. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual directs all employees follow the response steps described in the policy, which includes notifying a supervisor and requesting the alleged victim not take any actions that may destroy physical evidence. All staff members interviewed successfully articulated a majority of their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; and ensuring the alleged abuser not take any actions

	that might destroy physical evidence. The majority also added they would notify a supervisor. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.264 (b). The facility indicated in their response to the PAQ the agency has a policy that requires non-security staff first responders to request the alleged victim not take any actions that could destroy physical evidence and notify security staff. In the last 12 months no non-security staff members were the first to respond to a report of sexual abuse. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. PREA Coordinator 115.263 (a). The facility indicated in their response to the PAQ that they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners,

	investigators, and facility leadership. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual describes the respective role of each critical contact, including security staff first responders, supervisors, emergency medical treatment providers, and mental health treatment providers. The facility reviews and revises the policy which details the agencies coordinated response plan. An interview with the PREA Coordinator confirmed that the policy guides the facility's response following an allegation of sexual abuse. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire 115.263 (a). The agency indicated in their response to the PAQ that the agency or facility has not entered into or renewed collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later. The agency is an at-will employer. This was confirmed with the PREA Coordinator. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard Auditor Discussion The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual c. PADOC Protection Against Retaliation Monitoring Form Interviews a. PREA Coordinator b. Director 115.267 (a). The facility indicated in their response to the PAQ that the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. At the facility, the PREA Coordinator, Director and Senior Case Manager are responsible for retaliation monitoring. Pennsylvania Department of Corrections policy DC-ADM 008 outlines the monitoring process utilized at the facility. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual dictates that retaliation against any resident or staff member who reports sexual abuse and/or sexual harassment, or who cooperates with an investigation of said report, is prohibited and is subject to administrative or criminal action. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.267 (b) Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual directs the facility to employ multiple protection measures, including housing or program changes, for those who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. An interview with the PREA Coordinator confirmed that the agency protects reporters from retaliation by implementing a zero-tolerance policy for such conduct. She stated the facility will employ a variety of safety solutions such as housing changes, removal of the alleged abuser, and offering support. The auditor reviewed

complete monitoring cycles the reporters and alleged victims did not express concerns or fears of retaliation.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

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

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

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

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

115.267 (d). According to Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual the PREA Coordinator, Director and Senior Case Manager are responsible for conducting periodic status checks as part of retaliation monitoring. If the initial monitoring indicates a continuing need, the periodic status checks shall be extended beyond 90 days. The PREA Coordinator who was interviewed in her role as a retaliation monitor affirmed that retaliation monitoring includes monthly status checks for a period of no less than 90 days post-allegation. A review of completed documentation illustrates the documentation.

The evidence supports a finding that the agency is in substantial compliance with

	this provision. 116.267 (e). Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual state that retaliation against any resident or staff member who reports sexual abuse and/or sexual harassment, or who cooperates with an investigation of said report, is prohibited and is subject to administrative or criminal action. According to the policy the PREA Coordinator, Director and Senior Case Manager are required to monitor staff and resident reporters and alleged victims following an allegation of sexual abuse to ensure they are free from retaliation. An interview with the PRES Coordinator indicated the facility would monitor that person for a period of 90 days and take appropriate remedial action to eliminate the risk. As stated earlier, the facility has not received any reports of retaliation, or fears of retaliation, from a resident or staff in the last 12 months. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. PREA Coordinator b. Director

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.271 (d). According to Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual all criminal misconduct by persons under the jurisdiction of the agency will be reported to PSP for investigation and prosecution. The investigation will be coordinated by PADO and PSP. Compelled interviews in a criminal investigation will be conducted by the PSP investigators, following their policies and procedures.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.271 (g). Zero investigations were referred for prosecution during the review period. The auditor reviewed investigative records; the contents included a thorough description of physical, testimonial, and documentary evidence.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

