

**PREA AUDIT REPORT    Interim    Final**  
**COMMUNITY CONFINEMENT FACILITIES**  
**Date of report: 06/12/16**

<b>Auditor Information</b>			
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<b>Telephone number:</b> 570-729-4131			
<b>Date of facility visit:</b> 06/06/16			
<b>Facility Information</b>			
<b>Facility name:</b> Keystone Correctional Services, Inc			
<b>Facility physical address:</b> 7201 Allentown Blvd. Harrisburg, PA 17112			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 717-651-0340			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> CEO/President Terry Davis			
<b>Number of staff assigned to the facility in the last 12 months:</b> 37			
<b>Designed facility capacity:</b> 150			
<b>Current population of facility:</b> 137			
<b>Facility security levels/inmate custody levels:</b> State Intermediate Custody Level 1G and Parole Residents No Custody Level			
<b>Age range of the population:</b> 18 yrs. And older			
<b>Name of PREA Compliance Manager:</b> Amanda Price		<b>Title:</b> COO/PREA Coordinator	
<b>Email address:</b> aprice@kcsbhc.com		<b>Telephone number:</b> 717-651-0340	
<b>Agency Information</b>			
<b>Name of agency:</b>			
<b>Governing authority or parent agency:</b>			
<b>Physical address:</b>			
<b>Mailing address:</b>			
<b>Telephone number:</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Email address:</b>		<b>Telephone number:</b>	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Email address:</b>		<b>Telephone number:</b>	

## AUDIT FINDINGS

### NARRATIVE

The first Prison Rape Elimination Act (PREA) audit of Keystone Correctional Services, Inc. took place on June 06, 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. The facility was posted on April 10, 2016, allowing adequate time for the residents to respond to me. A thumb drive was mailed to the facility on April 11, 2016, and returned to me on May 21, 2016. The thumb drive contained all pertinent information needed for the pre-audit evaluation, and the timeliness of it being returned allowed me ample time to review the material.

I wish to extend my appreciation to CEO Terry Davis, COO Amanda Price, and all of the staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made.

The audit began on May 20, 2016. I initially met with CEO Terry Davis, COO Amanda Price. We discussed the audit process for the day, at this time I requested a current resident list, as well as the list of all staff working that day.

An extensive facility tour was conducted, all areas of the facility were toured, and I was also able to interact with both staff and residents at this time. I had the opportunity to observe the operations of the facility, and the interaction between staff and residents.

A total of ten resident interviews were conducted. The residents were randomly selected and represented the overall population of the facility. These residents were selected from the current population list provided to me.

A total of fourteen interviews were conducted onsite with random staff. The staff were randomly selected and represented administration, monitors and counselors. The staff were selected from the list provided to me.

An exit conference was held during the afternoon, present were CEO Terry Davis, and COO Amanda Price.

The facility was prepared for the onsite audit and performed extremely well. Looking at the overall performance of the facility I was impressed with not only the facilities operations but the overall agencies operations and response to incidents of sexual abuse or sexual harassment. The seriousness of incidents of this nature are not overlooked by both staff and residents alike. The interactions with the staff was positive and all were extremely helpful in making the audit process run as seamless as possible.

I utilized an overall methodology to make my determination of compliance with the standards. This included a complete review of all policies and documentation provided to me prior to the onsite audit. The documentation was then corroborated through visual inspection of the facility, as well as interviews with staff and residents. I was able to determine that the facility has the policies in place to address all standards, and has put these policies into daily practice. In the standard-by-standard discussion I have specifically identified the policies and documentation utilized during this process, these policies and documentation are listed verbatim in italic type. I have also listed any visual evidence, as well as interviews that aided in making my determination.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Keystone Correctional Services, Inc. is located at 7201 Allentown Blvd. Harrisburg, PA 17112. The location of the facility is advantageous for the residents, they have the ability to walk to numerous eateries, public transportation is available, and employment opportunities are greater in this area. The facility has an extremely high employment rate, this in itself shows the facilities commitment to reentry of the residents.

The facility is a two story building, with the corporate offices located on the upper level, and the resident housing is located on the lower level. All entry to the building is controlled from within, when entering into the corporate level the receptionist must open the door for any visitor. Entry to the lower level is controlled from the monitor station. All entrances to the building are surveilled with cameras.

Anyone entering the building must clear the metal detector before entry is allowed, all residents are searched prior to reentry.

The upper level consists of strictly offices for corporate level employees, entrance to the lower level is controlled by a locked stairwell.

The resident housing area is a dormitory style housing with low walls separating the resident's immediate sleeping quarters.

The housing area is separated into an East side and West side, with the monitor's station being centered between the two. The monitor's station is affixed with windows on all sides allowing the monitors a complete view of the housing area.

The kitchen and bathroom are located on the South side of the building. All food is prepared for the residents and served on site.

The bathrooms are constructed in a manner that allows complete privacy while they are in the shower or bathroom areas. The toilets have stall doors and the showers have a curtain. The bathrooms are also separated into an East and West side.

Staff offices are located on the lower level, all doors throughout the facility are locked unless the area is being immediately occupied.

The facility is an all-male resident facility; with both male and female staff.

All areas of the facility are under direct supervision of staff.

During the past 12 months 731 residents have been admitted to the facility, with 721 staying for 72 hours or more, and 665 staying for 30 days or more. The average length of stay is 76 days.

## **SUMMARY OF AUDIT FINDINGS**

Keystone Correctional Services has exceeded in 2 standards, met 35 standards, and 2 standard is not applicable to the facility.

This determination was made after reviewing all materials provided during the pre-audit, the interviews and facility tour conducted during the audit, and the final review of all findings.

The facility does not conduct any administrative investigations, these are conducted by the Pennsylvania Department of Corrections. These standards were still audited and the investigation processes were taken into account for the specific standard.

Number of standards exceeded: 2

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 1

## Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### EVIDENCE OF COMPLIANCE:

*The agency has developed a written policy mandating zero tolerance towards all sexual abuse and sexual harassment, this policy also outlines the agencies approach to preventing, detecting, and responding to such conduct. This policy is the Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

#### IV. POLICY (115.211.a)

- A. *It is the policy of Keystone Correctional Services, Inc. to prohibit any form of sexual abuse and/or sexual harassment of a resident. Keystone Correctional Services, Inc. has a zero tolerance for sexual abuse or sexual harassment of any individual under our supervision. Anyone who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an offender shall be subject to disciplinary action, up to and including termination, and may be subject to criminal prosecution. A resident, employee, contract service provider, visitor, volunteer, intern, and or any individual who has business with or uses the resources of Keystone Correctional Services, Inc. is subject to disciplinary action and/or sanctions, including possible dismissal and termination of contracts and services if he/she is found after investigation to have engaged in sexual harassment or sexual abuse with a resident. A claim of consent will not be accepted as an affirmative defense for engaging in sexual harassment or sexual abuse of a resident.*
- B. *Keystone Correctional Services, Inc. shall prohibit retaliation against a resident or a staff member who reports sexual harassment or sexual contact with a resident, or cooperates with sexual harassment or sexual abuse of any kind.*
- C. *Keystone Correctional Services, Inc. shall designate a PREA Compliance Manager (PCM) to coordinate the facility's efforts to comply with the standards. The PCM shall report directly to the President/CEO of Keystone Correctional Services, Inc.*

I reviewed the Policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

The policy is comprehensive and mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. The policy further defines all prohibited acts.