	115.271 (j). During discussions with PADO and PSP, they confirmed the departure of an alleged victim or abuser from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.271 (l). I confirmed with the PREA Coordinator that when the PADO or PSP investigates, the PREA Coordinator stays in contact with them, through email or phone. The PREA Coordinator confirmed they have an open line of communication with the PADO. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual 115.272 (a). The facility indicated in their response to the PAQ that the agency does not impose a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. All investigations are conducted by either the PADO or PSP, these agencies follow their policies regarding investigations. Through discussion with PADO I confirmed that they utilize a standard of a preponderance of the evidence or a lower standard of proof when determining whether administrative

	allegations of sexual abuse or sexual harassment are substantiated The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.273	Reporting to residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual c. PADOC PREA Investigation Inmate Notification Form Interviews a. PREA Coordinator 115.273 (a). The facility indicated in their response to the PAQ that the agency has a policy requiring that any inmate who alleges they suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the 12-month review period, two sexual abuse investigation was completed. This documentation was reviewed. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual provides that after completion of an investigation the institution shall inform the alleged victim of the disposition. The obligation to provide such notification is terminated if the resident is released from the agency's custody. In

practice, the agency notifies the alleged victim of the outcome utilizing the PADOc PREA Investigation Inmate Notification Form, not only is this written notification provided to the alleged victim, but they are asked to sign as evidence of receipt. A signed copy is retained in the investigative file.

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

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.273 (c). The facility indicated in their response to the PAQ that following an inmate's allegation that a staff member committed sexual abuse against the inmate, the agency subsequently informs the inmate (unless the disposition is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. In the 12-month review period, there were 0 staff-on-inmate sexual abuse allegations to review. Again, the facility not only notifies alleged victims of sexual abuse, but also those alleging sexual harassment.

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

115.273 (d). The facility indicated in their response to the PAQ that following an inmate's allegation that they have been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The evidence supports a finding that the agency is in substantial compliance with this provision.

	115.273 (e). The facility indicated in their response to the PAQ that all notifications to inmates described under this standard are documented. The auditor reviewed investigative files of sexual abuse during the review period. All contained documentation of such notification. As stated above, the facility takes an additional measure to notify and, thereafter, document notification to those alleging sexual harassment. A final analysis of the evidence indicates the facility substantially exceeds compliance with this provision. The facility not only notifies alleged victims of sexual abuse, but also those alleging sexual harassment. This practice far exceeds the requirements of the standard. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. PREA Coordinator 115.276 (a). The facility indicated in their response to the PAQ that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months, zero staff members have been disciplined for violating the policies.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.276 (b). The facility indicated in their response to the PAQ that in the past 12 months zero staff members have violated agency sexual abuse or sexual harassment policies; this assertion was verified during conversation with the PREA Coordinator. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual outlines agency disciplinary procedure, which indicates the agency shall take whatever personnel actions it deems appropriate, up to and including termination, based on the results of its investigation, regardless of the outcome of any criminal investigation or proceeding. The PREA Coordinator confirmed that termination would be the disciplinary sanction for staff who have engaged in sexual abuse. She furthermore indicated that PADOH would immediately revoke clearance to the facility.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.276(c). The facility indicated in their response to the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. As stated above, they indicated that in the past 12 months zero staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.276(d). The facility indicated in their response to the PAQ that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, zero staff members were reported to law enforcement or licensing bodies following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The discipline practices were verified through interviews with the PREA Coordinator.

The evidence supports a finding that the agency is in substantial compliance with this provision.

	After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. PREA Coordinator b. Director 115.277 (a). The facility indicated in their response to the PAQ that agency policy requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. They shall, further, be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported for engaging in sexual abuse of residents. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual prohibits any contractor or volunteer who engages in staff sexual misconduct from contact with residents. Any such contractor or volunteer is reported by the agency to the relevant licensing body. The evidence supports a finding that the agency is in substantial compliance with this provision.