The PREA Coordinator position is filled by COO Amanda Price. During her interview she related that she has ample time to perform the duties of the PREA Coordinator.

It should be noted that COO Amanda Price is within the top of the organizational chart.

### **Standard 115.212 Contracting with other entities for the confinement of residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

The agency does not contract with any other agency for confinement of residents.

### **Standard 115.213 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*KSCI shall have staffing plan that provides for adequate levels of staffing which helps to protect residents from sexual abuse (PREA 115.213). In circumstances where the staffing plan is not complied with, the Facility Director shall document and justify all deviations from the plan and advise the PCM and President/CEO of KCSI (Staffing Plan Attached) (PREA 115.213.b)*

*The staffing plan reads as follows:*

#### **Staffing**

*Staffing consists of a Facility Director, (3) Case Managers, a Medical Coordinator, an Employment Coordinator and Supervisors and Monitors.*

*The Facility Director, Case Managers, Medical Coordinator, and Employment Coordinator work regular business hours generally Monday through Friday.*

*Supervisors and Monitors staff the facility on a continual twenty-four (24) hour basis. Staffing is based on two twelve (12) hour shifts per day. Each shift is staffed with one (1) Supervisor and three (3) Monitors. They are responsible for providing the security functions of the facility (i.e. security rounds, PREA checks, urinalysis, searches, etc.*

*In the event that staffing coverage is compromised, it is the responsibility of the Facility Director to fill the open spaces to maintain compliance.*

### ***Physical Layout of Facility***

*The facility is comprised on two (2) sections, the corporate office and work release facility. The work release section of the facility houses approximately 150 offenders. The layout of the facility is divided into two sections, East and West (attached). The East Section houses approximately eighty-five (85) offenders and the West houses sixty-five. Both sections are comprised of dormitory style living quarters, a dayroom area, restrooms and showers, a laundry, and recreation yard. The West section of the facility has a contracted kitchen and dining area.*

*Access and regress in and out of the facility is controlled at a monitor station located in the center of the facility.*

### ***Video Monitoring/Other Monitoring Technologies***

*There are approximately fifty-five (55) video surveillance cameras strategically placed around the facility. Video monitoring is available to staff on a twenty-four hour basis. Staff are able to review and copy footage of incidents that occur as needed.*

*Two metal detectors are situated in the main control and are to assist staff with detecting contraband. Staff also have access to three hand-held metal detecting wands to assist them in this effort.*

### ***Substantiated and Unsubstantiated Incidents of Sexual Abuse***

*All incidents of sexual abuse and sexual harassment are reported immediately to the facility PREA Coordinator or designee. The incidents are then reported to the Department of Corrections, Bureau of Community Correctional Management Operations Center for guidance and investigation. To date, all incidents have been found to be unsubstantiated.*

The facility has developed a staffing plan to provide adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse and sexual harassment. During my interviews I determined that the facility layout, composition of the resident population, any incidents of sexual abuse or sexual harassment, and any other relevant factors were utilized in developing the staffing plan.

I reviewed the staffing plan in its entirety and found that it complies with all aspects of the standard. This was verified during the random staff interviews, and Agency PREA Coordinator interview.

During the audit I found no investigations that would rise to the level of a staffing issue or need to be considered in the analysis of staffing.

The facility staffing has not been deviated from during the last 12 months.

## Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### EVIDENCE OF COMPLIANCE:

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*Keystone Correctional Services, Inc. and contract managers shall ensure that employees enforce and comply with the outlined procedures, take corrective action regarding non-compliance, and document appropriately.*

*Staff will complete consistent PREA walk-throughs in all areas of the facility and will document when no viewable areas have been checked.*

*Physical plant strategies include;*

- a. KCSI staff shall do consistent walk-throughs to areas that are not viewable by camera*
- b. Educational posters*
- c. Cameras/video monitoring*
- d. Staff supervision*

*Facility has designated two bathroom areas with private areas for residents to change clothes, shower, and perform bodily functions to protect from cross gender viewing of their buttocks and genitals except during exigent circumstances or incidental to routine checks. (PREA115.215.d)*

*All Females must be announced before entering resident housing areas and all female staff must announce themselves every time they enter into the resident bathroom areas for facility walk throughs.*

*Keystone Correctional Services, Inc. Search policy, Policy Number: KCSI-OPR-10-0012 further outlines searching procedures. The policy reads in part:*

#### **IV. PROCEDURES**

- a. All staff is required to actively participate in the searching of residents, resident housing areas, and the facility in general in order to reduce/eliminate the possibility of contraband being introduced in to the facility.*
- b. Documentation of all searches is essential. Upon completion of any search, the search must be recorded in the appropriate log and/ or search form.*
- c. All searches conducted in the resident housing areas or other parts of the facility will be assigned by the Shift Supervisor on duty.*
- d. All searches in the resident housing areas require that the resident be present unless, specifically authorized by the Facility Director.*



- e. *Two staff members should always be present when searching a residents housing area.*
- f. *All residents entering the facility shall be searched without exception. Upon entering the facility, the residents shall stay in single file while they process into the facility. This will include alcohol testing, a pass through the metal detector, and a thorough pat search conducted by facility staff to include removal of shoes and boots, and a search of any personal items that a resident is bringing in to the facility (i.e. clothing, food items, etc.) In the event that a resident needs to be strip searched, only staff of the same sex shall participate in the search.*
- g. *Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the residents genital status. 115.215(e)-1*
- h. *In the event that any contraband is confiscated from a resident, the resident must receive a “confiscated items receipt” for the property.*
- i. *Residents should never be searched when visitors or vendors are in the immediate area.*
- j. *Depending on the nature of the contraband confiscated from the resident, disciplinary action may be warranted. The final decision regarding disciplinary action will be made by the Facility Director.*
- k. *Staff should always be respectful of the resident while searching their person, or housing area. Items searched should always be returned in a manner similar to prior to the search.*
- l. *Under no circumstances shall facility staff conduct manual or instrument searches of body cavities as part of the search process.*
- m. *All staff shall be trained in cross-gender, transgender and intersex pat-down searches, and proof of training shall be recorded on the employee’s yearly training record. 115.215(f)1*

All showers and bathroom stalls have operational doors or curtains providing the residents with privacy.

During the resident interviews they confirmed that the female staff make announcements upon entry to the housing areas.

The facility has not conducted cross-gender strip searches and visual body cavity searches. This was confirmed during the interviews with both random staff and residents.

During the interviews with staff they related that they understood the policies on announcing their presence as well as pat searches. They also understood the policies as they pertain to transgender or intersex residents and determining their sex.

All of the staff interviewed indicated that they had received training on cross gender pat down searches, this was confirmed by viewing their training logs.

The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. All residents received at the facility are coming from another facility so their gender is identified prior to arrival. If exigent circumstances existed all staff interviewed understood that gender should be determined through conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The facility has not performed a pat down search of a transgender or intersex resident for the sole purpose of determining the residents sex.

During the facility tour I observed staff making announcements of females entering into the housing area. The monitors operate the employee entrance at the rear of the lower level, when they identify a female staff entering the facility they immediately make an announcement.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*The information will be communicated orally and in written form in a manner that is clearly understood by resident, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. LanguageLine Solutions will be made available for residents who are limited English proficient and Deaf when necessary. Staff will not rely on resident interpreters. Disabled residents communication needs will be handled on a case by case basis and KCSI will make every effort to cater to those needs. (PREA 155.216)*

The facility has procedures in place to deal with residents with disabilities and who are limited English speaking. They have never had an incident where they would utilize another resident for interpretation, they would utilize staff or a language line. During the classification of the residents they identify any issues concerning disabilities and take the appropriate actions needed to protect the resident. The facility is equipped 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance in this area was determined by reviewing policies and procedures of the facility. During the random staff interviews I determined that they all understood the availability of interpreters, and further understood the importance of not utilizing residents for interpretation during any incident.

At the time of the audit no non-English speaking residents were being housed.

The facility utilizes the services of Language Line Solutions for inmate interpretation. This service offers interpretation for multiple languages, not just Spanish.

I was provided copies of the PREA posters and handouts in both English and Spanish.

The facility is posted with the proper signage on PREA, these signs are in both English and Spanish.

## Standard 115.217 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### EVIDENCE OF COMPLIANCE:

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

- c. KCSI shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community by force, over, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has not been civilly or administratively adjudicated. (PREA 115.217.a)*
- d. KCSI will consider any incidents of sexual harassment in determining whether to hire or promote anyone, to enlist the services of a contractor or volunteer, who may have contact with residents. (PREA 115.217.b)*
- e. Before hiring new employees or accepting contractors and volunteers who may have contact with residents, KCSI shall perform criminal background checks and make its best efforts to contact all prior intuitional employers for information on substantiated allegations of sexual abuse or any resignation of employment or services during a pending investigation of an allegation of sexual abuse. (PREA 115.217.c, PREA 115.217.d) Prospective employees/volunteers must also complete all required PA Department of Corrections (DOC), Bureau of Community Corrections (BCC) screening paperwork.*
- f. KCSI shall either conduct criminal background checks at least every five (5) years of current employees, contractors, volunteers who may have contact with residents or have in place a system for otherwise obtaining such information for current employees. Promotions from within the facility will require an updated criminal background check. (PREA 115.217.e)*
- g. KCSI shall ask all applicants and employees/contractors/volunteers about previous misconduct in written applications or interviews. Employees/contractors/volunteers have a continuing affirmative duty to disclose any such misconduct (PREA 115.217.f)*
- h. Omissions regarding such misconduct, or the provision of false information, shall be grounds for termination of employment or services (PREA 115.217.g)*
- i. Unless otherwise prohibited by law, KCSI shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon the request from an intuitional employer for who such employee has applied to work (PREA 115.217.h)*

The Centralized Clearance Unit of the Pennsylvania department of Corrections is responsible for conducting clearances for the contract service providers; (§115.17 [d]). They also monitor the CLEAN/JNET criminal charge alert and notify Bureau of Human Resources of any alerts received. This system alleviates the need to conduct criminal histories on employees, the agency uploads a master name list and the system alerts if someone entered by

the agency has been arrested.

During prior interviews with Human Resources of the Pennsylvania Department of Corrections I confirmed that background checks are being completed by OSII during the initial hiring process, as well as on a yearly basis.

The facility is also conducting their own criminal history background investigations on all employees on a yearly basis. These checks are being conducted through the Pennsylvania State Police, I reviewed all of the criminal history backgrounds for the employees and volunteers.

**Standard 115.218 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

No upgrades of the facility or technology are planned at this time. During my interviews with the PREA Coordinator she understood the importance of taking sexual safety into consideration when planning any upgrade.

**Standard 115.221 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

Keystone Correctional Services, Inc. does not investigate any allegation of sexual abuse or sexual harassment within the facility. All administrative allegations are conducted by the Pennsylvania Department of Corrections investigators, all criminal allegations are conducted by the Pennsylvania State Police.

The Pennsylvania Department of Corrections policy as to responding to a report of sexual abuse reads as follows:

*BCC-ADM 008, Section 4- Responding to a Report of Sexual Abuse reads as follows:*

*In order to maximize the potential for obtaining usable physical evidence, the facility shall secure and protect the potential crime scene, until physical evidence can be collected by law enforcement and/or an outside medical professional. If those entities decline to take possession of the evidence, it shall be handled in accordance with Department policy 8.3.1, "Bureau of Community Corrections Security," Section 24. (§115.221[a]). It should be noted that policy 8.3.1, Bureau of Community Security Section 24-BCC Evidence Control is a policy outlining staffs*

*responsibilities when responding to an allegation of sexual abuse. I reviewed the policy in its entirety and found it to be comprehensive, covering all areas of evidence procedures.*

*BCC-ADM008 further states that:*

*The Prison Rape Elimination Act (PREA) Compliance Manager (PCM) shall coordinate medical services related to sexual abuse for their facility and where possible, utilize a hospital that employs a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). The facility shall enter into a letter of agreement with the hospital. (§115.221[c])*

*The PCM shall coordinate victim services related to sexual abuse for their facility and work with the Pennsylvania Coalition Against Rape (PCAR) approved local rape crisis center to establish a Rape Crisis Center Letter of Agreement (Attachment 4-B). (§115.221[d]) (§115.253[c])*

*CCC letters shall be vetted through the Department's Office of Chief Counsel.*

*CCFs may utilize the Rape Crisis Center Letter of Agreement as a template and vet through the Contract Agency's legal department to ensure compliance with the national PREA standards.*

*Each facility shall maintain the signed document for review upon request and provide a copy to the Regional Director/designee and Agency PREA Coordinator.*

*All victims of sexual abuse shall be offered access to a forensic medical examination at an outside facility, without financial cost to the victim, using a SAFE or SANE where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners and documented appropriately. (§115.221[c])*

*All victims of sexual abuse shall be offered access to outside victim advocates for emotional supportive services, without financial cost to the victim. Supportive services may be provided via a variety of methods including in person, over the phone, and/or in writing. The facility shall not monitor these communications. (§115.221[d])*

*As requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Facility staff may not serve as victim advocates for Department-Funded Residents (DFR). (§115.221[e][h])*

The facility has a Letter of Agreement with Harrisburg Hospital/Pinnacle Health for forensic examinations. The hospital provides forensic examinations by a Sexual Assault Nurse Examiners (SANEs). The Letter of Agreement is dated June 9, 2015.

The facility utilizes YWCA Greater Harrisburg for victim advocacy. The Letter of Agreement is dated April 12, 2016.

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

The Pennsylvania Department of Corrections and the Pennsylvania State Police entered into a Memorandum of Understanding as it relates to the investigative process of PREA allegations, this MOU was entered into on September 24<sup>th</sup> 2013. The Pennsylvania State Police agrees to conduct the investigations of sexual abuse in facilities, the investigators and Forensic Services Unit members are highly trained in identifying and collecting evidence in sexual assault investigations. The Pennsylvania State Police has policies and procedures in place that exceed this standard.

I reviewed the investigations conducted by the PA DOC and found that these services are being offered during the investigations, although they have not been utilized.

**Standard 115.222 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*KCSI shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the BCC Management Operations Center for investigation (PREA 115.261.b)*

The above policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

I reviewed the policy in its entirety and found it to be complete. I also reviewed all investigations during the last twelve months and found that they were investigated by the proper authorities.