	115.277(b). The facility indicated in their response to the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Staff confirmed that an investigation of a contractor or volunteers follows a similar trajectory to that of a staff investigation, but that at any given time the agency has the latitude to prohibit a volunteer or contractor from entering the facility. Pursuant to the Pennsylvania State Police review of the investigation, the case could be forwarded to the respective District Attorney for possible prosecution. The Director and PREA Coordinator indicated that they would immediately restrict facility access. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. PREA Coordinator b. Director

115.278 (a). The facility indicated in their response to the PAQ that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and/or criminal finding that a resident engaged in resident- on- resident sexual abuse. In the past 12 months, zero residents have been found to have engaged in resident-on-resident sexual abuse. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states disciplinary sanctions for Reentrants will be determined by the Pennsylvania Department of Corrections, Bureau of Community Corrections. These sanctions are outlined in Pennsylvania Department of Corrections policy DC-ADM 008.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.278 (b). Pennsylvania Department of Corrections policy DC-ADM 008 describes a uniform process by which to impose sanctions so as to conform with the expectation of this provision which requires that disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

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

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.278 (f). The facility indicated in their response to the PAQ that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. Pennsylvania Department of Corrections policy DC-ADM 008 outlines this practice.

The auditor reviewed investigation files. None included evidence that a resident reporter was subject to disciplinary action for sexual abuse or sexual harassment allegations; including those that were determined unfounded.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.278 (g). The facility indicated in their response to the PAQ that the agency prohibits all sexual activity between residents and disciplines residents for such conduct when an investigation reveals the conduct was not coerced. All sexual activity between residents is prohibited, and residents are subject to disciplinary action for such behavior under Pennsylvania Department of Corrections policy DC-ADM 008.

The evidence supports a finding that the agency is in substantial compliance with this provision.

After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I

	confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. PREA Coordinator 115.282 (a). The facility indicated in their response to the PAQ that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Interviews with staff, and the PREA Coordinator confirmed that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, as quickly as possible. The resident is transported to UPMC Harrisburg for a Sane Examination. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.282 (b). All victims will be immediately provided with the opportunity to go for a medical and mental health assessment. Security staff first responders take preliminary steps to protect the alleged victim and immediately notify the appropriate supervisors following an emergency. All staff members successfully articulated their medically related protection and first responder duties pursuant to 115.262 and 115.264, respectively (as noted in those discussions). The evidence supports a finding that the agency is in substantial compliance with

	this provision. 115.282 (c). The facility indicated in their response to the PAQ that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual require that all reentrant victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. An interview with the PREA Coordinator confirmed residents would receive information about sexually transmitted prophylaxis through the facility and hospital. The facility does not house female residents and, as such, does not by practice offer information about emergency contraception. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.282 (d). The facility indicated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This is outlined through Pennsylvania Coalition to Advan Respect website. It states specially trained health care providers at hospitals across the Commonwealth are prepared to examine victims following an assault and care for their immediate safety. They conduct a forensic exam at no cost to the survivor, collect evidence, and screen for and treat sexually transmitted infections and other possible injuries. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The evidence reviewed to determine compliance included the following:

a. Pre-Audit Questionnaire

b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual

Interviews

a. PREA Coordinator

115.283 (a, b, c). The facility indicated in their response to the PAQ that the facility offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in a confinement setting and that such services are consistent with the community level of care. Staff discussions confirmed residents will receive ongoing treatment in accordance with hospital discharge instructions, through community providers. The facility does not have any medical or mental health staff.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.283 (d, e). The facility indicated in their response to the PAQ that the facility does not offer pregnancy tests or information about lawful pregnancy related medical services to female victims of sexually abusive vaginal penetration because the facility does not house female. The facility does not house female residents as confirmed through conversations with the PREA Coordinator. During the onsite review, the auditor did not observe any female residents.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.283 (f). The facility indicated in their response to the PAQ that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The staff confirmed these are provided in the

	community. It was further confirmed through Pennsylvania Coalition to Advance Respect website. It states specially trained health care providers at hospitals across the Commonwealth are prepared to examine victims following an assault and care for their immediate safety. They conduct a forensic exam at no cost to the survivor, collect evidence, and screen for and treat sexually transmitted infections and other possible injuries. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.283 (g). The facility indicated in their response to the PAQ that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Pennsylvania Coalition to Advance Respect website. It states specially trained health care providers at hospitals across the Commonwealth are prepared to examine victims following an assault and care for their immediate safety. They conduct a forensic exam at no cost to the survivor, collect evidence, and screen for and treat sexually transmitted infections and other possible injuries. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.283 (h). The facility indicated in their response to the PAQ that the facility attempts does not conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The facility does not provide mental health services; these services would be provided in the community through the YWCA Greater Harrisburg. There were no known resident-on-resident abusers at the facility in the 12-month review period. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- a. Pre-Audit Questionnaire
- b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual
- c. Case Review documentation

Interviews

- a. Director
- b. PREA Coordinator

115.286 (a). The facility indicated in their response to the PAQ that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the facility has not conducted any investigation reviews. All substantiated or unsubstantiated PREA sexual abuse cases are reviewed by the facility and the Pennsylvania Department of Corrections and Bureau of Community Corrections. The reviews are documented on the PREA Sexual Abuse Incident Review form. The facility indicated that there were no reviews during the auditing period.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

facility and the Pennsylvania Department of Corrections, Bureau of Community Corrections.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

- a. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse,
- b. Whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, intersex identification status or perceived status, gang affiliation, or other group dynamics at the facility,
- c. Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse,
- d. Assesses the adequacy of staffing levels in that area during different shifts,
- e. Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- f. Prepares and submit a report of its findings and any recommendations for improvement to the facility head and PREA compliance manager.

The Director was interviewed, and they properly identified the objective of such review, which includes an analysis of contextual variables, incident causes or motivations, policy failures, physical plant needs, staffing levels, technology or tools to supplement staff supervision, etc. and any respective corrective actions.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.286 (e). The facility indicated in their response to the PAQ that the facility implements recommendations for improvement or documents its reasons for not doing so. This practice was confirmed by the Director.

The evidence supports a finding that the agency is in substantial compliance with this provision.

	After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual 115.287 (a)(b)(c)(d). The facility indicated in their response to the PAQ that the agency is in compliance with the following provisions: (a) The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. (b) The agency aggregates the incident-based sexual abuse data at least annually. (c) The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. (d) The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Directs the facility to follow the Pennsylvania Department of Corrections policy DC-ADM 008 for data collection. Section 20 of DC-ADM 008 states that: The Prison Rape Elimination Act (PREA) Compliance Division (PCD) shall collect accurate, uniform data for every allegation of sexual abuse at facilities under the Department’s direct control using a standardized instrument and set of definitions.

(28 C.F.R. §115.87[a])

In the Department, every report, complaint, or allegation of sexual abuse and/or sexual harassment occurring within Department facilities or involving its reentrants in contracted facilities, shall be entered into the PREA Tracking System, a web-based application designed to track all incidences of sexual abuse and sexual harassment for U.S. Department of Justice reporting purposes.

A. Annual Prison Rape Elimination Act (PREA) Report

1. The PCD shall review data collected and aggregated annually pursuant to PREA Standard (28 C.F.R. §115.87) in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by: (28 C.F.R. §115.87[b], §115.88[a])

a. identifying problem areas; (28 C.F.R. §115.88[a][1])

b. taking corrective action on an ongoing basis; and (28 C.F.R. §115.88[a][2])

c. preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole. (28 C.F.R. §115.88[a][3])

2. All data shall be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (28 C.F.R. §115.87[d]) Incident-based and aggregated data shall also be collected from every facility the Department contracts with for the confinement of its inmates. (28 C.F.R. §115.87[e])

3. The Department will produce an Annual PREA Report, capturing data from January 1 to December 31, and will provide the following information:

a. the number of allegations made at each facility;

b. the number of substantiated, unsubstantiated, and unfounded investigations completed as of December 31 of each year;

c. the number of ongoing investigations as of December 31 for each facility;

d. the report shall compare the rates of incidents for each facility from the preceding year to the current report year;

e. any additional information that is required by the Survey of Sexual Violence (sic) required by the Department of Justice, Bureau of Justice Statistics; and (28 C.F.R. §115.87[c])

f. the report shall include a comparison of the current year's data and corrective actions with those from prior years, and shall provide an assessment of the Department's progress in addressing sexual abuse. (28 C.F.R. §115.88[b])