All staff interviewed understand the importance of ensuring all allegations are referred for investigation. They also understand the procedure of contacting the DOC Operations Center.

I reviewed all investigations from the past 12 months and found they were reported immediately.

**Standard 115.231 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

**PREA TRAINING**

- A. *Staff/Volunteer/Contractor Training: All Staff members, volunteers, and contractors shall receive comprehensive training upon hiring in the prevention, detection, and reporting of sexual assault/rape or sexual misconduct including, (PREA 115.231)*

- a. *The agency's zero tolerance policy for sexual abuse and sexual harassment*
- b. *How to fulfill their responsibilities under KCSI sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.*
- c. *Residents' right to be free from sexual abuse and sexual harassment*
- d. *The right of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment*
- e. *The dynamics of sexual abuse and sexual harassment in confinement*
- f. *How to detect and respond to signs of threatened and actual sexual abuse*
- g. *How to avoid inappropriate relationships with residents*
- h. *How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming residents.*
- i. *How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.*
- j. *Annual in-house training on sexual assault/rape or sexual misconduct will be conducted.*
- k. *PREA training shall be tailored to the gender of the residents at the facility. Any employee who is reassigned from a male only facility to a female only facility, or vice versa, shall receive additional training relative to the gender of the residents at their new facility.*
- l. *All training will be documented through staff/volunteer/intern/contractor signature, employees will document and sign off that they understand the training they received.*

I reviewed the PowerPoint Presentation titled PREA Training 2015/2016. This presentation is 43 slides long and covers all training aspects of PREA.

The training is tailored to the gender of residents at the specific facility.

All of the staff interviewed have been trained on PREA and understand their responsibilities under the standards.

I reviewed the training records and verified all training with the PREA Coordinator.

#### **Standard 115.232 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

#### **PREA TRAINING**

- A. *Staff/Volunteer/Contractor Training: All Staff members, volunteers, and contractors shall receive comprehensive training upon hiring in the prevention, detection, and reporting of sexual assault/rape or sexual misconduct including, (PREA 115.231)*

- a. *The agency's zero tolerance policy for sexual abuse and sexual harassment*
- b. *How to fulfill their responsibilities under KCSI sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.*
- c. *Residents' right to be free from sexual abuse and sexual harassment*
- d. *The right of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment*
- e. *The dynamics of sexual abuse and sexual harassment in confinement*
- f. *How to detect and respond to signs of threatened and actual sexual abuse*
- g. *How to avoid inappropriate relationships with residents*
- h. *How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming residents.*
- i. *How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.*
- j. *Annual in-house training on sexual assault/rape or sexual misconduct will be conducted.*
- k. *PREA training shall be tailored to the gender of the residents at the facility. Any employee who is reassigned from a male only facility to a female only facility, or vice versa, shall receive additional training relative to the gender of the residents at their new facility.*
- l. *All training will be documented through staff/volunteer/intern/contractor signature, employees will document and sign off that they understand the training they received.*

I confirmed that all volunteer training has been completed; I was able to view the training logs which were provided to me.

During the audit I had the opportunity to interview a volunteer, she related that she had received the training and understood her role if an incident was reported to her.

### **Standard 115.233 Resident education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

#### **B. Resident Training (PREA 115.233)**

- a. *All residents, 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. (PREA 115.211 a, b)*

- b. The information will be communicated orally and in written form in a manner that is clearly understood by resident, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. LanguageLine Solutions will be made available for residents who are limited English proficient and Deaf when necessary. Staff will not rely on resident interpreters. Disabled residents communication needs will be handled on a case by case basis and KCSI will make every effort to cater to those needs. (PREA 155.216)*
- c. Residents will be required to sign an acknowledgment of having received this information as part of orientation check off sheet as well as a specific form indicating that they have been given the PREA Brochure and have been informed of how to handle a PREA concern or report.*
- d. In addition to providing such education, the facility will ensure that information is continuously and readily available or visible to residents through posters, handbooks, or other written formats. The facility will also make verbal announcements to make sure those that are not able to read can have the same access to this information.*
- e. Facility maintains documentation of resident training participation available on a weekly basis.*

I reviewed the brochures, both English and Spanish, given to the residents upon admission; I found them to be detailed and comprehensive.

The residents interviewed related that they had received the brochures upon intake; they further stated that they have also reviewed a video on PREA.

I reviewed the sign off sheet for the resident education, all residents at the facility have received this training.

#### **Standard 115.234 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

Keystone Correctional Services, Inc. does not investigate any allegation of sexual abuse or sexual harassment within the facility. All administrative allegations are conducted by the Pennsylvania Department of Corrections investigators, all criminal allegations are conducted by the Pennsylvania State Police.

*The Pennsylvania Department of Corrections policy as to responding to a report of sexual abuse reads as follows:*

*BCC-ADM 008, Section 2- Prevention and Training addresses education for investigators. The policy reads as follows:*

*Any employee who conducts sexual abuse investigations shall receive specialized training specific to Confinement settings through the Department or other approved source. This training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative actions or prosecution referral. (§115.234[a][b][d])*

*Staff may complete training offered by the Department or by another source whose curriculum complies with the Federal PREA Standards.*

*Each individual who receives any type of training (basic, ongoing, or specialized) shall complete and sign the PREA Training Receipt for Department and Contract Employees, Volunteers, and Interns (Attachment 2-H). (§115.231[d]) (§115.232[c]) (§115.234[c])*

The investigator training provided was created by me during my employment with the Pennsylvania State Police. This training exceeds any expectations of the standard and provides the recipient with the needed skills to conduct investigations in a confinement setting.

I reviewed investigations completed by the PADOX Investigators for the past 12 months. I found the investigations to be thorough and completed in a very timely manner.

**Standard 115.235 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

NOT APPLICABLE

This standard does not apply to the facility. The agency does not employ any mental or medical staff at this facility.

## Standard 115.241 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### EVIDENCE OF COMPLIANCE:

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

#### *SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS*

- A. All new residents or transferred residents 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 resident during the intake process. Resident will complete the form on their own with an envelope for them to seal and place in a secured mailbox that only the PCM has access to. (PREA 115.233)*
- B. Residents identified as “high risk” shall be monitored, separated if necessary, and counseled accordingly with consultation with the Department of Corrections. High risk as it pertains to PREA shall be defined as those residents with a history of sexually assaultive behavior.*
- C. Residents identified as “at risk” shall be monitored, separated if necessary, and counseled accordingly with consultation with the Department of Corrections.*
- D. The PRAT will consider the following criteria with an additional section for them to make additional comments if necessary. (PREA 115.241.d)*
  - a. Whether or not their crime was of a violent nature*
  - b. If the resident was previously incarcerated*
  - c. Age of the resident*
  - d. Whether the resident identifies themselves as heterosexual, homosexual, bisexual, transgender, gender non-conforming, or intersex*
  - e. If they have been sexually victimized prior to or while incarcerated*
  - f. If they have committed a sexual misconduct prior to or while incarcerated*
  - g. If they have a disability and explanation of their disability*
  - h. The resident’s own perception of the vulnerability inside KCSI*
  - i.*
- E. Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions in the PRAT (PREA 115.241.h)*
- F. 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 resident’s detriment by staff or other residents. (PREA 115.241.i)*
- G. Within approximately 30 days from the resident’s first PRAT completed at KCSI, the PCM will issue another PRAT to reassess the resident’s risk of sexual victimization or abusiveness based upon any additional, relevant information received by the facility since the intake process. This PRAT will also give the resident*

*the opportunity to disclose any changes in the residents own perception of vulnerability at that time. (PREA 115.241.f)*

I reviewed the PREA Risk Assessment Tool utilized in the screening process of the residents. I found that the PRAT asks all questions enumerated in this standard.

I reviewed the spreadsheet and found that the PRAT is being conducted in a timely manner.

All of the residents interviewed confirmed that they are being asked the screening questions upon admission and have been asked the questions a second time.

During my interview with the PREA Coordinator I confirmed that they are conducting the PRAT during the initial intake and within the 30 day timeframe.

### **Standard 115.242 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*KCSI shall use information from the PRAT to inform housing, bed, work, education, and program assignments with the goal of keeping separate, or under direction supervision of staff, those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. (PREA 115.242.a) Also, KCSI will make every effort to appropriately place transgender or intersex residents on a case by case basis (PREA 115.242.b)*

*The PRAT shall be reissued when warranted due to referral request, incident of sexual abuse, or receipt of additional information that bears on the residents risk of sexual victimization or abusiveness (155.242 g)*

I reviewed the aforementioned documentation utilized in the screening process. I found the forms to be easily understandable and the instructions explicit.

I confirmed with the PREA Coordinator that the information from the PRAT is being utilized in the process of determining housing.

## Standard 115.251 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### EVIDENCE OF COMPLIANCE:

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

#### *REPORTING PROCEDURES*

- A. A resident may report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. (PREA 115.251.a) to any staff member/volunteer/contractor, either verbally or in writing.*
- B. KCSI shall provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of KCSI and allowing the resident to remain anonymous. (PREA 115.251.b) The anonymous reporting is made through the address provided by the Pennsylvania Department of Corrections.*
- C. Staff shall accept reports verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports (PREA 115.251.c)*
- D. The PCM or Facility Director must report any sexual misconduct to all regulatory and/or law enforcement agencies pursuant to contract, licensure, or statute. This shall be treated as a Critical Incident and shall follow the internal reporting procedures outlined in Keystone Correctional Services, Inc.'s procedures.*
- E. KCSI shall provide a method for staff to report privately sexual abuse and sexual harassment of residents (PREA 115.251.d). Staff can report to the PREA Compliance Manager, Facility PREA Coordinator, President/CEO, or Facility Director. They may also utilize the PREA Drop Boxes for anonymous reports. Staff may also use the reporting address provided by the Pennsylvania Department of Corrections.*

The signage is properly posted throughout the facility, this was viewed during the facility tour.

During the resident interviews they also indicated that the signage was placed throughout the facility, and they understood the reporting avenues available to them.

### Standard 115.252 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### EVIDENCE OF COMPLIANCE:

The agency does not accept grievances related to sexual assault.

### Standard 115.253 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### EVIDENCE OF COMPLIANCE:

Keystone Correctional Services, Inc. does not investigate any allegation of sexual abuse or sexual harassment within the facility. All administrative allegations are conducted by the Pennsylvania Department of Corrections investigators, all criminal allegations are conducted by the Pennsylvania State Police.

The Pennsylvania Department of Corrections policy as to responding to a report of sexual abuse reads as follows:

*BCC-ADM 008, Section 4- Responding to a Report of Sexual Abuse addresses the resident access to outside confidential support services. The policy reads as follows:*

1. *The PCM shall coordinate victim services related to sexual abuse for their facility and work with the Pennsylvania Coalition Against Rape (PCAR) approved local rape crisis center to establish a **Rape Crisis Center Letter of Agreement (Attachment 4-B)**. (§115.221[d]) (§115.253[c])*
  - a. *CCC letters shall be vetted through the Department's Office of Chief Counsel.*
  - b. *CCFs may utilize the Rape Crisis Center Letter of Agreement as a template and vet through the Contract Agency's legal department to ensure compliance with the national PREA standards.*
  - c. *Each facility shall maintain the signed document for review upon request and provide a copy to the Regional Director/designee and Agency PREA Coordinator.*
2. *Notification about available services (**Attachment 4-C**) shall be laminated and posted in facility common areas accessed by residents. (§115.233[e]) The facility shall add the address for local services prior to printing and laminating the attachment. (§115.253[a]) Phone numbers may not be posted without the written consent of the organization providing the service.*

The facility utilizes YWCA Greater Harrisburg for victim advocacy. The Letter of Agreement is dated April 12, 2016.

The facility has not had any incidents where these services were utilized. This was confirmed during the PREA Coordinator interview, and the review of the investigations.

### **Standard 115.254 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

#### *H. Third Party Reporting:*

*a. KSCI shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident (PREA 115.254)*

Keystone Correctional Services, Inc. does not investigate any allegation of sexual abuse or sexual harassment within the facility. All administrative allegations are conducted by the Pennsylvania Department of Corrections investigators, all criminal allegations are conducted by the Pennsylvania State Police.

The Pennsylvania Department of Corrections policy as to third party reporting, the policy reads as follows:

*BCC-ADM 008, Section 3- Reporting Incidents and Allegations addresses third party reporting. The policy reads as follows:*

*Third Party Reporting (§115.251[b][d]); (§115.254)*

- 1. Anyone may make a private report of an allegation of sexual abuse or sexual harassment on behalf of a resident by writing to the:
  - a. BCI/PREA Coordinator*  
*1800 Elmerton Avenue*  
*Harrisburg, PA 17110*
  - b. or by submitting a report online at [www.tipsubmit.com](http://www.tipsubmit.com).**

*NOTE: This address and website are not part of the Department or Contract Agency and are able to receive and immediately forward reports of sexual abuse and sexual harassment to Agency officials. The reporter may remain anonymous upon request.*

- 2. This address and website may be used by anyone including employees, residents, friends, family, volunteers, visitors, interns, contractors, vendors, and the general public.*

3. *This information shall be posted as outlined in Subsection A.*

*The following is also posted on the Pennsylvania Department of Corrections website at:*

[http://www.cor.pa.gov/Administration/PrisonRapeEliminationAct\(PREA\)/Pages/Report-Institutional-Sexual-Assault.aspx](http://www.cor.pa.gov/Administration/PrisonRapeEliminationAct(PREA)/Pages/Report-Institutional-Sexual-Assault.aspx)

*The information reads as follows:*

*Methods for Inmates to Report Sexual Abuse or Sexual Harassment:*

- a. *Verbal or written report to any staff member*
- b. *Submission of a DC-135A, Inmate Request to Staff Member*
- c. *Incidents of sexual abuse, sexual harassment and retaliation can be reported in writing by sending correspondence via U.S. mail to the BCI/PREA Coordinator at 1800 Elmerton Avenue, Harrisburg, PA 17110*
- d. *Request more information from the Pennsylvania Coalition Against Rape, P.O. Box 400, Enola, PA 17025*

*Methods for Civilians to Report Sexual Abuse or Sexual Harassment:*

- a. *Incidents of sexual abuse, sexual harassment and retaliation can be reported in writing by sending correspondence via U.S. mail to the BCI/PREA Coordinator at 1800 Elmerton Avenue, Harrisburg, PA 17110*
- b. *Submit a report online at [www.tipssubmit.com](http://www.tipssubmit.com) using the PREA Complaint Form*

The facility has the proper signage for third party reporting posted in the facility and at the entrance.

### **Standard 115.261 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*G. Staff/Volunteer/Contractor Reporting:*

- a. *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 residents 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. (PREA 115.261.a)*
- b. *Any information regarding sexual misconduct that is received by any staff member/volunteer/contractor shall be immediately reported to the Facility Director, PREA Coordinator, or PREA Compliance Manager directly.*



- c. *Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions (PREA 115.261.b)*
- d. *KCSI shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the BCC Management Operations Center for investigation (PREA 115.261.b)*
- e. *KCSI shall protect residents and staff/volunteers/contractors who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff/volunteers/contractors and shall designate. KCSI Facility Director, PREA Coordinator, and designated management level staff will monitor retaliation and report any instances to the BCC Management Operations Center.(PREA 115.267)*

When I interviewed the random staff I was impressed with the answers related to staff reporting. All of the staff understood the importance of reporting, what their duties were, and how to effectively report this information. The staff also understood the internal reporting system as well as the external reporting avenues. They all understood the importance of keeping the information reported to them private as well as all applicable mandatory reporting laws.

**Standard 115.262 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

All of the staff interviewed understood their duties to protect a resident, they all responded in the same manner, they would act immediately. The facility has deemed the conference room, as the safe area for a resident. The staff also recognized the importance of separating the alleged offender from further interaction with any other residents; they all related that they would have the alleged offender under constant supervision.

**Standard 115.263 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*I. Reporting Incidents from other Confinement Facilities:*

- a. *Upon receiving an allegation that a resident was sexually abused while confined at another facility/program, the PCM shall notify the BCC Management Operations Center for investigation.*

All staff understood their responsibilities if an incident were reported to them which allegedly occurred at another facility. All reports such as this will go through the BCC Operations Center.

The facility has not had any incident where they needed to report to another confinement facility.

#### **Standard 115.264 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

- F. *Official Response Following a Resident Report: Staff First Responder Duties (PREA 115.264.a)*
- a. *Separate the alleged victim and abuser*
  - b. *If within time frame that still allows for the collection of evidence, instruct the victim to not shower, brush teeth, urinate, defecate, eat, drink, change clothing, or anything else that would destroy evidence*
  - c. *Staff will not interview the victim or anyone else*
  - d. *Preserve/protect the crime scene(s)*
  - e. *KCSI shall develop an institutional plan to coordinate actions taken in the response to an incident of sexual abuse, among staff first responders, medical and mental health providers, investigators, and facility leadership (PREA 115.264).*
  - f. *If first responders are not security staff, all contractors and volunteers are instructed to request that no actions are taken to destroy evidence and notify staff immediately. (115.264.b)*

During the staff interviews I found that the staff understands their duties as to responding to an incident. They all advised me that they would act immediately and make the protection of the resident their first priority.

This was confirmed during the review of the investigations conducted at the facility.

**Standard 115.265 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

The facility has a Letter of Agreement with Harrisburg Hospital/Pinnacle Health for forensic examinations. The hospital provides forensic examinations by a Sexual Assault Nurse Examiners (SANEs). The Letter of Agreement is dated June 9, 2015.

The facility utilizes YWCA Greater Harrisburg for victim advocacy. The Letter of Agreement is dated April 12, 2016.

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

The Pennsylvania Department of Corrections and the Pennsylvania State Police entered into a Memorandum of Understanding as it relates to the investigative process of PREA allegations, this MOU was entered into on September 24th 2013. The Pennsylvania State Police agrees to conduct the investigations of sexual abuse in facilities, the investigators and Forensic Services Unit members are highly trained in identifying and collecting evidence in sexual assault investigations. The Pennsylvania State Police has policies and procedures in place that exceed this standard.

The coordinated response to any incident at the facility is conducted by the PA DOC.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

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

The PREA Coordinator verified that it is the facilities practice to remove a staff member from contact with residents after an allegation of misconduct by the staff member. This practice has been in place well before the PREA Standards were enacted.

This practice shows the facilities ongoing efforts to protect residents and provide a safe and healthy atmosphere.

### **Standard 115.267 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

- e. KCSI shall protect residents and staff/volunteers/contractors who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff/volunteers/contractors and shall designate. KCSI Facility Director, PREA Coordinator, and designated management level staff will monitor retaliation and report any instances to the BCC Management Operations Center.(PREA 115.267)*

I reviewed the Bureau of Community Corrections Retaliation Monitoring form; which would be utilized during a reported incident of retaliation.

The PREA Coordinator would be tasked with monitoring any reported retaliation. During my interview with the PREA Coordinator she understood her role in monitoring retaliation.

There have been no PREA incidents that have required investigations for retaliation.

### **Standard 115.271 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

The Pennsylvania Department of Corrections conducts all administrative investigations, the Pennsylvania State Police conducts all criminal investigations. The PA DOC policy reads as follows:

*BCC-ADM 008 Section 5-Investigations and Retaliation Monitoring addresses criminal and administrative agency investigations. The policy reads as follows:*

*The Bureau Director/designee shall ensure every reported incident/allegation of sexual abuse and/or sexual harassment of a resident is investigated promptly, thoroughly, objectively, and a confidential report compiled as outlined in Department policy 8.3.1, "Bureau of Community Corrections Security," Section 35. (§115.271[a])*

*8.3.1 Section 35-Investigations further states the following:*

## *A. Responsibilities*

1. *All Department and Contract managers shall ensure that employees enforce and comply with the outlined procedures, take corrective action regarding non-compliance and document appropriately.*
2. *The Bureau Major/designee shall ensure:*
  - a. *PREA related investigations are reported to the Office of Special Investigations and Intelligence (OSII), for tracking, utilizing the Sexual Abuse Coversheet (Attachment 35-A) via the CR, CEN Sexual Abuse email account;*
  - b. *non-PREA related physical abuse and fraternization investigations are reported to the Office of Special Investigations and Intelligence (OSII), for tracking, utilizing the Inmate Abuse Coversheet (Attachment 35-B) via the CR, CEN Inmate Abuse email account;*
  - c. *other administrative investigations are assigned an internal tracking number;*
  - d. *all investigations are assigned a due date and processed accordingly.*
3. *Depending on the seriousness of the allegation, an accused staff member, contract service provider, volunteer, intern or an individual who has business with or uses the resources of the Agency may be suspended or otherwise removed from contact with residents, pending the outcome of the investigation. This decision will be made by the Bureau Director/designee on a case-by-case basis.*
  - a. *Department of Corrections employee suspensions procedures are outlined in Department policy 4.1.1.*
  - b. *Contract employee suspensions shall be at the discretion of the contract agency head, in consultation with the Bureau Director/designee.*
4. *Investigators shall:*
  - a. *conduct each investigation as outlined in this Section;*
  - b. *complete each investigation no later than the assigned due date;*
  - c. *stop the administrative investigation if, at any point, the quality of the evidence appears to support criminal prosecution and discuss the next course of action with the Bureau Major/designee. Compelled interviews shall not be conducted by BCC investigators. The administrative investigation shall be placed on hold until the conclusion of the criminal investigation unless otherwise approved by the Bureau Director/designee; (§115.271[d])*
  - d. *endeavor to remain informed about the progress of the criminal investigation (§115.271[l]); and*
  - e. *inform the Bureau Major/designee of any delays, difficulties or extension requests.*
5. *Employees may not discuss any active investigation regardless of the level of information they are privy to.*
6. *Employees shall fully cooperate with any administrative or criminal investigation conducted on behalf of the Department. Failure to cooperate may result in disciplinary action and/or criminal prosecution. (§115.271[d])*

## *B. PREA Related Administrative Investigations*

1. *PREA related administrative investigations shall be conducted by staff trained in accordance with BCC-ADM 008.*
2. *Investigators shall: (§115.271[c])*
  - a. *gather and/or preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;*
  - b. *interview alleged victims, suspected abusers, and witnesses; and*
  - c. *review prior complaints and reports of sexual abuse involving the suspected abuser.*
3. *Investigations shall be conducted to determine internal discipline and contract violations for the following:*
  - a. *every reported incident/allegation of sexual harassment of an offender; and*
  - b. *every reported incident/allegation of sexual abuse of an offender.*
4. *The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation. (§115.271[j])*
5. *The investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse and documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. (§115.271[f])*
6. *No standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated. (§115.272) DEFINE PREPONDERANCE*
7. *CCC investigations shall be conducted by trained Department employees.*
8. *CCF investigations shall be conducted as follows:*
  - a. *When the allegation/incident involves a DOC funded offender (either victim or abuser) the administrative investigation will be conducted by the PA DOC.*
  - b. *When the allegation/incident involves only non-DOC funded residents the Bureau Major/designee shall advise the CCF to:*
    - 1) *conduct the administrative investigation in compliance with the national PREA standards; and*
    - 2) *report the incident to outside law enforcement for possible criminal investigation.*

I have reviewed all facility investigations on PREA allegations. I found that the investigations are complete and thorough.

The Pennsylvania Department of Corrections and the Pennsylvania State Police entered into a Memorandum of Understanding as it relates to the investigative process of PREA allegations, this MOU was entered into on September 24th 2013. The Pennsylvania State Police agrees to conduct the criminal investigations of sexual abuse in facilities.

### **Standard 115.272 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

The following PA DOC policy applies to administrative investigations:

*8.3.1 Section 35-Investigations addresses evidentiary standards for administrative investigations. The policy reads as follows:*

*No standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated. (§115.272)*

I have reviewed all investigations on PREA allegations. I found that the level of preponderance of the evidence has been consistently applied to these investigations.

### **Standard 115.273 Reporting to residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

The following PA DOC policy applies to reporting to residents:

*BCC-ADM 008 Section 8-Notification to Residents addresses reporting to residents. The policy reads as follows:  
Section 8 – Notification to Residents*

#### *A. General*

- 1. The PREA Compliance Manager (PCM) shall document all notifications or attempted notifications via the Resident Notification – PREA (Attachment 8-A) form. (§115.273[e])*
- 2. All completed forms shall be placed in the resident's file and a copy forwarded to the PREA Captain/designee and Contract Facility Coordinator (CFC) (if applicable).*
- 3. Notifications shall occur even in instances where a resident has been transferred to another facility in the Department of Corrections (DOC).*
- 4. The Department's obligation to report the results of the investigation or other actions under this policy shall terminate if the resident is released from the Department's custody. (§115.273[f])*

*B. Notification Process*

- 1. Following the investigation into a resident's allegation that he or she suffered sexual abuse or sexual harassment in a facility operated/contracted by the DOC, the PCM at the facility where the resident is housed shall inform the resident, in writing, as to whether the allegation has been determined to be: (§115.273[a])*
  - a. Substantiated – an allegation that was investigated and determined to have occurred.*
  - b. Unsubstantiated – an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.*
  - c. Unfounded – an allegation that was investigated and determined not to have occurred.*
- 2. If another agency conducted the investigation, the Bureau of Community Corrections (BCC) PREA investigator will request the relevant information from the investigative agency and forward it to the PCM, who will inform the resident. (§115.273[b])*
- 3. Following a resident's allegation that a staff member has committed sexual abuse or sexual harassment against the resident, the PCM shall subsequently inform the resident when any of the following occur: (§115.273[c])*
  - a. the staff member is no longer posted within the resident's unit;*
  - b. the staff member is no longer employed at the facility;*
  - c. the agency learns the staff member has been criminally charged related to sexual abuse or sexual harassment within the facility; or*
  - d. the agency learns that the staff member has been convicted on a charge related to sexual abuse or sexual harassment within the facility.*
- 4. Following a resident's allegation that he or she has been sexually abused or sexually harassed by another resident, the PCM shall subsequently inform the alleged victim whenever: (§115.273[d])*
  - a. the agency learns that the alleged abuser has been criminally charged related to sexual abuse or sexual harassment within the facility; or*
  - b. the agency learns that the abuser has been convicted on a charge related to sexual abuse or sexual harassment within the facility.*
- 5. These notifications apply to the victim only. Third party reporters will not be notified of outcomes and/or actions.*

I reviewed the Resident Notification – PREA (Attachment 8-A) form, this form is complete and meets all requirements enumerated in the standard.

I have reviewed all investigations on PREA allegations and found the Resident Notification Forms, are being completed for all notifications to the residents.



**Standard 115.276 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*B. Disciplinary Sanctions for staff:*

- a. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Additionally, staff may be subject to criminal sanctions.*
- b. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment may be imposed depending on the severity of violation and the employees disciplinary history (PREA 115.276.c)*
- c. Termination shall be the presumptive disciplinary sanction for staff who engaged in sexual abuse. (PREA 115.276.b). All terminations or resignations of staff for sexual abuse shall be reported to law enforcement agencies and to any relevant licensing bodies (PREA 115.276.d)*

In the past 12 months, there has not been any staff found to have violated agency sexual abuse or sexual harassment policies

**Standard 115.277 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*C. Disciplinary Sanctions for Volunteers and Contractors*

- a. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. (PREA 115.277.a)*
- b. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact*

*with residents in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer (PREA 115.277.b)*

Interviews indicated that if any volunteer or contractor violated the sexual abuse or sexual harassment policies, their security clearance would be temporarily suspended until the investigation was complete. If the investigation found any violation of criminal law, the investigation would be turned over for prosecution. Any substantiated investigation would result in the indefinite suspension of the individual's security clearance.

The facility has had no PREA related incidents involving volunteers or contractors.

This was confirmed through staff interviews and review of all investigations.

#### **Standard 115.278 Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*D. Disciplinary sanctions for Residents*

*a. Disciplinary sanctions for residents will be determined by the Pennsylvania Department of Corrections, Bureau of Community Corrections. (PREA 115.278.a)*

The facility did not have any incidents related to PREA where residents were disciplined.

This was confirmed through staff interviews and review of all investigations.

#### **Standard 115.282 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*TREATMENT OF RESIDENT VICTIMS*

- A. *Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by the medical and mental health practitioners according to their professional judgment. (PREA 115.283*
- B. *Resident 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. (PREA 115.282.c)*
- C. *Treatment services shall be 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. (PREA 115.282.d)*

The facility has a Letter of Agreement with Harrisburg Hospital/Pinnacle Health for forensic examinations. The hospital provides forensic examinations by a Sexual Assault Nurse Examiners (SANEs). The Letter of Agreement is dated June 9, 2015.

The facility utilizes YWCA Greater Harrisburg for victim advocacy. The Letter of Agreement is dated April 12, 2016.

The aforementioned services have not been utilized within the last 12 months.

This was confirmed through staff interviews and review of the investigations.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*TREATMENT OF RESIDENT VICTIMS*

- A. *Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by the medical and mental health practitioners according to their professional judgment. (PREA 115.283*
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The facility has a Letter of Agreement with Harrisburg Hospital/Pinnacle Health for forensic examinations. The hospital provides forensic examinations by a Sexual Assault Nurse Examiners (SANEs). The Letter of Agreement is dated June 9, 2015.

The facility utilizes YWCA Greater Harrisburg for victim advocacy. The Letter of Agreement is dated April 12, 2016.

The aforementioned services have not been utilized within the last 12 months.

This was confirmed through staff interviews and review of the investigations.

### **Standard 115.286 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **EVIDENCE OF COMPLIANCE:**

*Keystone Correctional Services, Inc. Prison Rape Elimination Act (PREA) Policy and Procedure Manual, with a revision date of March 15, 2016. The policy states in part:*

*KCSI will develop a committee to review all incidents that occur inside the facility at the conclusion of the investigation and the outcome. (PREA 115.286.a)*

Incidents are reviewed at both the facility level and at the PA DOC level.

Through interviews it was confirmed that if a problem or trend is identified they would immediately implement a corrective action plan.

### **Standard 115.287 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **EVIDENCE OF COMPLIANCE:**

All data for this facility is collected at the PA DOC level, this was confirmed through interviews with PA DOC Central Office. The PA DOC policy reads as follows:

*BCC-ADM 008 Section 1- Data Collection addresses the collection of data, data review for corrective action, and data storage, publication and destruction. . The policy reads as follows:*

## *Section 1 – Data Collection*

*The Department’s Bureau of Planning, Research, and Statistics (BPRS) 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. (§115.287[a])*

### *A. Department’s Annual Prison Rape Elimination Act (PREA) Report*

- 1. The BPRS shall review data collected and aggregate it annually pursuant to PREA Auditing Standard §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by: (§115.287[b]) (§115.288[a])*
  - a. identifying problem areas;*
  - b. taking corrective action on an ongoing basis; and*
  - c. preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.*
- 2. All data information shall be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (§115.287[d])*
- 3. Incident-based aggregate data will also be collected from every private facility the Department contracts with for the confinement of residents. (§115.287[c]) Information collected will be related to incidents involving Department-Funded Residents (DFR) as either victim or abuser. (§115.287[e])*
- 4. 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 each year;*
  - c. the number of ongoing investigations as of December 31 for each facility;*
  - d. comparison of 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 required by the Department of Justice; and (§115.287[c])*
  - f. the report shall include a comparison of the current year's data and corrective actions taken to reduce the incident of sexual abuse, sexual harassment, and retaliation with those from prior years, and shall provide an assessment of the Department's progress in addressing sexual abuse. (§115.288[b])*
- 5. The Department shall make all aggregated sexual abuse data information listed in Subsection A.4. above, from facilities under its direct control and contracted facilities, readily available to the public through the Department website, at least annually. (§115.289[b])*

6. *The Annual PREA Report shall be approved by the Secretary, provided to the Department of Justice and posted on the Department website by June 30 of each year. (§115.287[f]) (§115.288[c])*
7. *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. (§115.289[a][d])*
8. *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. (§115.289[c]) (§115.288[d])*

I was informed that OSII collects data through the investigative process; data is also collected utilizing the WebTAS system which collects pertinent information. The agency further collects the information from the reports submitted by the Pennsylvania State Police during a criminal investigation.

The facilities submit data on a monthly report; this facility has not had any reports of PREA incidents.

#### **Standard 115.288 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **EVIDENCE OF COMPLIANCE:**

All data for this facility is collected at the PA DOC level, this was confirmed through interviews with PA DOC Central Office. The PA DOC policy reads as follows:

*BCC-ADM 008 Section 1- Data Collection addresses the collection of data, data review for corrective action, and data storage, publication and destruction. . The policy reads as follows:*

##### *Section 1 – Data Collection*

*The Department's Bureau of Planning, Research, and Statistics (BPRS) 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. (§115.287[a])*

##### *A. Department's Annual Prison Rape Elimination Act (PREA) Report*

1. *The BPRS shall review data collected and aggregate it annually pursuant to PREA Auditing Standard §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by: (§115.287[b]) (§115.288[a])*
  - a. *identifying problem areas;*
  - b. *taking corrective action on an ongoing basis; and*

- c. *preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.*
2. *All data information shall be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (§115.287[d])*
3. *Incident-based aggregate data will also be collected from every private facility the Department contracts with for the confinement of residents. (§115.287[c]) Information collected will be related to incidents involving Department-Funded Residents (DFR) as either victim or abuser. (§115.287[e])*
4. *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 each year;*
  - c. *the number of ongoing investigations as of December 31 for each facility;*
  - d. *comparison of 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 required by the Department of Justice; and (§115.287[c])*
  - f. *the report shall include a comparison of the current year's data and corrective actions taken to reduce the incident of sexual abuse, sexual harassment, and retaliation with those from prior years, and shall provide an assessment of the Department's progress in addressing sexual abuse. (§115.288[b])*
5. *The Department shall make all aggregated sexual abuse data information listed in Subsection A.4. above, from facilities under its direct control and contracted facilities, readily available to the public through the Department website, at least annually. (§115.289[b])*
6. *The Annual PREA Report shall be approved by the Secretary, provided to the Department of Justice and posted on the Department website by June 30 of each year. (§115.287[f]) (§115.288[c])*
7. *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. (§115.289[a][d])*

8. *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. (§115.289[c]) (§115.288[d])*

During the audit I reviewed the PREA Summary Reports from 2011, 2012, 2013, and the 2013 and 2014 Annual reports.

Through interviews it was confirmed that if a problem or trend is identified they would immediately implement a PREA Audit Report

corrective action plan in conjunction with facility administration. This was further confirmed with the facility PREA Coordinator.

During the staff interviews I found that data is being forwarded on a monthly basis for review.

### **Standard 115.289 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **EVIDENCE OF COMPLIANCE:**

All data for this facility is collected at the PA DOC level, this was confirmed through interviews with PA DOC Central Office. The PA DOC policy reads as follows:

*BCC-ADM 008 Section 1- Data Collection addresses data storage, publication and destruction. . The policy reads in part:*

*The Department shall make all aggregated sexual abuse data information listed in Subsection A.4. above, from facilities under its direct control and contracted facilities, readily available to the public through the Department website, at least annually. (§115.289[b])*

*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. (§115.289[a][d])*

*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. (§115.289[c]) (§115.288[d])*

All of the data collected by the agency is kept on a secure server with limited access. I reviewed the issued 2014 PREA Annual Report and found it to be complete, all data is contained within the report, and all identifiers have been removed.



## AUDITOR CERTIFICATION

I certify that:

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

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06/12/16

Auditor Signature

Date