4. The Department shall make all aggregated sexual abuse data information listed in Subsections A.3.a.-f. above, from facilities under its direct control and

	contracted facilities, readily available to the public through the Department website, at least annually. (28 C.F.R. §115.89[a][b]) 5. The Annual PREA Report shall be approved by the Secretary and posted on the Department’s website by June 30 of each year. (28 C.F.R. §115.87[f], §115.88[c]) 6. The Department shall securely retain all aggregate PREA data, on the Department’s secure servers, collected for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise. (28 C.F.R. §115.89[a][d]) 7. Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. In addition, the Department may redact specific material from the reports when publication would present a clear and specific danger to a facility, but must indicate the nature of the material redacted. (28 C.F.R. §115.89[c], §115.88[d]) The agency reports incident data to the Pennsylvania Department of Corrections monthly and collects the data themselves for a yearly report. It should be noted that the agency data is also included in the PADOX yearly data report. This practice was further confirmed during interviews with the PREA Coordinator. (e) The agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. In the facility responses to provision (e) in the PAQ they indicate that they do not hold any contracts for the confinement of residents. A final analysis of the evidence indicates the facility is substantial compliance with this provision. 115.287 (f). The facility indicated in their response to the PAQ that the agency has not provided the Department of Justice (DOJ) with data from the previous calendar year. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.288	Data review for corrective action
----------------	--

	Auditor Overall Determination: Meets Standard Auditor Discussion The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual Interviews a. PREA Coordinator 115.288 (a)(b)(c)(d). The facility indicated in their response to the PAQ that the agency is in compliance with the following provisions: (a) The agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. (b) The annual report includes a comparison of the current year's data and corrective actions with those from prior years and the annual report provides an assessment of the agency's progress in addressing sexual abuse. (c) The agency makes its annual report readily available to the public at least annually through its website and approved by the agency head. (d) When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and the agency indicates the nature of material redacted. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual directs the facility to follow the Pennsylvania Department of Corrections policy DC-ADM 008 for data collection. Section 20 of DC-ADM 008 states that: The Prison Rape Elimination Act (PREA) Compliance Division (PCD) shall collect accurate, uniform data for every allegation of sexual abuse at facilities under the
--	---

Department's direct control using a standardized instrument and set of definitions. (28 C.F.R. §115.87[a])

In the Department, every report, complaint, or allegation of sexual abuse and/or sexual harassment occurring within Department facilities or involving its reentrants in contracted facilities, shall be entered into the PREA Tracking System, a web-based application designed to track all incidences of sexual abuse and sexual harassment for U.S. Department of Justice reporting purposes.

A. Annual Prison Rape Elimination Act (PREA) Report

1. The PCD shall review data collected and aggregated annually pursuant to PREA Standard (28 C.F.R. §115.87) in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by: (28 C.F.R. §115.87[b], §115.88[a])

a. identifying problem areas; (28 C.F.R. §115.88[a][1])

b. taking corrective action on an ongoing basis; and (28 C.F.R. §115.88[a][2])

c. preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole. (28 C.F.R. §115.88[a][3])

2. All data shall be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (28 C.F.R. §115.87[d]) Incident-based and aggregated data shall also be collected from every facility the Department contracts with for the confinement of its inmates. (28 C.F.R. §115.87[e])

3. The Department will produce an Annual PREA Report, capturing data from January 1 to December 31, and will provide the following information:

a. the number of allegations made at each facility;

b. the number of substantiated, unsubstantiated, and unfounded investigations completed as of December 31 of each year;

c. the number of ongoing investigations as of December 31 for each facility;

d. the report shall compare the rates of incidents for each facility from the preceding year to the current report year;

e. any additional information that is required by the Survey of Sexual Violence (sic) required by the Department of Justice, Bureau of Justice Statistics; and (28 C.F.R. §115.87[c])

f. the report shall include a comparison of the current year's data and corrective actions with those from prior years, and shall provide an assessment of the Department's progress in addressing sexual abuse. (28 C.F.R. §115.88[b])

	4. The Department shall make all aggregated sexual abuse data information listed in Subsections A.3.a.-f. above, from facilities under its direct control and contracted facilities, readily available to the public through the Department website, at least annually. (28 C.F.R. §115.89[a][b]) 5. The Annual PREA Report shall be approved by the Secretary and posted on the Department’s website by June 30 of each year. (28 C.F.R. §115.87[f], §115.88[c]) 6. The Department shall securely retain all aggregate PREA data, on the Department’s secure servers, collected for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise. (28 C.F.R. §115.89[a][d]) 7. Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. In addition, the Department may redact specific material from the reports when publication would present a clear and specific danger to a facility, but must indicate the nature of the material redacted. (28 C.F.R. §115.89[c], §115.88[d]) The agency reports incident data to the Pennsylvania Department of Corrections monthly and collects the data themselves for a yearly report. It should be noted that the agency data is also included in the PADOE yearly data report. This practice was further confirmed during interviews with the PREA Coordinator. The data report for the previous year, 2025, was reviewed during the audit. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire b. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual

Interviews

a. PREA Coordinator

115.289 (a). The facility indicated in their response to the PAQ that the agency ensures incident-based and aggregate data are securely retained. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, the agency shall securely retain information from PREA investigations.

The PREA Coordinator confirmed that data is securely retained, and data submitted and used for tracking purposes is controlled by user rights and is granted to those staff with a need to know. Personally identifiable information is not submitted; quantitative data-only.

The evidence supports a finding that the agency is in substantial compliance with this provision.

115.289 (b). The facility indicated in their response to the PAQ that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual states that all public disclosure of incidents that occur at KCSI and data retained will be led by the BCC and DOC in all instances. Upon reviewing the agency website, the 2025 data report is published.

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

The evidence supports a finding that the agency is in substantial compliance with this provision.

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

	confirmed that all data is maintained by the PADOE under their retention schedule. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	--

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence reviewed to determine compliance included the following: a. Pre-Audit Questionnaire 115.401 (a). The auditor confirmed by review of the public website that beginning in Audit Cycle I, and during each three-year period thereafter, the agency ensured each facility operated by the agency, or by a private organization on behalf of the agency, was and is audited at least once. The public website lists the facility and respective audit year, in addition to a hyperlink to access the final report. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.401 (b). An interview with the PREA Coordinator indicated the agency has one facility. The auditor reviewed the agency's public website, which confirmed the agency was able to achieve an per auditing cycle. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.401 (h). During the onsite review, the auditor had unrestricted access to all areas of the facility. The auditor was invited, and accommodated, to observe any area or operation within the facility upon request.

	The evidence supports a finding that the agency is in substantial compliance with this provision. 115.401 (i). During all phases of the audit, the staff consistently made available to the auditor documents, records, files, photographs, etc. in a timely manner. During the onsite phase of the audit, the auditors had unrestricted access to files, reports, and automated information systems at the agency and facility levels. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.401 (m). During the onsite phase of the audit, the auditor and staff worked cooperatively to develop a private process and location for conducting interviews of both staff and inmates. The auditor benefited greatly from the facility's active coordination of interviews and attempts to troubleshoot refusals. The evidence supports a finding that the agency is in substantial compliance with this provision. 115.401 (n). Audit notices included a confidentiality statement and instructions to contact the auditor via mail, if desired. The notices were forwarded on May 30, 2026. The auditor did not receive any correspondence from an inmate or staff member during any phase of the audit. The evidence supports a finding that the agency is in substantial compliance with this provision. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The evidence reviewed to determine compliance included the following: a. Agency Website 115.403 (f) The agency has published on its agency website all Final Audit Reports. This was confirmed by navigating to https://www.kcshbg.com/zerotolerance.html where all audit reports can be reviewed. After completing the Pre-Audit and Onsite Audit phases, I systematically reviewed the evidence gathered during the audit. Using the Compliance Tool as a guide, I confirmed that all elements of the standard were addressed by triangulating the reviewed policies and documentation, onsite observations, and interview information. Based on this review, I found the agency compliant with the standard.
--	---

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

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

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches of female residents?	no
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents	yes

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

	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?	
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	na

	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.)	
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

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

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

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	Resident education	

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

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

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

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	Use of screening information	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252	Exhaustion of administrative remedies	

(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.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	na

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	no
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	Disciplinary sanctions for staff	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

	and security of a facility?	
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes