

# PREA Facility Audit Report: Final

**Name of Facility:** Cumberland County Prison

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 02/19/2020

**Date Final Report Submitted:** 03/07/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Edward Sweeney	<b>Date of Signature:</b> 03/07/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	Sweeney, Edward
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<b>Email:</b>	sweeneycorrections@gmail.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	07/15/2019
<b>End Date of On-Site Audit:</b>	07/17/2019

<b>FACILITY INFORMATION</b>	
<b>Facility name:</b>	Cumberland County Prison
<b>Facility physical address:</b>	1101 Claremont Rd, Carlisle, Pennsylvania - 17015
<b>Facility Phone</b>	7172458787
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Michael Eickhoff
<b>Email Address:</b>	meickhoff@ccpa.net
<b>Telephone Number:</b>	7172458752

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Travis Shenk
<b>Email Address:</b>	tshenk@ccpa.net
<b>Telephone Number:</b>	7172458750

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Shana Palmer
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<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	612
<b>Current population of facility:</b>	342
<b>Average daily population for the past 12 months:</b>	412
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	18 and older
<b>Facility security levels/inmate custody levels:</b>	work release/ min/med/max
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	142
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	20
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	91

AGENCY INFORMATION	
<b>Name of agency:</b>	Cumberland County Prison
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1101 Claremont Rd, Carlisle, Pennsylvania - 17015
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Mike Eickhoff	<b>Email Address:</b>	meickhoff@ccpa.net

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) on-site audit of the Cumberland County Prison (CCP), located in Carlisle, PA was conducted on July 15 through 17, 2019 by Edward Sweeney, U.S. Department of Justice Certified PREA Auditor for adult facilities. The audit was completed by a single auditor without any affiliation with a third party or parent agency. The auditor was contacted by the facility warden several months ago to begin discussions regarding the facilitation of an audit. The warden saw my name on the published list of certified auditors in PA. This was the first PREA audit undertaken by CCP. The contract was executed on January 23, 2019; however, the existing warden retired several weeks later, and the new warden asked to delay the audit for several months. An audit process map and a document checklist were emailed to the warden before the execution of the contract.

### NOTICE OF AUDIT

The notice of the impending on-site PREA audit was posted throughout the jail facility on May 31, 2019. The notices, in both English and Spanish language, were printed on yellow sheets of paper advised inmates, visitors, staff, contractors, and volunteers of the purpose for the audit and a mailing address to express any concerns they may have. Electronic photographs of the posted notices at CCP were sent to the auditor via email to confirm timely posting. The auditor advised the PREA Coordinator to ensure that any correspondence mailed to the auditor is not screened or destroyed regardless of a return address and/or name on the envelope. The auditor received one piece of mail during the ensuing six weeks from a CCP inmate, and no written correspondence from any staff members or other parties.

### INTERNET RESEARCH

Internet research of CCP indicated no public history of PREA related allegations or events. This is the first PREA audit being undertaken at CCP and therefore there are no prior annual reports posted on the internet. CCP does have a PREA link on its website which reads "The Cumberland County Prison maintains a zero-tolerance for offender-on-offender sexual activity, including but not limited to sexual abuse or assault, and staff sexual misconduct and sexual harassment towards offenders. Every allegation of sexual assault/misconduct and harassment is thoroughly investigated. This zero-tolerance policy applies to all prison staff, contracted vendor staff, service providers, and volunteers. Any allegations and/or incidents of this nature should be reported to prison authorities as soon as possible."

### AUDIT PROCESS PLANNING

The auditor initiated the request to the PREA Resource Center to utilize the Online Audit System (OAS) on May 28, 2019. Shortly thereafter CCP PREA Coordinator, Deputy Warden Michael Eickhoff received authorization to access the OAS to answer the pre-audit questions regarding CCP's compliance with all standards delineated in the act and to upload the related, standard specific, documentation. The completed pre-audit information was made available to the auditor on June 24, 2019. The auditor thereafter undertook a comprehensive review of the provided information, identifying gaps or missing information. The auditor, utilizing the Issue Log process, initiated several email and telephonic communications with the PREA Coordinator and the Warden between 6/25/19 and 7/12/19 to get the additional required information, as well as to explain the underpinning requirements for standards, and to get a better understanding of existing processes in place at CCP.

A telephonic kick-off telephone call involving the auditor, the PREA Coordinator, and the facility Warden occurred on 7/05/19. During the call the following topics were reviewed: audit logistics; unimpeded access to the facility, inmates, staff, and documents include all staff, inmate, and investigative files; audit process; role of the auditor; review of practices; establishing expectations; purpose of corrective action; and setting the timelines for future communications and completion of the audit. During the call, Warden Shenk confirmed that he had the PREA process map which I had sent to his predecessor. As part of the audit logistics discussion the auditor advised the PREA Coordinator to have the following lists prepared for the first day of the audit for interview selections and document sampling: complete inmate roster noting inmates with physical disabilities; inmates with cognitive disabilities; inmates with limited English proficiency (LEP); lesbian, gay, bi-sexual, transgender, or intersex (LGBTI) inmates; inmates in segregated housing; inmates who reported sexual abuse; inmates who reported prior sexual victimization during intake risk screening; complete staff roster; names and contact information for specialized staff (intermediate or high-level staff who perform unannounced rounds, human resource staff, Sexual Assault Forensic Examiner, investigators, staff member responsible for monitoring retaliation); contractor staff who have contact with inmates; volunteers who have contact with inmates; all grievances and incident reports filed in the 12-month audit term; all allegations of sexual abuse and sexual harassment reported for investigation in the 12-month audit term; and all hotline calls made during the 12-month audit term. The 12-month term of activity subject to review for this audit was July 16, 2018, to July 15, 2019.

#### ON-SITE PORTION OF AUDIT

On the morning of July 15, 2019, the auditor arrived at CCP for purposes of conducting an on-site tour of the facility and interviewing inmates, staff, volunteers, and contractors. Upon arrival, the auditor reviewed with the PREA Coordinator the audit process completed to date and the plan of action going forward. The auditor was given a housing unit report listing all 336 inmates in custody that morning. The names of inmates who fell into particular target groups for interviewing were notated on the list and included one inmate with physical disabilities, three inmates with cognitive disabilities, three were with LEP, 16 were noted as LGBTI, 12 were in segregation, one had reported a PREA violation during the audit period, and three who had reported having been victimized previously while living in the community. The auditor was also given the facility staff roster for all three shifts for each day of the audit, and a list of 91 volunteers who interact with inmates at CCP.

The on-site portion of the audit spanned three days, concluding on July 17, 2019, and the auditor encountered no barriers regarding the performance of the audit.

The auditor toured the facility, along with the PREA Coordinator, and was given full access to all areas of the facility including, but not limited to, all housing units and adjoining in-door and outdoor recreation areas, staff control rooms, booking, and discharge area, medical department, program spaces, food service preparation, laundry, sewing room, warehouse, staff dining, staff training areas, staff locker room, maintenance, office spaces, storage spaces, and stair towers. The facility appeared to be well-staffed, including the presence of uniformed supervisors on all three shifts. All areas were clean and had good lighting. The facility appears to have been well maintained. The food service area did not have full camera coverage and varied blind spots, or areas of potential concern, were pointed out to the PREA Coordinator during the tour. PREA Coordinator Eickhoff indicated that a camera upgrade is one of his goals and all aspects of PREA would be taken into consideration when preparing the plan.

Each time the auditor entered a female housing unit, the female officer stationed there made an announcement – “man on the unit.” The auditor noticed, and uniformed supervisory staff mentioned in their interviews, that the assigned housing unit officer, who is the same gender as the inmate population, will routinely walk about ten feet in front of the opposite gender visitor, to ensure inmates in cells or shower areas are not disrobed nor in direct view. This is a noteworthy promising practice.

While traversing the facility the auditor noted the location of cameras and mirrors, staff supervision of inmates, placement of posters and PREA informational resources, camera monitoring, booking and

discharge procedures, and shower/toilet areas. Notices of the scheduled three-day audit were printed on bright yellow paper and observed on every housing unit, in the window of every control booth, lobby, medical department, group rooms, food service area, and on the window glass of varied office doors. The auditor talked informally with staff and inmates while traversing the facility throughout the visit, answering questions and obtaining further information.

The auditor observed the intake process and spoke with varied staff regarding how the screening information is collected and used for classification. Some of the required screening information was being gathered during the medical portion of the intake but not all. No related questions were being asked or observations recorded by custody staff during the basic portion of the intake. Inmate booking records are stored in a secure file room located in the booking area.

Following booking, the inmates are moved into intake housing areas while they await classification and assignment to more permanent housing. A video of a CCP lieutenant reading the CCP handbook aloud is played every day in the male and female intake areas. The handbook includes PREA information.

The information collected by medical staff during intake was not being systematically conveyed to the housing classification decision-makers. There was no evidence that any of the PREA required screening information was being considered for classification. The screening and classification processes will require corrective action.

As for reporting mechanisms, the auditor observed that CCP does not have an effective system in place to allow inmates to privately submit written grievances or general communications. All inmate request slips or grievances must be turned over to a staff person who would carry the slips to the administrative area for sorting at the end of each shift. This practice does not comport with PREA standards and will require corrective action.

The inmate telephone "hotline" notification system in place at CCP allows the caller to leave a recorded message, and messages are then listened to by the PREA Coordinator or a designee. During the onsite portion of the audit, the auditor used the telephones on varied housing units to test the process and found it to be in good working order. This "hotline" process works to allow inmates to make a private notification to jail officials however it does not satisfy the standard which requires an avenue for inmates to contact a separate agency to share any PREA related concerns, and to do so anonymously if they wish. The telephonic PREA notification system will require corrective action.

#### INMATE INTERVIEWS

While on-site, the auditor interviewed 27 inmates (19 male and 8 female); three of the inmates were housed in segregation and 24 were housed in the general population. All the inmate interviews were conducted in a comfortable private office setting. The participants were selected from every inmate housing unit. Beyond the inmates who were from target groups, the auditor selected every fifth inmate name from the housing unit reports to the extent necessary to capture a representative sample from each group and housing unit. 11 of the 27 inmates interviewed were selected at random and 16 were selected from target groups who may be at greater risk of sexual victimization. One inmate who was interviewed needed language translation services; the facility staff made the telephonic connection with Language Line interpretation services for the auditor, then left the office to allow the auditor to perform the interview of the inmate with LEP in private. Six of the inmates interviewed identified as gay, lesbian or bisexual, one had physical disabilities, three had cognitive disabilities, three reported prior victimization, one made an allegation of "sexual abuse" or "sexual harassment" within the 12 month audit period, and one inmate who wrote to the auditor. When interviewed, the inmate who wrote to the auditor talked about an incident that happened five years ago, while he was at another jail facility. The staff at CCP was aware of his issue, and that was the reason the inmate was transferred to CCP. His transfer to CCP occurred before the audit period.

The length of stay for the inmates who were interviewed ranged from three days to 35 months. There were no inmates who identified themselves as transgender or intersex contemporaneously incarcerated,

however, CCP housed transgender inmates in the prior 12 months, and those files were reviewed. There were no inmates assigned to segregation in the prior 12 months due to the risk of sexual victimization. Inmates were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. The inmates largely indicated that they were aware of and understood the PREA protections and the agency's zero-tolerance policy. Inmates incarcerated in the past few months indicated that they received written material at intake that provided information about PREA and the required PREA protections.

Inmates indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone number to call to report sexual abuse or harassment although they've not received any comprehensive education regarding PREA. Inmates were able to articulate to the auditor what they would do and who they would tell if they were being sexually abused or sexually harassed. All inmates interviewed indicated to the auditor that they felt safe in the facility. The auditor observed no established process for the comprehensive education of inmates within 30 days of commitment, and the PREA Coordinator confirmed no such education component was in place. CCP has also not provided education to the existing inmate population. Inmate education efforts will require corrective action.

#### INTERVIEWS OF STAFF, CONTRACTORS, VOLUNTEERS, AND OUTSIDE AGENCY REPRESENTATIVES

The auditor performed 12 random interviews of CCP uniformed staff in connection with this audit. The 12 included seven corrections officers, four corporals, and one lieutenant. The interviews took place in a private comfortable setting and all staff freely participated. Interviews of the random staff were conducted onsite using the DOJ protocol to learn about the subjects' PREA training experience, overall knowledge of the agency's zero-tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and the duties of first responders. Four random staff were selected by the auditor from each shift during the three-day onsite portion of the audit. The auditor attempted to select both male and female staff who were assigned to a variety of functions or posts. The auditor performed 22 interviews of individuals who perform PREA related specialized functions in connection with this audit. The specialized function interviewees included the facility PREA Coordinator, Warden, two medical and mental health service provider representatives, two intake/classification staff, training officer, human resource representative, internal investigator, six uniformed supervisors, four contract staff, a representative from Carlisle hospital, a Middlesex Township police detective, a YWCA rape crisis service provider. The interviews of individuals who perform specialized functions occurred at the facility and/or via telephone communications.

The facility staff interviewed consistently represented that they had received detailed PREA training and could articulate the meaning of the agency's zero-tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting, and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for inmates and staff to use to report any concerns they may have regarding sexual abuse or sexual harassment. Additionally, staff appeared to be well trained on the PREA first responder's protocol for any PREA related allegation: staff was able to explain exactly the steps they would follow if they were the first responder to an incident. Two PrimeCare Medical staff members were interviewed, and both had a strong general awareness of PREA and their roles in furtherance of ensuring the sexual safety of inmates. It became apparent during the interviews however, that they were not taking all the necessary steps in response to some of the questions that were being asked and answered by inmates during intake. Corrective action will be required in this area.

Two ARAMARK food service staff members were interviewed and neither had an adequate understanding of PREA and they were not able to recall or describe the appropriate level of training.

Corrective action will be required in this area.

The auditor spoke via telephone to the Executive Director of the YWCA Carlisle to discuss and confirm the Memorandum of Understanding (MOU) in place with CCP to provide rape crisis services. YWCA Carlisle provides the same services for the PA State Department of Corrections prison facility in Camp Hill, which is just a few miles away from CCP. The auditor also spoke with the Forensic Nurse Manager at Carlisle Hospital (UPMC Pinnacle) to discuss the ongoing availability of SANE forensic services at the hospital for victims of sexual abuse, including inmates from CCP. Both agencies are ready and able to provide services when called upon.

#### DOCUMENT REVIEWS

While onsite the auditor was provided a detailed list of all sexual abuse and sexual harassment allegations made during the audit period, the administrative investigation files, the findings, and the PREA log. During those 12 months, CCP reported having investigated five allegations of sexual abuse or sexual harassment, as defined by PREA, and all five of those records were reviewed by this auditor. Five other allegations were listed as being potential PREA incidents, but after the investigations were complete, they were found to not meet the PREA definitions of sexual abuse or sexual harassment. The auditor also reviewed these additional five cases.

All allegations appear to have been fully investigated and properly handled. One allegation of inmate-on-inmate sexual abuse, reported by a third-party, was determined to be "unfounded;" one allegation of inmate-on-inmate sexual harassment was determined to be "substantiated;" and three allegations of inmate-on-inmate sexual harassment were found to be "unsubstantiated." Administrative investigations into allegations of sexual abuse and sexual harassment were conducted by managerial staff who have been trained in the performance of investigations and have completed specialized training for conducting investigations of sexual abuse in confinement settings. No cases from the audit period were pending, and no cases were referred to have been referred to the Middlesex Township Police Department for criminal prosecution. The lead Middlesex detective, who was interviewed as part of this audit, is also trained in investigating sexual abuse in a confinement setting. The Middlesex detective described an open and ongoing relationship with CCP staff and a commitment to investigate and prosecute criminal activity at CCP.

During the onsite portion of the audit, the auditor reviewed the personnel files of six staff members, randomly selected by the auditor, to determine compliance with training mandates and background check provisions in the PREA standards. The auditor opened the file cabinet drawer of employee personnel files and selected files of varied sizes. PREA training records, encompassing all years since 2014, were present in every personnel file reviewed. The training Lieutenant also provided the auditor with a listing of PREA training attendees and dates. It became apparent however that the personnel files only had criminal background checks for staff members that were performed before their initial date of hire, and several of them were hired more than five years ago. In response to my question, the PREA Coordinator acknowledged that they had not been performing the required five-year background checks. More personnel file records were not pulled and gleaned due to the clarity of both subject matters being tested. Corrective action will be required.

Case files for six selected inmates in the facility were reviewed to evaluate screening and intake procedures, classification proceedings, and PREA education. The auditor selected the names for the file reviews based on information learned from inmates during their interviews. It became apparent during the review of the records and the course of the audit that, as previously stated, not all the PREA required screening information was being gathered during intake, and what was gathered was not being systematically shared with classification staff. Additionally, it became apparent during the review of the records and the course of the audit that inmates were not receiving comprehensive PREA education within the first 30 days. In response to my question, the PREA Coordinator acknowledged that they had not been providing a comprehensive education. More inmate file records were not pulled and gleaned

due to the clarity of subject matters being tested. Corrective action will be required.

None of the facility volunteers were interviewed and none of their records were sampled because as reported by the PREA Coordinator they were only in the beginning stages of educating volunteers on PREA and collecting the signature verification. Corrective action in this area will be required.

#### CORRECTIVE ACTION PROCESS

On Tuesday, October 1, 2019, following the issuance of the interim report, the auditor met for two hours with CCP Warden Shenk and PREA Coordinator/Deputy Warden Eickhoff, to review the report and formalize expectations regarding the 19 standard sections requiring corrective action, to achieve full compliance prior to the conclusion of the 180-day corrective action period on March 9, 2020. Although the CCP officials were aware of the standard deficiencies identified in the interim audit report, the auditor used this opportunity to explain further the underpinning rationale associated with many of the associated provisions, to help shape the corrective action plan.

Following an active exchange of ideas and information, the auditor and CCP officials agreed on the specific corrective action steps to be taken concerning each noted standard provision, and the associated milestone dates for all deliverable materials to the auditor. The auditor also explained to CCP officials what specific documentation would be required to allow the auditor to check for process compliance, beyond written directives.

Over the ensuing five months the auditor communicated periodically with CCP officials via telephone and email, reviewing new or revised forms, policies, memorandums, training materials, and other PREA related process plans. During each interaction, the auditor provided information to further educate the CCP officials regarding the intent of specific provisions. CCP officials were readily receptive to the auditor's suggestions and minor revisions to forms and procedures that occurred during many of the ensuing discussions.

On March 5, 2020, the auditor revisited CCP to audit varied records to confirm the implementation of agreed-upon procedures and documentation, as well as to interview selected individuals, to verify the institutionalization of the related corrective actions. The details of those document reviews and interviews are more fully described in the corrective action portion for each associated standard provision. Upon completing a full review of available information, the auditor has determined that the facility has now effectively demonstrated compliance with all standards identified by the auditor during the interim audit, as requiring corrective action, and therefore the auditor now finds CCP to be in full compliance with the promulgated PREA standards as of the date of this final report.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Despite its name, the Cumberland County Prison is a local "jail" facility and not a "prison" as defined by the Prison Rape Elimination Act. CCP is the only adult correctional facility under the governance of the County of Cumberland, PA. CCP, located in Carlisle, Pennsylvania, is a 720-bed secure jail facility for male and female inmates who are serving a local sentence, pretrial detainees, or inmates awaiting transfer to state prison. Cumberland County Prison does not house Immigration and Customs Enforcement detainees. CCP has per diem contracts to hold inmates for a neighboring county and the United States Marshal's Service.

Although the facility has the physical capacity to house 720 inmates, they've always held far less than that. Several housing units are not occupied and allowing for a 15% classification factor among the open units, the resultant operational capacity is currently 612. The jail's 2018 annual average daily population was 412 and the total inmate population on the first day of the on-site audit was 336; 272 males and 64 females. According to Deputy Warden Eickhoff, approximately seven percent of the population is Latino.

### YOUTHFUL OFFENDERS AND MANDATORY REPORTERS

Pennsylvania law allows youths 15 years or older to be committed directly to adult county correctional facilities when they are charged with identified serious crimes. Warden Shenk told the auditor that they do not hold inmates under the age of 18 years old in CCP, and therefore all standards regarding youthful offenders are not applicable.

Pennsylvania has statutory language which requires employees and contractors to report any knowledge of abuse in publicly funded facilities like CCP.

### PHYSICAL PLANT

The single building jail, originally built in 1986 and expanded 2008, consists of a 12,520 square foot ground floor, a 72,845 square foot main floor, and a 17,350 square foot upper floor. The facility laundry is located on the ground floor along with the maintenance department, staff lockers, and training areas. The main floor is made up of inmate housing units, control rooms, program areas, food service area, warehouse, staff dining office space, visiting areas, courtroom, lobby, and administrative area. The upper floor is limited to the mezzanine level of inmate housing units.

CCP is a direct supervision facility that allows housing unit officers to move around housing units, supervising and interacting with the inmate population. There is no central dining hall or central recreational yard. Meal trays are delivered to each unit and the inmate population on each unit has access to small recreation spaces during defined hours. Inmate movement off of their assigned housing unit is limited. For example, purchased commissary products are delivered to each unit on a rotating schedule and medical staff visits each unit to administer medications several times each day. There are 11 occupied secure housing units for males and four for females. The housing units have 20 cells, ten on the first level and ten on the mezzanine level; translating to an inmate population of 40 or less on each unit. The cells are a combination of single and double occupancy. Staff control rooms are sandwiched between two housing units; they are surrounded by glass and have an egress door to each unit. The control rooms provide a work space for the corrections staff computer, policy manuals, post orders, and other pertinent information and tools needed for them to carry out required duties. Each control room has a monitor which depicts the images of the cameras located in the two adjoining housing units only. One

officer typically manages the two adjoining housing units, moving back and forth, performing rounds and supervising up to 80 inmates. The jail also has male and female work release units which are configured differently, but they are also directly supervised by roaming officers and assisted by cameras.

CCP has several large group spaces for inmate programming. Several organized religious and educational services were going on throughout the three-day onsite portion of the audit.

Showers areas on each housing unit have either one, two, or three shower heads. All shower areas have swinging doors that provide an adequate degree of privacy without sacrificing staff monitoring capability. Each housing unit has access to an outdoor recreation yard. Meals are transported and served on the housing units. Inmate personal visitation is provided via non-contact screen visits. There are private rooms for open-air attorney visits.

There are 183 cameras located throughout the facility. Housing unit control booth staff view live-action images from the cameras located on their respective unit, and central control staff, as well as high-level managers, have access to all camera feeds. The Warden and Deputy Warden (PREA Coordinator) have access to viewing and downloading digitally recorded images from the system as well as live viewing. Most of the cameras are in housing unit day-room spaces, recreation areas, and corridors, but they are also located in certain cells, program areas, kitchen, laundry, warehouse, and other high traffic areas and points of egress. In-cell cameras are positioned to avoid the toilet area, except for the cameras in the intake booking area which use blackout tape on the camera lens to block the view of the toilets.

#### DESCRIPTION OF STAFF AND CONTRACT PERSONNEL

CCP has 142 authorized staff positions, including 118 custody staff. At the time of the audit, only one authorized position was vacant. There are also five contracted food service employees who are employed by ARAMARK, 15 medical service provider staff employed by PrimeCare Medical Services Inc., and 91 authorized volunteers who interact with inmates at CCP.

CCP always has ample male and female corrections officers available for duty, and therefore only male corrections officers supervise the male housing units and only female corrections officers supervise the female units. Non-medical uniformed supervisory personnel, however, do make regular rounds on both male and female housing units, and they are on-duty at CCP all day, every day.

PrimeCare Medical Inc. is the contracted provider who is responsible for the provision of comprehensive medical and mental health services for inmates in the custody of CCP. The facility has on-site medical staff coverage 24 hours a day, seven days a week. The medical area was centrally located inside the facility and appeared to be well staffed. Throughout the onsite portion of the audit, the medical staff was performing medical functions for the inmate population, support and administrative staff were present, and inmates were regularly accessing services.

ARAMARK is the contracted food service provider for CCP, providing supervision of inmate workers in the facility food service area. The food service area included a warehouse for dry goods storage, several walk-in coolers, and freezers, varied stoves, grills, large cooking vats, racks of trays, inmate worker break area, rolling carts, and tray washing equipment, etc. There is a supervisor's office off to the side and a staff workstation in the middle of the work area. There were many cameras in this area but there were also a variety of spaces that did not have open sight lines and were not able to be monitored by the existing cameras.

Cumberland County Prison is inspected by the Pennsylvania Department of Corrections every two years to ensure compliance with state promulgated standards that apply to county jails. Their last state inspection occurred in April of 2019. There were no findings of non-compliance with the state regulatory standards.

CCP's medical service program is accredited by the National Commission on Correctional Health Care. Their most recent accreditation was completed in January 2018.



## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	45
<b>Number of standards not met:</b>	0

After reviewing all the collected PREA related information, and conducting numerous inmate and staff interviews, the auditor found that the leadership team at CCP is committed to ensuring the sexual safety of inmates in their charge. They have expended significant time and effort to develop and implement policies and practices in keeping with the key aspects of PREA. Although CCP has been providing staff training on PREA since 2013, this is their first formal audit, and significant corrective action in a variety of areas will be required to achieve full compliance with the Act.

On the final day of the audit, a one-hour meeting was held with CCP leadership during which the auditor presented preliminary audit findings, including areas of strength and areas which will require corrective action.

Corrective action will be required in the following 19 standard areas to achieve compliance.

115.15 - Limits to cross-gender viewing and searches

115.16 – Inmates with disabilities and inmates who are limited English proficient

115.17 – Hiring and promotion decisions

115.22 – Policies to ensure referrals of allegations for investigations

115.32 – Volunteer and contractor training

115.33 - Inmate education

115.35 – Specialized training; Medical and mental health care

115.41 – Screening for risk of victimization and abusiveness

115.42 – Use of screening information

115.51 – Inmate reporting

115.52 – Exhaustion of administrative remedies

115.53 – Inmate access to outside confidential support services

115.54 – Third-party reporting

115.64 – Staff first responder duties

115.67 – Agency protection against retaliation

115.81 – Medical and mental health screenings; history of sexual abuse

115.86 – Sexual abuse incident reviews

115.88 – Data review for corrective action

115.89 – Data storage, publication, and destruction

During the 180 corrective action period CCP officials worked diligently to address the identified standard deficiencies in an effort to achieve full compliance. On March 5, 2020, the auditor revisited CCP to perform a final review of all corrective actions undertaken. Upon completing a full review of available information, the auditor now finds CCP to be in full compliance with the promulgated PREA standards as

of the date of this final report.

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard 115.11 – Zero Tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP Policies 20.3 Sexual Assault Prison Rape Elimination Act and 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct; the completed pre-audit questionnaire; posters affixed throughout CCP describing their zero-tolerance of sexual abuse or sexual harassment; interviews with PREA Coordinator and other staff; CCP organizational chart; the inmate handbook; and CCP PREA training lesson plan.</p> <p>115.11(a): CCP policy 20.3, page 1, in the “Purpose” and the “Policy” sections of the policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The policy also outlines the administration’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. On page 3 of policy 20.3 CCP empowers the PREA Coordinator to take necessary steps to oversee prevention efforts and monitor the sexual safety of inmates, and it directs the actions of all supervisors and staff to take proper actions in furtherance of same.</p> <p>All staff interviewed, including contract personnel, referred to CCP’s zero-tolerance approach. The PREA training lesson plan makes repeated reference to zero-tolerance. Policy 20.3 provides definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Page 10 of policy 20.3 makes clear “Staff that has engaged in sexual abuse will be terminated from the Cumberland County Prison” and any incidents of harassment shall be addressed proportionately. Internal inmate sanctions will be handled via institutional misconduct proceedings. Policies 20.2 and 20.3 describe how all incidents of sexual abuse occurring at CCP shall be referred to Middlesex Police Department for investigation and prosecution. CCP has made it clear to staff and inmates, in writing and in practice, that there is zero-tolerance of sexual abuse or sexual harassment at the jail, as required by this standard provision.</p> <p>115.11(b): CCP’s organizational chart depicts the deputy warden of security position as the PREA Coordinator. As the head of security operations, Deputy Warden Eickhoff has the authority to develop, implement and oversee facility efforts to comply with PREA standards. During his interview with the auditor indicated that he has adequate time to manage his PREA related responsibilities. Deputy Warden Eickhoff also described how he has endeavored to educate and empower mid-level managers regarding PREA and that when questions or operational concerns arise, he refers to the standards and the PREA Resource Center for clarification and when needed recommendations. The PREA Coordinator at CCP is a very high-level manager, who has ample authority and adequate time to carry out all PREA Coordinator functions required by the standards. The organizational chart and the interviews conducted demonstrate compliance with this standard provision.</p> <p>115.11(c): CCP is not a multi-facility operation and therefore this standard provision is not applicable.</p> <p>Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined</p>

that the facility is fully compliant with this standard regarding zero tolerance of sexual abuse and sexual harassment as well as the designation of a PREA coordinator. No corrective action is required.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard 115.12 – Contracting with other entities for the confinement of inmates Auditor Overall Compliance Determination: CCP does not have a contract by which they house inmates who are incarcerated under their authority in other facilities. Therefore, this provision of the standard is not applicable. Policy, materials, interviews and other evidence analyzed in making the compliance determination: Interview with CCP Warden Travis Shenk; and the completed pre-audit questionnaire. Based on the interview with Warden Shenk, it is apparent that this standard provision is not applicable.</p>

115.13	<b>Supervision and monitoring</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Standard 115.13 – Supervision and monitoring</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP Policies 2.5 Staffing and 20.3 Sexual Assault Prison Rape Elimination Act; Staffing Analysis 2019; organizational chart depicting intermediate-level and higher-level staff; the completed pre-audit questionnaire; PA Title 37 chapter 95; PA State Department of Corrections inspection report; Electronic log records from Guard 1 PIPE Checkpoint device and housing unit log records demonstrating the performance of irregular unannounced rounds; interviews with Deputy Warden Michael Eickhoff (PREA Coordinator), multiple intermediate and higher level staff who perform the irregular unannounced rounds, corrections officers, and inmates.</p> <p>115.13(a): The facility has developed a staffing plan in-keeping with the National Institute of Corrections process model, a copy of the full analysis and final plan were provided to the auditor. The staffing plan describes in detail the posts which are required to be filled each shift and day of the week. CCP policy 2.5 Staffing describes the process for the assembly of the staffing plan. The PREA Coordinator reported that the staffing analysis considered the building configuration (including blind spots or other areas where staff or inmates could be isolated), inmate composition, program activities on each shift, as well as the necessary level of uniformed supervisory personnel. The staffing plan encompasses all operational posts which must be filled to effectively protect inmates from abuse, including staff posts involving video monitoring. The facility provided the auditor schematic drawings of the entire facility for review in order to provide a full understanding of the staff utilization. The average daily inmate population at CCP for 2018 was 412. The staffing analysis, and associated plan, was predicated on an inmate population of 500 or less. The evidence demonstrates that upper-level agency personnel have worked diligently to make reasonable staffing determinations in furtherance of inmate safety.</p> <p>115.13(b): Overtime, including mandatory overtime, is used as necessary to fill the minimum required duty posts. CCP reported in the OAS questionnaire and interviews that there were no incidents during the 12-month audit period when required staff posts went unfilled. The warden and the PREA coordinator both review the daily shift rosters, for each shift, on the following business day. All 12 of the random uniformed staff interviewed by the auditor indicated that they were not aware of any occasions over the past 12 months, when CCP failed to fill all the established minimum staffing posts. The documentation and interviews show that CCP expended the necessary resources and effort to ensure the facility was always properly staffed as required by this standard provision.</p> <p>115.13(c): CCP policy as well as PA state regulations requires that the full staffing plan is reviewed annually; state inspections are performed at least once every two years. CCP policy requires the deputy warden of security (PREA coordinator) to evaluate the staffing plan and present any recommended changes annually. When interviewed, the PREA coordinator and the warden confirmed that all factors regarding inmate supervision and safety, including a full</p>	

review of PREA related incidents, as well as the deployment of video monitoring systems and other monitoring technology, are considered when reviewing the adequacy of the staffing plan. Although this is CCP's first PREA audit, their deputy warden of security is also their PREA coordinator. As such the PREA Coordinator has been and will continue to be actively and regularly involved in the further deployment of monitoring technology and any modifications of the staffing plan. The policy statements, state inspection report, and interviews demonstrate compliance with this standard provision.

115.13(d): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act, article 4, on page 3 states that supervisory personnel shall routinely conduct unannounced rounds to deter and identify incidents of sexual abuse and sexual harassment. All 7 of the randomly selected corrections officers interviewed by the auditor confirmed the practice. Unannounced supervisory rounds are documented in the housing unit logbooks, and each supervisor carries an electronic device on their key fob which they touch against contact points located throughout the facility to record the times of their tours electronically. The electronic log records are reviewed by managerial staff and those records were made available to the auditor. The Auditor reviewed the logbook and the electronic rounds reports to confirm compliance. The Auditor retained copies of the electronic reports. CCP policy prohibits staff from alerting other staff of supervisory rounds. Interviews of line 7 correctional officers and 5 uniformed supervisors confirmed that all 12 knew the practice of alerting other staff of unannounced rounds was a rule violation. Staff reported that they do not alert one and other of supervisory rounds. Supervisors stated that if they were to learn of staff alerting others of the unannounced rounds that they would investigate and discipline accordingly. The written policy language, the varied documents which were reviewed by the auditor, validating the performance of the unannounced and staggered rounds, and the interviews with staff and inmates demonstrates compliance with this standard provision.

**Corrective Action:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding supervision and monitoring. No corrective action is required.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard 115.14 – Youthful inmates</p> <p>Auditor Overall Compliance Determination:</p> <p>Based on the interview of Warden Shenk with the auditor, CCP does not house inmates under the age of 18 and therefore, this provision of the standard is not applicable.</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>Interview with CCP Warden Shenk; and the completed pre-audit questionnaire.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard 115.15 - Limits to cross-gender viewing and searches</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policies 15.1 Search of Inmates and 20.3 Sexual Assault Prison Rape Elimination Act; the completed pre-audit questionnaire; PA Title 37 chapter 95; interviews with warden, PREA Coordinator, corrections officers, and inmates; housing unit log records; observations during site tour of physical plant and camera monitors.</p> <p>115.15(a): CCP policies 15.1 Search of Inmates and 20.3 Sexual Assault Prison Rape Elimination Act prohibit staff from performing cross-gender visual body cavity searches except for exigent circumstances. Interviews of all staff confirmed there were no exigent circumstances during which cross-gender visual body cavity searches were conducted. This practice of prohibiting staff from performing cross-gender visual body cavity searches was clearly understood by all staff interviewed. All 27 of the inmates interviewed confirmed they have not been subjected to cross gender visual body cavity searches nor have they witnessed any such searches at CCP. A review of policy language and interviews with staff and inmates confirms CCP’s compliance with the standard provision.</p> <p>115.15(b): The warden, PREA Coordinator, and uniformed supervisors all confirmed that CCP always has ample female staff on duty to supervise female housing units and to perform pat searches on female inmates. As a result, female inmates are not restricted access to regularly scheduled programming or other out of cell time. Interviews of all staff confirmed that there were no exigent circumstances during which female inmates were pat searched by male staff. 100% of the eight female inmates interviewed by the auditor confirmed that have not been subjected to cross gender searches nor have they witnessed any such searches at CCP. Interview responses and female inmate housing unit log records demonstrate CCP is following the requirements of this standard provision.</p> <p>115.15(c): CCP policies require any incidents of cross-gender visual body cavity searches and/or any incidents of female inmates being pat searched by male staff be documented. The warden and PREA coordinator in their interviews made clear that there were no incidents of female inmates being pat searched by male staff, and it is their practice to regularly review the shift packets where said incidents would be documented from every shift. Both further stated that they would retain copies of such reports for audit purposes in the event said incidents occurred in the future. 100% of the staff interviewed understood the search practice expectation, defined in facility policy, and required by this standard provision, and an effective monitoring system for such searches was in place.</p> <p>115.15(d): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act, article 7, page 3 allows inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). During the on-site audit the auditor confirmed the toilet and shower areas were not depicted on camera monitors. All housing unit shower areas had mounted doors which were designed obscure the view of inmates from knee to shoulder. Assigned housing</p>

unit officers are always the same gender as the inmate population living on the unit and no inmates during their interviews expressed any concerns of cross-gender viewing. CCP policy 20.3, article 7, page 3, requires staff of the opposite gender to announce their presence when entering an inmate housing unit. 100% of the staff and inmates interviewed confirmed the routine practice, and even talked about how when an opposite gender staff person tours a housing unit, the same gender housing unit officer typically walks ten feet in front of them to minimize incidents of any improper cross-gender viewing. During the on-site portion of the audit the auditor observed the consistent practice of announcing opposite gender visitors on housing units.

The written policy language and the interviews with staff and inmates demonstrates compliance with all provisions of the standard.

115.15(e): CCP policy prohibits staff from searching transgender or intersex inmates for the purpose of determining the inmate's genital status. Interviews of staff confirmed the practice of asking inmates who appear to be transgender or intersex how they identify, and which gender staff person would they be more comfortable performing the unclothed search. Two corrections officers stated they have performed cross gender searches on transgender inmates after the inmate verbalized their preference. No inmates who identify as transgender or intersex were interviewed as none were incarcerated during the onsite portion of the audit. Interviews with the warden, PREA Coordinator and other staff confirm no searches to determine gender were performed in the past 12 months. This along with the written policy language shows CCP consistently follows this standard provision.

115.15(f): Multiple staff members confirmed the practice of searches being performed on transgender or intersex inmates based on the comfort of the inmate, which resulted in cross-gender searches. However, it was acknowledged by the warden, PREA coordinator, training officer, uniformed supervisors and line corrections officers, during their respective interviews, that training on the performance of said searches in a professional manner has not been provided to staff. Based on this analysis corrective action is required regarding this standard provision.

Required Corrective Action:

The CCP will prepare a formalized training curriculum, detailing the cross-gender searching of transgender and intersex persons, in a professional manner; and provide said training to all custody staff.

Corrective Action Complete:

The CCP added language to their Sexual Abuse Prison Rape Elimination Act policy affirming that "All Cumberland County Prison employees, who have contact with inmates will be trained on the following: i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or other nonconforming inmates." and "k. How to perform clothed and unclothed searches of inmates, including cross gender and intersex inmates."

The auditor reviewed the associated staff training lesson plan for new hires and annual in-service training, and confirmed that the subject matter now being presented is in accord with the required standard provision language and intent; including how to perform cross-gender searches of transgender and intersex persons in a professional manner.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.16 – Inmates with disabilities and inmates who are limited English proficient</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Assault Prison Rape Elimination Act; contract with Language Line for language interpretation service; interviews with targeted inmates, random staff, warden and PREA Coordinator; on-site audit tour; answers given in pre-audit questionnaire.</p> <p>115.16(a): PREA Coordinator Eickhoff described for me the varied processes to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. He explained that it has always been their practice when a blind or vision impaired inmate is incarcerated at CCP that designated classification staff read them the entire handbook and managerial staff would check on their well-being regularly. PREA Coordinator Eickhoff also explained that a video of a CCP supervisor reading the inmate handbook aloud is played every day on the male and female classification housing units where all new commitments reside pending their assignment to more permanent housing. A TTY machine, to allow deaf/hard of hearing or speech impaired inmates to communicate via telephone, was on-site during the auditor's tour. Sign language interpretation services are provided through the Cumberland County Court Administration Office for inmates who have speech impediments and who cannot write proficiently.</p> <p>Special housing with increased supervision is provided as needed for inmates with disabilities. The auditor interviewed an inmate who was obviously intellectually challenged, and he told me that managerial level staff talk to him every day to check on his well-being and safety. The auditor also interviewed inmates with psychiatric disabilities who expressed a basic understanding of sexual safety and reporting.</p> <p>CCP has demonstrated substantial compliance with this standard section. As a result of this audit they will be memorializing their practices in this regard into their PREA policy in greater detail.</p> <p>115.16(b): CCP has a contract in place with Language Line to facilitate language translation services for non-English speaking inmates. The auditor observed staff initiate the Language Line service, then used the service provider to interview an LEP inmate, after the staff left the interview room. Zero-tolerance PREA posters with reporting instructions, printed in both English and Spanish, were seen by the auditor throughout the jail during the on-site tour. CCP has adequate processes in place to ensure that inmates with disabilities and limited English proficiency can communicate concerns and report incidents. The general education of the inmate population regarding PREA in general terms however is lacking and corrective action will be required.</p> <p>115.16(c): CCP policy did not prohibit the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. The majority of the random staff interviewed could not articulate any distinction in circumstances. CCP does not have a system in place to have tracked the instances when an inmate interpreter was used,</p>

although no staff person interviewed can recall any circumstance in which an inmate interpreter was used during a PREA investigation. Corrective action will be required.

Required Corrective Action:

1. CCP leadership will define the varied processes by which inmates who are disabled or LEP receive comprehensive PREA education and delineate those processes in policy.
2. CCP will train staff and revise policy regarding the limited use of inmate interpreters.

Corrective Action Completed:

The CCP added language to their Sexual Abuse Prison Rape Elimination Act policy memorializing that "All inmate education materials will be in formats accessible to all inmates in accordance with Title II of the Americans with Disability Act, 42 U.S.C. A TTY machine will be used for deaf/difficulty hearing inmates. All vision impaired inmates will have the handbook read aloud to them by staff. Sign language and other services will be afforded by contacting the courthouse and scheduling a time for the professional provider. Information will be continuously and readily available through posters, inmate handbooks, or other written formats." The auditor confirmed during the initial audit that the practices have been in place for sometime, it was having the process delineated in policy that was formerly lacking. The CCP also added language to their Sexual Abuse Prison Rape Elimination Act policy affirming that "Inmate interpreters, readers or other types of inmate assistants are prohibited except in exigent circumstances. These circumstances will be documented and forwarded to the shift leader and PREA Coordinator" While onsite the auditor asked a randomly selected uniformed supervisor if he routinely used inmate interpreters and if so under what circumstances. The supervisor was well informed and reiterated the policy position. While onsite the auditor asked the PREA Coordinator if he had any documentation describing an exigent circumstance in which an inmate interpreter was used. Although he verbalized that he had no such documentation he affirmed that he would have retained the related report for PREA auditing purposes.

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard 115.17 – Hiring and promotion decisions</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Assault Prison Rape Elimination Act; responses to pre-audit questionnaire; interviews with PREA Coordinator and warden; and randomly selected personnel files.</p> <p>115.17(a): CCP policy 20.3 clearly states that CCP will not hire or promote persons who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; have been civilly or administratively adjudicated, or convicted criminally of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The policy statement is in keeping with the standard expectation.</p> <p>115.17(b): The policy also states that CCP will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The warden who is responsible for all hiring and promotional decisions confirmed during his interview that all such information is considered, in keeping with the policy statements, prior to hiring and promotional decisions.</p> <p>The policy language and the interview with the warden demonstrates compliance with this standard provision.</p> <p>115.17 (c): Policy 20.3 requires criminal background checks be performed on all potential new hires of staff who have contact with inmates. All personnel files randomly selected by the auditor contained copies of the completed background checks. The warden who is responsible for all hiring and promotional decisions confirmed during his interview that previous institutional employers are contacted, and the resultant information is considered before hiring and/or promotional decisions are made. The policy language, the interview with the warden, and a review of randomly selected personnel files demonstrates that CCP follows the requirements of this standard provision.</p> <p>115.17(d): Policy 20.3 requires criminal background checks be performed on all potential new hires of contract personnel who have contact with inmates. Deputy Warden Eickhoff indicated in his interview that criminal background checks of contract personnel who have been hired by CCP's medical service provider PrimeCare Medical Inc. and their food service provider ARAMARK are routinely performed, pre-hire, however CCP's process for reviewing and retaining the background check information was ill defined. Corrective action will be required.</p> <p>115.17(e): Although CCP policy indicates criminal background record checks are performed at least every five years for current employees and contractors who may have contact with inmates, the personnel files reviewed by the auditor demonstrated the lack of a consistent process. The warden during his interview acknowledged that further work needs to be done in this regard. Corrective action to ensure the criminal record checks are performed on all current employees no less than every five years will be required.</p> <p>115.17(f): During his interview with the auditor, Warden Shenk, who is responsible for all hiring and promotional decisions, reported that all applicants in the past 12 months were asked</p>

about any previous misconduct of the nature described in provision 115.17(a). The requirement to ask about and consider this information is spelled out in CCP policy 20.3. The policy also requires employees to report any such misconduct occurring outside of the workplace

As demonstrated by written policy language and interview with the warden, CCP is acting in accordance with this provision.

115.17(g): CCP policy 20.3 states that any material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. In his interview with the auditor the warden indicated that he has not been faced with any material omission circumstance however will act in accordance with the policy when necessary. CCP policy and interview with the warden demonstrate compliance with this provision.

115.17(h): During his interview the warden made clear that they would share information relating to substantiated allegations of sexual abuse or sexual harassment, involving a former employee, upon receiving a request from an institutional employer where said employee has applied to work. The requirement to share the referenced information is also stated in policy 20.3. One employee file record reviewed by the auditor contained a document demonstrating that his institutional history, relating to the acts and behaviors referenced in this standard, were shared with a prospective corrections employer.

CCP policy language, the interview with Warden Shenk and the review of personnel file records demonstrates compliance with this standard provision.

Required Corrective Action:

1. CCP will establish a process with all contracted service providers, who's staff interact with inmates, whereby CCP will run, review, and retain copies of criminal background record checks during the pre-hire stage in order to ensure compliance with the act.
2. CCP will perform criminal background checks on all staff, contract personnel, and volunteers in mass, review the records for compliance, and retain for audit review. The same process shall be performed at least once every 5-years going forward, as described in policy.

Corrective Action Completed:

CCP added language to their Sexual Abuse Prison Rape Elimination Act policy memorializing a procedure by which their Records Manager will run background checks on all new employees, volunteers, and contractors who have contact with inmates. Since the records for contractors were not previously in the control of CCP, they ran checks on every current contract employee and volunteer and stored the resultant records centrally. The PREA Coordinator reported to the auditor that they did not encounter any circumstance whereby a criminal record was discovered that was problematic from the standpoint of PREA. While onsite for the follow-up visit, the auditor reviewed the centralized records for contractors and volunteers, confirming the process.

CCP also added language to the policy requiring "Criminal background records checks will be conducted on all current employees, volunteers, and contractors, who may have contact with inmates at least every five (5) years." During the corrective action period CCP performed new criminal background checks on all employees, establishing the starting point for the five year (or less) ongoing checks. While onsite for the follow-up visit the auditor reviewed eight personnel files at random and confirmed the presence of the five-years criminal background checks.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.18 – Upgrades to facilities and technologies</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>Interview with Warden Shenk; responses to pre-audit questionnaire; site tour by the auditor including but not limited to the viewing of all camera monitors.</p> <p>115.18(a): The most recent expansion of CCP was initiated in 2008, well before PREA standards were promulgated and therefore no specific PREA provisions were considered in the design phase. However, the physical plant design follows the design expectation of the act.</p> <p>The date of the most recent facility expansion predates the advent of PREA, and therefore no evidence of CCP officials having reviewed and considered PREA standards was required.</p> <p>115.18(b): The most recent expansion of CCP was initiated in 2008, well before PREA standards were promulgated and therefore no specific PREA provisions were considered in the design phase. However, the physical plant design and use of cameras and monitors follows the design expectation of the act. The cameras and monitor locations were part of the 2008 renovation which was completed in 2013.</p> <p>The date of the most recent facility expansion predates the advent of PREA, and therefore no evidence of CCP officials having reviewed and considered PREA standards was required.</p> <p>Corrective Action:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.21 – Evidence protocol and forensic medical examinations</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policies 20.3 Sexual Assault Prison Rape Elimination Act and 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct; PrimeCare Medical Inc. (PCM) policies CUP J-B-04 Federal Sexual Abuse Regulations and CUP J-F-06 Response to Sexual Abuse; responses to pre-audit questionnaire; interviews with staff, PREA Coordinator, warden, Middlesex police investigator, and Carlisle hospital Forensic Nurse Manager; training certificates for the performance of PREA investigations for several CCP supervisors and Middlesex Township PD detective; emails between the Carlisle Hospital (AKA- Pinnacle) System Forensic Nurse Manager and the CCP PREA Coordinator; and a Memorandum of Understanding between CCP and YWCA Carlisle for the provision of rape crisis advocacy services; PREA log and the associated investigative records.</p> <p>115.21(a): The CCP warden, PREA coordinator, and the investigative lieutenant, during their respective interviews with the auditor, stated that all allegations of sexual abuse, which appear to be substantiated, are referred to and investigated by the Middlesex Township Police Department. If no immediate action is required (forensic exam, sealing of crime scene, collection of evidence), CCP performs an administrative investigation into the allegations. If a referral for criminal investigation appears warranted, the CCP investigator forwards the documentation to the assigned Middlesex detective, and provides administrative support while Middlesex performs the criminal investigation. CCP has four uniformed supervisors who are trained in the performance of sexual assault investigations in a confinement setting which helps to ensure they are working in concert with Middlesex Township PD, including but not limited to uniform evidence protocols.</p> <p>10 out of 12 random uniformed staff selected by the auditor for interviews were able to articulate their protocol for preserving physical evidence if an inmate alleges sexual assault, and they were able to identify the supervisory staff who would work with Middlesex Township Police Department in the performance of sexual abuse investigations. Uniformed supervisory personnel are always present at CCP and all line staff made clear that they would immediately request supervisory response and follow their lead. Upon considering the documentation and interviews, CCP is following this standard provision.</p> <p>115.21(b): All sexual abuse forensic examinations are required by CCP policy and PCM policy to be performed at the hospital. PCM staff when interviewed stated that medical personnel are always on-site at CCP and said staff has been trained and understand the necessary protocols for sexual assault response. The auditor also reviewed PCM's two PREA related policy directives which described their responsibilities in this regard. The written policy language and the interviews and training documentation demonstrate compliance with this standard provision.</p> <p>115.21(c): All inmates who allege to have been sexually assaulted are transported to Carlisle hospital for forensic medical examination. During an interview with the hospital's Forensic</p>

Nurse Manager the auditor confirmed that SANE or SAFE trained nurses are always on-call if not on-site, and they will provide those services to inmates from CCP or any other facility. If by chance a SAFE/SANE nurse was not available a qualified medical professional at the hospital would perform the forensic medical examination. PREA Coordinator Eickhoff provided the auditor with copies of email communications in which he was attempting to obtain an Memorandum Of Understanding (MOU) from the hospital, to no avail. CCP policy 20.3 Sexual Assault Prison Rape Elimination Act makes clear that inmates will not be financially charged for any sexual abuse related services. There have been no reported incidents of alleged sexual abuse in the 12-month audit term and therefore no associated forensic medical examinations were performed. The interviews with the PREA Coordinator and the System Forensic Nurse Manager at Carlisle Hospital along with the written CCP policy and email communications demonstrate compliance with the standard provision.

115.21(d): CCP provided the auditor with a copy of a MOU they have with YWCA Carlisle, whereby the YWCA will dispatch trained rape crisis advocates to provide services to victims of sexual assault, including a presence in the hospital during the initial forensic exam. YWCA also provides on-site and telephonic advocacy and support services for inmates at CCP who have been traumatically affected by prior incidents of sexual victimization. In an interview with the auditor the YWCA representative confirmed the provision of rape crisis and support services for inmates at CCP, and the CCP PREA Coordinator also described the arrangement. During the interviews of inmates who reported prior sexual assault victimization, all three inmates acknowledged ongoing support from the YWCA rape crisis staff during their incarceration at CCP. The interviews, the policy language, and the memorandum of understanding demonstrate CCP follows this standard provision.

115.21(e): The YWCA Carlisle representative during an interview with the auditor confirmed that they would send a rape crisis advocate to the hospital to accompany a CCP sexual assault victim during the forensic medical examination. The memorandum of understanding includes clear language providing for the accompaniment at the hospital. During the auditor's interview, the PREA coordinator confirmed that the YWCA rape crisis advocate would be contacted and would be permitted to accompany the victim during the forensic exam at the hospital. The Middlesex Township police detective in his interview supported the practice. The PREA coordinator and the YWCA representative also confirmed that ongoing counseling and support services are provided by the YWCA rape crisis staff for inmates at CCP. Policy language, the MOU, and the varied interviews demonstrate compliance with this standard provision.

115.21(f): Interviews conducted by the auditor with the CCP warden and PREA coordinator, along with the Middlesex Township Police Department confirm that Middlesex PD and CCP work collaboratively to insure the provision of SAFE/SANE forensic exams at the hospital as well as the ongoing presence of trained YWCA rape crisis advocates. CCP policies 20.3 Sexual Assault Prison Rape Elimination Act and 20.2 Criminal Jurisdiction at the Cumberland County Prison & Responses to Criminal Conduct address the utilization of rape crisis advocates and SAFE/SANE forensic examiners. PCM policies also call for SAFE/SANE forensic services and rape crisis advocacy. There have been no incidents of sexual assault requiring forensic medical examination or immediate rape crisis advocacy and therefore there are no records to review to validate a cohesive process. The policies along with the interviews demonstrate CCP follows this standard provision.

115.21(g): The auditor is not required to audit this standard provision.

115.21(h): The auditor is not required to audit this standard provision.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.22 – Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policies 20.3 Sexual Assault Prison Rape Elimination Act and 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct; responses to pre-audit questionnaire; interviews with Warden Shenk, Deputy Warden Eickhoff (PREA Coordinator), CCP uniformed supervisors including Lt. trained in the performance of sexual abuse investigations in a confinement setting, and Middlesex Township Police Department detective; PREA investigation records; Cumberland County Prison website (ccpa.net).</p> <p>115.22(a): CCP policies 20.3 Sexual Assault Prison Rape Elimination Act and 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct make clear that all allegations of sexual abuse and sexual harassment will be investigated promptly, thoroughly, and objectively. Administrative investigations are performed by CCP staff and criminal investigations are referred to Middlesex Township PD. Warden Shenk in his interview with the auditor reiterated the assurance in written policy, that all PREA related allegations are investigated, and described CCP’s reliance on Middlesex Township PD for criminal matters. The auditor reviewed CCP’s PREA log, which showed that CCP received five allegations of sexual abuse or sexual harassment, as defined by PREA, during the 12-month audit period. Administrative investigations were performed in response to all five allegations, and none were referred to Middlesex Township PD for criminal investigation or prosecution. The records regarding the allegations and associated investigations were complete, and all the investigations undertaken during the audit term have been closed. An additional complaint was made just 15 days prior to the onsite audit in which the inmate referenced PREA, however the CCP investigator and PREA coordinator have categorized the investigation as a non-PREA incident; not an incident of PREA defined sexual harassment or sexual abuse. A comprehensive review of CCP policies, along with the investigative records, and the interview responses demonstrates compliance with this standard provision.</p> <p>115.22(b): CCP policy 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct, article, C. page 1, states “Middlesex Township PD will have primary criminal jurisdiction for all alleged criminal offenses.” The policy also directs staff to call County dispatch or 911 for emergencies, and provides the direct telephone number to call Middlesex Township PD. During an interview with the auditor, the CCP investigative lieutenant stated that in non-emergency situations CCP trained investigative staff will perform an administrative investigation into PREA related allegations in order to determine if a criminal investigation is warranted. If the initial victim interview and/or other evidence indicates that sexual abuse has occurred, the matter is immediately referred to Middlesex PD for investigation and determination. If after the administrative investigation there is any doubt whether criminal sexual abuse occurred, the matter is referred to Middlesex PD for investigation and determination. All PREA administrative investigation records indicate whether they were referred for criminal investigation, those records were reviewed by the auditor. The auditor interviewed a Middlesex Township Police Department detective who confirmed his</p>

department's commitment to investigate all PREA related criminal matters involving CCP. CCP's website has a tab regarding PREA and the text on the page reads as follows "The Cumberland County Prison maintains a zero tolerance for offender-on-offender sexual activity, including but not limited to sexual abuse or assault, and staff sexual misconduct and sexual harassment towards offenders. Every allegation of sexual assault/misconduct and harassment is thoroughly investigated. This zero-tolerance policy is applicable to all prison staff, contracted vendor staff, service providers, and volunteers. Any allegations and/or incidents of this nature should be reported to prison authorities as soon as possible." CCP policies 20.2 and/or 20.3, which describe the referral of allegations of sexual abuse or sexual harassment for criminal investigations, were not posted on CCP's website nor otherwise made available to the public. Corrective action will be required.

115.22(c): Policies 20.2 Criminal Jurisdiction at the Cumberland County Prison & Responses to Criminal Conduct and 20.3 Sexual Assault Prison Rape Elimination Act describe the responsibilities of CCP and Middlesex Township PD as it relates to the performance of PREA investigations; 20.2 Criminal Jurisdiction at the Cumberland County Prison & Responses to Criminal Conduct states "Middlesex Township Police Department will have primary criminal jurisdiction for all alleged criminal offenses, other than escape, occurring within the purview of the Cumberland County Prison." The policy demonstrates compliance with this standard provision.

115.22(d): The auditor is not required to audit this standard provision.

115.22(e): The auditor is not required to audit this standard provision.

Required Corrective Action:

Post revised policies 20.2 Criminal Jurisdiction at the Cumberland County Prison & Responses to Criminal Conduct and 20.3 Sexual Assault Prison Rape Elimination Act on CCP's website or otherwise make the information required by 115.22(b) available to the public.

Corrective Action Completed:

The auditor has confirmed that CCP policies 20.2 Criminal Jurisdiction at the Cumberland County Prison & Responses to Criminal Conduct and 20.3 Sexual Assault Prison Rape Elimination Act have been posted on the public website.

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.31 – Employee training</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policies 20.3 Sexual Assault Prison Rape Elimination Act and 3.2 Minimum Training Criteria for Employees; responses to pre-audit questionnaire; 51-page training lesson plan titled Staff Development &amp; Training Prison Rape Elimination Act; interviews with training lieutenant and random staff; review of randomly selected employee training records.</p> <p>115.31(a): CCP policy 3.2 lists PREA as one of the topics covered during new hire orientation training. All staff interviewed by the auditor recalled receiving training regarding PREA standards, including but not limited to zero tolerance and understanding of their PREA responsibilities relating to sexual abuse and sexual harassment prevention, detection, reporting and response procedures. The training lesson plan was provided to the auditor by the lieutenant in charge of staff training. The lesson plan makes clear that all inmates have a right to be free of sexual abuse and sexual harassment, as well as the right to be free of retaliation for reporting same; covers the dynamics of sexual abuse and sexual harassment in a confinement setting; describes how to detect and respond to signs of abuse, including common reactions of victims; explains appropriate and inappropriate staff/inmate relationships and the consequences of sexual abuse and sexual harassment; professional interactions with all inmates including those who are lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming; makes clear that “all staff, contractual staff and volunteers have an affirmative duty to report all allegations or knowledge of sexual abuse, harassment, sexual contact, or any sexual conduct.” The practices in place at CCP, as defined in policy and training lesson plans, were reinforced by staff during interviews with the auditor.</p> <p>115.31(b): CCP houses both male and female inmates and the training provided to staff encompasses the supervision of both genders inmates. All correctional officers employed by CCP will routinely work inmate housing units, however CCP assigns male officers to male inmate housing units and female officers to female inmate housing units. A review of the training lesson plan and interviews with staff demonstrate substantial compliance with this standard provision.</p> <p>115.31(c): The PREA Coordinator and the CCP training lieutenant stated during their interviews that PREA refresher training is provided for staff every other year, and during off-years staff are required to review the policy and sign a document acknowledging their review and understanding of their PREA responsibilities. All 12 of the randomly interviewed staff confirmed the ongoing training regimen. The interviews and file record reviews confirmed compliance with this standard provision.</p> <p>115.31(d): During the on-site portion of the audit the auditor randomly selected six employee training files for review. All selected files included PREA training documents confirming refresher trainings and policy reviews, both with employee signoffs. CCP policy 20.3 also requires the subject staff signatures to confirm the PREA training. The policy language and the file record reviews confirmed compliance with this standard provision.</p>

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding employee training. No corrective action is required.

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard 115.32 – Volunteer and contractor training</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; PCM policy CUP J-F-06 Response to Sexual Abuse; responses to pre-audit questionnaire; interviews with contracted service staff and CCP training lieutenant; and PrimeCare Medical Inc. (PCM) staff training certificates.</p> <p>115.32 (a): CCP’s contracted medical service provider, PrimeCare Medical Inc., has a comprehensive training program in place for their employees. The auditor, during the on-site portion of the audit, was provided copies of the PREA training certificates for all 15 of the medical staff who work at CCP. The two PCM staff interviewed by the auditor appeared to have a good understanding of PREA and their responsibilities. PCM policy CUP J-F-06 Response to Sexual Abuse states that employees “receive training on an annual basis, on the following topics: how to detect, assess, and respond to signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse’ how to respond effectively and professionally to victims of sexual abuse; how to avoid inappropriate relationships with inmates; how to report sexual abuse; inmates’ right to be free from retaliation for reporting sexual harassment; the dynamics of sexual harassment in confinement and common reactions of sexual abuse and sexual harassment victims; and PCM’s zero-tolerance of sexual abuse and sexual harassment. PCM utilizes the Relias Training system to provide comprehensive training, testing, and certification. The auditor reviewed the Relias PREA module lesson plan, and all required subject matter is covered in the training module. CCP’s contracted food service employees when interviewed were not able to recall any comprehensive PREA training. One recalled attending a refresher training session provided by the jail staff. The education of volunteers is in the early stages. The auditor was shown a copy of the educational material being provided to volunteers, however the process of meeting with volunteers to review the material was in the early stages. Corrective action will be required relating to this standard provision.</p> <p>115.32(b): Interviews of medical service staff demonstrates the proper level of training based on the services they provide. Food service staff, who interact with inmates throughout their day, do not appear to have received the level of training necessary based on their level of inmate contact. The educational training of volunteers which is in the early stages is adequate based on their level of contact with inmates and oversight of staff.</p> <p>All medical and food service staff in their interviews with the auditor mentioned CCP’s declaration of zero tolerance of sexual abuse and sexual harassment, however a greater education of food service staff, including reporting requirements and process is warranted. Corrective action regarding this standard provision will be required.</p> <p>115.32(c): The CCP training lieutenant during his interview with the auditor stated that he does not provide, oversee, or track training provided to contracted service staff or volunteers. CCP is in the process of educating volunteers regarding PREA and collecting signatures on documents to confirm same. PCM had current documentation of their continued PREA education, however there is no centralized tracking of completed PREA training for contracted</p>

service providers maintained by CCP staff. Corrective action regarding this standard provision will be required.

Required Corrective Action:

1. The PREA Coordinator will review the training programs being provided to contracted service personnel and determine if their training curriculum to determine if contract staff are being adequately trained in keeping with CCP's defined expectations of zero tolerance, prevention, detection, and response processes. If the contracted agencies' training is deficient in this regard, the PREA Coordinator will communicate the required revisions to their program or arrange for them to be trained by CCP staff.
2. ARAMARK contract staff due to their regular ongoing contact with inmates should have a level of PREA training comparable to CCP custody staff.
3. CCP will assemble and maintain a file confirming all contract staff and volunteers have been trained on PREA and receive continued refresher training as determined by the PREA Coordinator, based upon their level of contact with the inmate population.

Corrective Action Completed:

To ensure that all contract employees and volunteers receive the proper training on their respective responsibilities regarding PREA, CCP officials have elected to train all contract employees and volunteers themselves, providing the greatest assurance of completeness and record keeping. The centralized training is now being provided for newly assigned contractors and volunteers as well as existing contract employees via annual prescribed refresher training. CCP has memorialized the process for providing the initial and refresher training to contractors and volunteers in their policy titled Sexual Abuse Prison Rape Elimination Act.

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.33 - Inmate education</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; responses to pre-audit questionnaire; observations during the on-site portion of the audit; intake and case management records; interviews with inmates, intake staff and the PREA Coordinator; and the inmate handbook.</p> <p>115.33(a): While at CCP the auditor interviewed intake staff and observed the booking process; during which inmates are given an inmate handbook, and a printed brochure, which advises them of their rights and responsibilities regarding PREA. CCP policy 20.3 also refers to the inmate handbook, which includes the PREA information being provided at intake. Immediately following booking inmates are housed in classification units pending medical clearance and classification to more permanent housing. Each day during the 3 to 11 shift a television is rolled into the classification housing areas and a video of the inmate handbook being read aloud is played. The practice was observed by the auditor. Inmates when interviewed by the auditor acknowledged having received the printed material during intake. It is apparent from observations, the written material and interviews that this standard provision is being met.</p> <p>115.33(b): The PREA Coordinator reported that CCP did not have a defined process in place by which inmates were receiving comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents, and on CCP policies and procedures for responding to such incidents, within 30 days of intake or transfer from another institution. Corrective action will be required to achieve compliance with this standard provision.</p> <p>115.33(c): The PREA Coordinator reported that CCP has not undertaken any process to provide comprehensive education regarding PREA to inmates in general, beyond those committed within 30 days. Corrective action will be required to achieve compliance with this standard provision.</p> <p>115.33(d): As the PREA Coordinator has reported that CCP has not undertaken any process to provide comprehensive education to inmates within 30 days, there is obviously no defined process to educate inmates with LEP or disabilities. The process, which will include options for LEP inmates and inmates with disabilities.</p> <p>Corrective action will be required to achieve compliance with this standard provision.</p> <p>115.33(e): Inmate education sessions were not occurring prior to the audit and therefore no such documentation records have been maintained.</p> <p>Corrective action will be required to achieve compliance with this standard provision.</p> <p>115.33(f): During the on-site portion of the audit the auditor observed PREA related posters and signage, in both English and Spanish, posted throughout the facility. Brochures with PREA information and handbook excerpts were also observed by the auditor. All inmates interviewed by the auditor were cognizant of PREA by virtue of the many posters. Inmate handbooks which contain PREA information were printed in both English and Spanish. It is apparent from</p>

observations, the written material and interviews that this standard provision is being met.

Required Corrective Action:

1. CCP will define a process by which all commitments, within 30-days of arrival at CCP, receive comprehensive education regarding PREA. The process, which will include provisions for educating inmates with LEP, limited reading ability, deaf, visually impaired and other disabilities, will be memorialized in policy.
2. After initiating the educational program for new arrivals, CCP will undertake a one-time, comprehensive education effort for every inmate contemporaneously incarcerated.
3. All inmates receiving the education within their first 30 days of incarceration will sign an acknowledgement form. All inmates receiving the education in mass will not be required to sign, but at minimum a form including their name and the date of the education shall be inserted into their inmate file record.

Corrective Action Completed:

All new commitments to CCP now receive a comprehensive education regarding PREA within the first 30 days, while they are housed in the classification unit. Two videos from the PREA Resource Center are played every morning of the housing unit televisions. The videos are titled "PREA – What you need to Know" and "Culture Change with Tony Issac." While onsite for the follow-up visit the audit entered the classification housing unit and viewed a portion of the PREA educational video airing.

Once the regular process was instituted, providing all-new commitments with a comprehensive education regarding PREA within their first 30 days of incarceration, CCP thereafter went into every housing unit and presented comprehensive education regarding PREA to the entire facility population. Copies of signed inmate acknowledgments, verifying their receipt of the PREA information, are retained in each inmate's file record. While onsite for the follow-up visit the audit randomly selected five inmate files and each contained a record, signed by the inmate, affirming receipt to the comprehensive education.

The CCP added language to their Sexual Abuse Prison Rape Elimination Act policy memorializing that "All inmate education materials will be in formats accessible to all inmates in accordance with Title II of the Americans with Disability Act, 42 U.S.C. A text telephone (TTY machine) will be used for deaf/difficulty hearing inmates. All vision-impaired inmates will have the handbook read aloud to them by staff. Sign language and other services will be afforded by contacting the courthouse and scheduling a time for the professional provider. Information will be continuously and readily available through posters, inmate handbooks, or other written formats."

During the March 5, 2020 follow-up visit the auditor was informed that CCP has not had any hearing or vision impaired inmates in custody during the prior year.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.34 – Specialized training: Investigations</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policies 20.3 Sexual Assault Prison Rape Elimination Act; responses to pre-audit questionnaire; training documents for four CCP uniformed supervisors who attended trainings provided by the National Institute of Corrections (NIC) titled Investigating Sexual Abuse in a Confinement Setting, PREA Audit Process and Instrument Overview, and the PA Department of Corrections titled PREA Training for Corrections Investigators; 51-page training lesson plan titled Staff Development &amp; Training Prison Rape Elimination Act; interviews with a CCP investigator and the warden; PREA investigative records.</p> <p>115.34(a): CCP policy 20.3 states “Investigators with special training in sexual abuse investigations will be used when sexual abuse is alleged.” Interviews confirmed that a lieutenant performs administrative investigations into sexual abuse and works in tandem with the criminal investigators from Middlesex PD. A review of the policy and the training certificates, along with the interviews performed demonstrate compliance with these standard provisions.</p> <p>115.34(b): During the interview with the CCP investigator the auditor was advised that the NIC trainings included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Based on the comments presented by the investigator during the interview with the auditor and the fact that the training was provided by the NIC, this standard provision is being met.</p> <p>115.34(c): CCP provided the auditor with copies of the associated NIC training certificates and documentation from the PA Department of Corrections for their four designated staff investigators. The certificates and documentation from the reputable sources like NIC and the PA DOC demonstrate compliance with the standard provision.</p> <p>115.34(d): The auditor is not required to audit this standard provision.</p> <p>Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding specialized training for investigators. No corrective action is required.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.35 – Specialized training; Medical and mental health care</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policies 20.3 Sexual Assault Prison Rape Elimination Act; PrimeCare Medical Inc. policies Response to Sexual Abuse and Federal Sexual Abuse Regulations; responses to pre-audit questionnaire; PCM policy CUP J-F-06 Response to Sexual Abuse; PCM employee training records; and interviews with PCM staff.</p> <p>115.35(a): CCP policy 20.3 states that “all volunteers and contractors, who have contact with inmates, will be trained on CCP’s PREA policy.” PCM policy CUP J-F-06 Response to Sexual Abuse states that employees “receive training on an annual basis, on the following topics: how to detect, assess, and respond to signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse’ how to respond effectively and professionally to victims of sexual abuse; how to avoid inappropriate relationships with inmates; how to report sexual abuse; inmates’ right to be free from retaliation for reporting sexual harassment; the dynamics of sexual harassment in confinement and common reactions of sexual abuse and sexual harassment victims; and PCM’s zero-tolerance of sexual abuse and sexual harassment. The PCM site administrator, when interviewed by the auditor, stated that PCM has a comprehensive training program in place for their employees. PCM utilizes the Relias Training system to provide comprehensive training, testing, and certification. The auditor reviewed the Relias PREA module lesson plan, and all required subject matter is covered in the training module. The PCM site administrator stated that 100% of their 15 PCM employees who works at CCP completed the PREA training; copies of the associated training certificates were shown to the auditor. A review of the policy directives for CCP and PCM along with the interview of the PCM site administrator demonstrates compliance with this standard provision.</p> <p>115.35(b): PCM policy states they do not conduct forensic examinations on inmates at CCP. During the interview with the auditor the site administrator confirmed that they do not conduct such services. CCP policy states that all forensic examinations shall be performed at the hospital. A review of the policy directives for CCP and PCM along with the interview of the PCM site administrator demonstrates compliance with this standard provision.</p> <p>115.35(c): Interviews with the CCP PREA Coordinator, training lieutenant, and the PCM site administrator clearly established that CCP does not have a central tracking system/process in place to ensure PCM staff have completed the required trainings. Corrective action will be required for this standard provision.</p> <p>115.35(d): PCM policy CUP J-F-06 Response to Sexual Abuse states that employees “receive training on an annual basis, on the following topics: how to detect, assess, and respond to signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse’ how to respond effectively and professionally to victims of sexual abuse; how to avoid inappropriate relationships with inmates; how to report sexual abuse; inmates’ right to be free from retaliation for reporting sexual harassment; the dynamics of sexual harassment in confinement and common reactions of sexual abuse and sexual harassment victims; and PCM’s zero-tolerance of sexual abuse and sexual harassment. The PCM site administrator,</p>

when interviewed by the auditor, stated that PCM has a comprehensive training program in place for their employees. PCM utilizes the Relias Training system to provide comprehensive training, testing, and certification. The auditor reviewed the Relias PREA module lesson plan, and all required subject matter is covered in the training module. A review of the policy directives for CCP and PCM along with the interview of the PCM site administrator demonstrates compliance with this standard provision.

**Required Corrective Action:**

CCP will review and approve PREA related training lesson plans from each contract service provider for their employees, independently, and if approved by CCP as meeting PREA standard, require written annual confirmation that the contracted staff have received said training; or CCP will provide the PREA training and retain the associated training documentation as with their own employees.

**Corrective Action Completed:**

To ensure that all contract employees and volunteers receive the proper training on their respective responsibilities regarding PREA, CCP officials have elected to assume responsibility for the training of all contract employees and volunteers themselves, providing the greatest assurance of the completeness, proper content, and record keeping. The centralized training has been provided to all existing contractors and volunteers. The process is in place to provide the training to all newly assigned or hired contractors and volunteers. The CCP trainers are committed to also providing the ongoing prescribed refresher training.

CCP memorialized the process for providing the initial and refresher training to contractors and volunteers in their policy titled Sexual Abuse Prison Rape Elimination Act.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.41 – Screening for risk of victimization and abusiveness</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; responses to pre-audit questionnaire; observations during the on-site portion of the audit; interviews with inmates, PREA Coordinator, intake officers and medical staff; booking questionnaire performed by custody staff and the intake questionnaire performed by medical staff; CCP contract for medical services with PCM.</p> <p>115.41(a): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states that all inmates will be screened during intake using an objective screening instrument for their welfare and safety risks, and that the screening will consider all the provided information and observations when determining housing and program assignments as required by the standard. 18 out of 27 inmates interviewed by the auditor recalled being asked the risk screening questions during their medical intake. All the inmates who did not recall being asked the risk screening questions were committed to CCP more than six months prior to the date of the on-site portion of the audit. The custody questionnaire and the medical questionnaire were reviewed by the auditor and some of the required screening information was not being collected. The auditor sampled the completed medical screenings and confirmed the limited questions were being routinely asked and answered.</p> <p>During their interview, custody booking staff explained that other than the inmate’s date of birth and current criminal charge, they do not ask PREA risk screening questions. During the interview with contract medical personnel, they reviewed with the auditor the PREA information they collect via the intake screenings. Corrective action will be required to collect all required screening information.</p> <p>115.41(b): The PCM contract with CCP requires medical staff to always be onsite at CCP. Interviews with CCP warden, PREA coordinator, and PCM site administrator confirmed the regular medical staffing coverage. The PCM site administrator during her interview with the auditor stated unequivocally that intake screenings are performed within 72 hours of commitment. 100% of inmates interviewed by the auditor confirmed being asked the screening questions during the medical portion of their intake screenings within 72 hours of their commitment. The auditor reviewed six medical intake screenings which included dates and times; all were completed in less than 72 hours of commitment to CCP custody. The interviews performed and the documents reviewed by the auditor demonstrate CCP follows this standard provision.</p> <p>115.41(c): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states “All inmates will be screened during intake using an objective screening instrument for their welfare and safety risks.” The custody staff and contracted medical personnel who perform intake screening interviews, when interviewed by the auditor indicated that the inmate’s responses are objectively entered into their respective electronic records systems. CCP policy language and the interview responses from staff who perform intake screenings demonstrates that CCP follows this standard provision.</p>

115.41(d): The custody staff, the PREA coordinator, and contract medical personnel, during their respective interviews with the auditor acknowledged that not all information was being collected, nor was the information being affectively shared and considered for classification purposes. Corrective action will be required.

115.41(e): The custody staff, the PREA coordinator, and contract medical personnel, during their respective interviews with the auditor acknowledged that not all information was being collected, nor was the information being considered for classification purposes. Corrective action will be required.

115.41(f): The PREA coordinator, in his interview with the auditor, acknowledged that CCP does not have a defined process in place whereby committed inmates are reassessed within a set time period, not to exceed 30 days after their arrival, to determine if they are at risk for victimization or abusiveness. Corrective action will be required.

115.41(g): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states "An inmate's risk level will be reassessed due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." During their interviews with the auditor, 2 out of 27 inmates stated that supervisory staff spoke with them about their safety after staff received some concerning information or due to perceived vulnerability.

The deputy warden during his interview stated that the inmates' housing assignments and classification are regularly reassessed when warranted due to referral, request, incident or receipt of additional information. CCP policy language and interview responses demonstrate compliance with this standard provision.

115.41(h): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states "Inmates will not be disciplined for refusing to answer or for not disclosing complete information in response to the risk screening." During interviews with custody and medical staff who perform the intake screening, both provided decisive responses that inmates are not disciplined for refusing to answer these PREA related screening questions. CP policy language and interview responses demonstrate compliance with this standard provision.

115.41(i): The custody staff, the PREA coordinator, and contract medical personnel, during their respective interviews with the auditor acknowledged that not all information was being collected, nor was the information being considered for classification purposes. Therefore, the process by which the information is shared on a need to know basis and retained in a secure fashion is yet to be defined. Corrective action will be required.

Required Corrective Action:

1. Ensure all questions and assessments described in 115.41(d) to assess risk are incorporated into the intake screening process.
2. Establish a process in which the classification staff who make housing and programmatic decisions are receiving the intake risk assessment information, including but not limited to prior history of violence and/or sexual abuse, prior to making any determinations.
3. Ensure the collected information pertaining to the assessment of risk is shared on a limited, need to know basis, and the information is secured.
4. Establish a process to ensure all new commitments are reassessed at a set time, not to exceed 30 days from the date of arrival, regarding their risk for abusiveness or victimization. Document and retain said reviews.

Corrective Action Completed:

CCP has incorporated all the questions and assessments described in 115.41(d) into their intake screening process to assess potential victimization as well as predatory conduct. Since the initial audit, identified classification staff have been authorized to access full criminal

background information on commitments and are now considering the subject's criminal history, along with other assessment information, prior to making any housing and programmatic decisions. Formerly CCP staff had been largely relying on their local records and self-reported criminal history information.

CCP has included in their Sexual Abuse Prison Rape Elimination Act policy a comprehensive review of their procedures in a section titled "Screening for Risk." When discussing the collected screening information, the policy narrative makes clear that "This information is limited to a need to know basis." In the same policy and section, CCP states that "All newly committed inmates will be interviewed by a correctional counselor between 20-30 days of arrival to reassess their risk for victimization and/or abusiveness and sign an acknowledgment form."

While onsite for the follow-up visit, the auditor randomly selected the files of five inmates affirming the collection of the information at booking. The auditor discussed the classification process with treatment staff who showed the auditor how they receive the booking information, along with the criminal history for each new commitment, prior to interviewing the individual. All the information is then considered when making their housing and program assignments. The selected files also contained the form, signed by their counselor and the inmate, demonstrating the performance of the prescribed housing reassessment between 20 and 30 days after commitment.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.42 – Use of screening information</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; responses to pre-audit questionnaire; observations during the on-site portion of the audit; interviews PREA Coordinator, intake officers and medical staff; booking questionnaire performed by custody staff and the intake questionnaire performed by medical staff; auditor’s observations during the onsite portion of the audit; CCP contract for medical services with PCM.</p> <p>115.42(a): Despite the policy language requiring that information gathered during intake, pertinent to inmates’ sexual safety, be considered by staff who were responsible for the housing assignments and program participation decisions, during interviews it became apparent that the collected information was not being systematically or effectively shared with classification decision makers. Corrective action will be required to comply with this standard provision.</p> <p>115.42(b): During his interview, the PREA coordinator (Deputy Warden Eickhoff) told the auditor that the classification staff reviews each inmate individually, taking into consideration all collected information in furtherance of inmate safety, before making housing assignment decisions.</p> <p>The breadth of information being considered for classification determinations will be expanding due to other audit corrective actions. Based on the interview with the PREA coordinator, it appears CCP follows this standard provision.</p> <p>115.42(c): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states that “Transgender and intersex inmates will be assigned to male or female blocks on a case by case basis and based on the health and safety of the inmate and the security needs of the prison. A transgender and intersex inmate’s own view with respect to their own safety will be given serious consideration.” During interviews with the warden and PREA coordinator they both described prior circumstances when transgender female inmates were assigned to female general population housing units. There were no transgender or intersex inmates currently housed at CCP to interview. One female inmate who was interviewed by the auditor recalled a transgender female living on her housing unit at CCP. While onsite the auditor reviewed the record of a former inmate who was transgender to review and confirm the individualized decision making. The written policy, interviews with specialized staff and inmates, along with file record review demonstrates full compliance with this standard provision.</p> <p>115.42(d): During the auditor’s interview with PREA Coordinator Eickhoff, he acknowledged that CCP does not currently have any written policy directive or other documentation process in place to demonstrate that transgender and intersex inmates’ housing assignments are being formally reassessed at least twice each year. Corrective action will be required.</p> <p>115.42(e): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act directs that transgender and intersex inmate’s own views regarding safety be considered when determining housing assignments. The PREA Coordinator in his interview with the auditor stated that transgender</p>

and intersex inmate's views regarding their housing assignments are considered prior to making any housing determinations. The file record of a transgender inmate who was formerly incarcerated at CCP appeared to confirm the practice of seeking and considering input from the subject inmate. The written policy, interviews with specialized staff and inmates, along with file record review demonstrates full compliance with this standard provision.

115.42(f): During the auditor's interview with PREA Coordinator Eickhoff, he stated that transgender and intersex inmates are routinely permitted to shower separately but that instructive information is not written in the PREA policy directive. Corrective action will be required.

115.42(g): The PREA coordinator and the warden, when interviewed, stated that inmates who identify as LGBTI are not assigned to any housing units designated for individuals or groups who so identify. CCP Warden Shenk confirmed that there have been no legal judgments, settlements, or consent decrees which would require such housing arrangements. During the onsite tour the auditor talked with inmates from every housing unit and no unit had a population of only LGBTI inmates. Based on interviews and observations during the onsite portion of the audit it is apparent that CCP follows this standard provision.

Required Corrective Action:

1. Establish a process in which the answers to the intake screening questions for new commitments are systematically passed on to, and considered by, classification decision makers.
2. Institute the policy language and structured/documented practice to ensure transgender and intersex inmate housing assignments are reassessed, in furtherance of inmate safety, at least twice a year.
3. Direct via policy that transgender and intersex inmates are given the opportunity to shower separately from other inmates.

Corrective Action Completed:

The screening information collected during the booking process is entered into CCP's computerized Offender Management System (OMS) which is then able to be accessed by the classification staff when making housing and programmatic decisions. The process for passing along the information is memorialized in CCP's Sexual Abuse Prison Rape Elimination Act policy. While onsite for a follow-up visit the auditor observed the classification staff access the intake information via their OMS.

CCP's Sexual Abuse Prison Rape Elimination Act policy also now states that "Transgender and intersex inmates will be assigned to male or female blocks on a case by case basis and based on the health and safety of the inmate and the security needs of the prison. They will be given the opportunity to shower separately from other inmates. A transgender and intersex inmate's own view with respect to their safety will be given serious consideration. Transgender and intersex inmates will have their housing and programming assignments reassessed twice a year to review any threats to their safety."

No transgender or intersex inmates were present during the corrective action period, so there were no file records for the auditor to review.

115.43	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.43 – Protective Custody</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; responses given in the pre-audit questionnaire; interviews with warden, PREA coordinator, staff who supervise inmates in segregated housing, and inmates; inmate file records; observations made during the tour of the facility.</p> <p>115.43(a): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states that “Inmates at high risk for sexual victimization will not be placed in segregated housing unless other alternatives are not available”. The warden in his interview with the auditor confirmed the policy position, and further stated that the facility physical plant offers enough housing unit options to almost always make a housing assignment even for inmates at high risk for sexual victimization. During the onsite audit tour, the auditor noticed the housing units were relatively small and were well supervised by staff. The PREA Coordinator in the preaudit questionnaire indicated that there have not been any incidents of inmates being housed in segregation due to concerns of sexual safety, and the warden confirmed same in his interview. None of the 16 noted LGBTI inmates interviewed by the auditor indicated they had been placed into segregated status due to their sexuality. The auditor reviewed the file records of three LGBTI inmates and none of those records indicated assignment to segregated status during their classification. There were no identified instances of inmates being housed in segregated status due to risk of sexual victimization during the audit period, and therefore no such targeted records were reviewed by the auditor. CCP policy language; interviews with warden, PREA coordinator, and inmates; auditor’s observations; and a review of inmate records demonstrate compliance with this standard provision.</p> <p>115.43(b): Although there have been no occasions during the audit period of inmates being assigned to segregated status due to high risk of sexual victimization, CCP policy states that “Inmates placed in segregated housing will have access to programs, privileges, education, and work opportunities to the extent possible”.</p> <p>12 staff who are assigned to supervise segregated housing were interviewed by the auditor and they all indicated inmates are not routinely placed in segregated housing due to risk of sexual victimization, and that comparable general population privileges are typically offered. The inability to provide the same level of privileges as received in general population, and the associated reasoning would be documented in their logbook. During the on-site portion of the audit, the auditor noted that the segregated housing areas looked the same as the general population areas. There were no identified instances of inmates being housed in segregated status due to risk of sexual victimization during the audit period, and therefore no such targeted records were reviewed by the auditor. The interviews of specialized staff, CCP policy language, and observations made by the auditor demonstrate compliance with this standard provision.</p> <p>115.43(c): The PREA Coordinator in the preaudit questionnaire indicated that there have not</p>

been any incidents of inmates being housed in segregation due to concerns of sexual safety, and the warden confirmed same in his interview. The warden added that they typically have ample space in varied housing units and therefore such an assignment to segregation would be unusual. None of the 16 noted LGBTI inmates interviewed by the auditor indicated they had been placed into segregated status due to their sexuality. The auditor reviewed the file records of LGBTI inmates and none of those records indicated assignment to segregated status during their classification. 12 staff who have been assigned to supervise segregated housing were interviewed by the auditor and they all indicated inmates are not routinely placed in segregated housing due to risk of sexual victimization. There were no identified instances of inmates being housed in segregated status due to risk of sexual victimization during the audit period, and therefore no such targeted records were reviewed by the auditor. Based on interviews, pre-audit questionnaire, auditor observations, review of inmate records, and CCP policy language it is apparent that CCP follows this standard provision.

115.43(d): As stated in the pre-audit questionnaire and confirmed via interview with the PREA coordinator and the facility warden, there were no cases of inmates at high risk for sexual victimization being placed in segregation. During their respective interviews with the auditor Warden Shenk and Deputy Warden Eickhoff (PREA Coordinator) stated that they understand the need to document if/when an inmate is involuntarily assigned to segregation due to his/her high risk for sexual victimization; including the explanation of why no other housing assignment is a viable alternative to segregation. Based on the response to the pre-audit questionnaire and interviews of staff, it is apparent that CCP follows this standard provision.

115.43(e): CCP policy 20.3 states Sexual Abuse Prison Rape Elimination Act "Inmates in segregated housing will be reviewed at least every 30 days to determine whether there is a continuing need for separation from the general population." Deputy Warden Eickhoff (PREA Coordinator) stated during his interview that he reviews every segregated inmate's circumstance every thirty days to determine the need for continued segregation. All 12 officers who supervise the segregation units, when interviewed by the auditor, confirmed the routine practice of 30-day reviews. CCP policy language and interviews with specialty staff demonstrate compliance with this standard provision.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding protective custody. No corrective action is required.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.51 – Inmate reporting</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; observations made during tour of the facility; interviews with PREA coordinator, inmates and staff.</p> <p>115.51(a): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states “inmates can privately report sexual abuse, sexual harassment, retaliation by other inmates or staff and staff neglect by using the following: Request Forms, Grievance Forms, Verbal Reporting, Sexual Abuse Hotline, and Third-party reporting.”</p> <p>Based on my observations during the onsite portion of the audit and interviews of inmates, CCP inmates have the ability to pick up a telephone located in all housing units and use the facility PREA hotline to leave messages with facility officials about (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The call is free, and the instructions are simple. While onsite the auditor tested the process and found it to be working. Inmates could also ask any supervisor or other staff person whom they trust to speak privately and share their concerns or simply hand that person a written request slip or grievance. Varied supervisors and medical staff tour every housing unit at multiple times each day. Inmate request slips and grievances however are routinely submitted by hand to varied corrections officers working on housing units. These officers may or may not read the submitted documents, and therefore this primary written process doesn’t qualify as an acceptable private reporting method. Corrective action will be required to achieve full compliance with the standard provision.</p> <p>115.51(b): CCP has collect telephones available for inmates to make pay calls to family and friends. This reporting method only works for inmates who have family and/or friends who are willing to accept collect calls from the jail, and/or have set up a pre-paid account. The free hotline telephone system call that is available to inmates is monitored by jail officials, not an outside agency. During his interview the PREA Coordinator stated that CCP does not hold ICE detainees on civil commitments. Corrective action will be required to achieve full compliance with the standard provision.</p> <p>115.51(c): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states “All staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against inmates or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation that occurs in CCP.” During interviews with the auditor, 100% of the 12 random uniformed staff confirmed that they would immediately report to supervisory personnel in writing any reports they receive regarding sexual abuse or sexual harassment whether it be verbal, written, anonymous, or from a third party. During interviews with inmates 25 out of 27 inmates stated they would make reports of sexual harassment or sexual abuse in person or in writing. 26 of the 27 inmates interviewed felt that if CCP officials were contacted by an outside party regarding an anonymous allegation, that CCP officials would investigate the allegation. CCP</p>

policy language and interviews of staff and inmates demonstrate CCP's compliance with this standard provision.

115.51(d): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states "staff can privately report sexual abuse and sexual harassment of inmates to their supervisor or any other facility supervisor. Any verbal reports will be immediately documented by the staff member receiving the information and forwarded to a supervisor." CCP PREA Coordinator Eickhoff stated in the pre-audit questionnaire that staff are made aware of this reporting option during training and policy reviews. During interviews with the auditor, all 12 random uniform staff confirmed that they could report any PREA related concerns privately by speaking directly to a superior. CCP policy language, interviews of random staff, and pre-audit questionnaire responses demonstrate that CCP follows this standard provision.

Required Corrective Action:

1. Install lockable drop boxes on every housing unit to allow inmates to privately submit written request slips or grievances. Designated supervisory staff should empty said boxes on a defined schedule, at least once per day.
2. CCP will implement a process whereby the telephone hotline phone calls, available to inmates at no cost, will go to an outside agency.

Corrective Action Completed:

CCP installed lockable grey mailboxes on every housing unit to allow inmates to privately submit request slips or grievances to managerial staff. Only the shift commander has the key to the mailboxes, and the boxes are emptied once per day, during the 11 pm to 7 am shift by the on-duty shift commander. Inmates are instructed to use the mailboxes via the inmate handbook and during their initial comprehensive PREA education. The procedures regarding the utilization of the mailboxes for inmate communications is also now described in CCP's Sexual Abuse Prison Rape Elimination Act policy.

CCP entered into an intergovernmental agreement with the PA Department of Corrections to serve as an outside agency to receive telephone calls from CCP inmates, via a confidential hotline, and also to receive calls from concerned community members. The PA DOC allows callers to remain anonymous, if they so choose, and stands ready to receive calls and forward urgent messages to CCP managerial staff, 24 hours a day, seven days a week. While onsite for the follow-up visit the auditor tested the hotline on multiple housing units to confirm they were in working order.

The facility now provides multiple ways for inmates and third parties to privately alert staff for PREA related concerns.

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.52 – Exhaustion of administrative remedies</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; CCP Inmate Handbook; CCP grievance log; interviews with PREA coordinator, warden, corrections officers and inmates; auditor’s observations during site tours.</p> <p>115.52(a): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act delineates CCP’s administrative procedure for the handling of formal written inmate grievances regarding allegations of sexual abuse. By virtue of having defined the administrative process for handling such grievances CCP has met this standard provision.</p> <p>115.52(b): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states that there is no time limit for the filing of a grievance regarding allegations of sexual abuse. The policy also makes clear that an inmate is not required to use an informal process, or otherwise attempt to resolve with staff an alleged incident of sexual abuse. The auditor reviewed the grievance log for the audit period, which included a total of 70 formal grievances. There were no incidents of inmates having used a written grievance of file a complaint of sexual abuse or sexual harassment. During their respective interviews, PREA Coordinator Eickhoff and Warden Shenk demonstrated an awareness of the associated timeline and the nullification of any informal resolution requirements for PREA related grievances. The written policy language and interview affirmations demonstrate compliance with this standard provision.</p> <p>115.52(c): Policy 20.3 Sexual Abuse Prison Rape Elimination Act states that inmates will not be required to submit a grievance to the staff member who is the subject of the complaint. As observed by the auditor during the onsite portion of the audit however, there are no lockable drop boxes on housing units to allow inmates to submit grievances or written request slips without having to hand the documents to a staff member for their handling. Policy 20.3 Sexual Abuse Prison Rape Elimination Act also states that PREA related grievances alleging improper conduct of a staff member will not be referred to the subject staff member(s). There were no PREA related grievances lodged during the audit period and during their respective interviews, PREA Coordinator Eickhoff and Warden Shenk demonstrated an awareness of the commonsense requirement to not refer said grievances to the subject staff member(s). Corrective action regarding the submission options for inmate grievances will be required to comply with this standard provision.</p> <p>115.52(d): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act requires that a decision on the merits of any grievance, or portion of a grievance, alleging sexual abuse be made within 90 days of the filing of the grievance. The policy also allows for a 70 days extension with a written notification to the grievant. The auditor reviewed the record of all inmate grievances filed during the 12-month audit period. A total of 70 inmate grievance were filed, and none of them involved allegations of sexual abuse or sexual harassment. Although the allegations were not submitted via the formal CCP inmate grievance process, the PREA investigative records show that all nine of the resultant investigations were concluded within 90 days. There were no inmates who had reported PREA defined sexual abuse, incarcerated at the time of</p>

the audit. The grievance log and the PREA investigative record demonstrate compliance with this standard provision.

115.52(e): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states “Fellow inmates, staff members and outside advocates will be permitted to assist inmates in filing requests for administrative remedies relating to sexual abuse allegations.” The auditor reviewed the investigative records and there were no instances of an advocate being provided or requested. In his interview with the auditor the PREA Coordinator articulated an understanding that there may be circumstances when an advocate is needed to help an inmate present his/her allegation, and in such cases, one will be provided; if refused by the subject, said refusal would be documented. Based on review of the policy language, PREA investigative records, and interview with the PREA Coordinator, CCP is following this standard provision.

115.52(f): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states “All emergency grievances alleging an inmate is subject to a risk of imminent sexual abuse will be forwarded immediately to the shift leader. All emergency grievances initial responses will be within 48 hours and a final prison decision within 5 calendar days.” There were no PREA related grievances, emergency or otherwise, submitted during the audit period. Based on review of the policy language and PREA investigative records, CCP appears to follow this standard provision.

115.52(g): CCP does not have a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. The grievance log, reviewed by the auditor, indicates no PREA related grievances were submitted, and therefore, no resultant disciplinary actions could have been taken. The insertion of language into policy regarding the circumstances when an inmate can be disciplined will be required to achieve compliance with this provision.

Required Corrective Action:

1. Install lockable drop boxes on every housing unit to allow inmates to privately submit written grievances. Designated supervisory staff should empty said boxes on a defined schedule, at least once per day.
2. Insert policy language stating that limits the facility’s ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.

Corrective Action Completed:

CCP installed lockable grey mailboxes on every housing unit to allow inmates to privately submit request slips or grievances to managerial staff. Only the shift commander has the key to the mailboxes, and they are emptied once per day, during the 11 pm to 7 am shift by the on-duty shift commander.

CCP’s Sexual Abuse Prison Rape Elimination Act policy now contains language expressly stating “Inmates who report sexual abuse or sexual harassment shall not be subjected to discipline for making the report, even if the associated investigation does not substantiate the allegation. The only exception would be a circumstance in which it is clearly proven that the inmate reporting the allegation did so, knowing the allegation was objectively false.”

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.53 – Inmate access to outside confidential support services</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; responses provided in the pre-audit questionnaire; Memo of Understanding between CCP and YWCA of Carlisle; auditor’s interview with YWCA agency representative, inmates, PREA coordinator; CCP inmate handbook;</p> <p>115.53(a): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states “The prison will attempt to make available to the victim an advocate from a rape crisis center to accompany and support the victim through the forensic medical examination process, investigatory interviews and for emotional support, crisis intervention information, and referrals.” CCP entered a Memorandum of Understanding (MOU) with the YWCA of Carlisle for the provision of rape crisis services, including victim advocacy and emotional support. The auditor was given a copy of the MOU by PREA Coordinator Eickhoff and the auditor interviewed a YWCA agency representative who provides services. The YWCA agency representative, who was interviewed by the auditor, made clear that there have been no incidents within the audit period which required responsive rape crisis services for inmates at CCP, but they have been providing ongoing emotional support services for inmates at CCP who had reported prior victimization. The auditor interviewed three inmates who reported prior victimization and who were receiving ongoing support services from YWCA while they are incarcerated at CCP. Referrals are made to YWCA caseworkers by treatment staff at CCP, who then facilitate the supportive counseling service. The PREA coordinator stated during his interview that inmates could make free calls to the YWCA rape crisis agency from the inmate telephones located in the housing units as well if they didn’t want to go through CCP Treatment staff. The warden in his interview with the auditor stated that CCP does not hold ICE detainees solely for civil immigration purposes. CCP policy language, their MOU with the YWCA, and interview responses demonstrate compliance with this standard provision.</p> <p>115.53(b): The auditor noted very scant instructions or information regarding the availability of outside confidential support services in the inmate handbook or other provided educational materials. The language in the policy 20.3 regarding the monitoring of outside support service calls is unclear. Inmates interviewed by the auditor were generally unaware of the service or the monitoring protocols in place. Corrective action will be required.</p> <p>115.53(c): CCP entered a Memorandum of Understanding (MOU) with the YWCA of Carlisle for the provision of rape crisis services, including victim advocacy and emotional support. The auditor was given a copy of the MOU by PREA Coordinator Eickhoff and the auditor interviewed a YWCA agency representative who provides services. The MOU is in place; a copy of same was provided to the auditor, and the interview performed by the auditor with an agency representative confirmed the existence of the agreement, demonstrating compliance with the standard provision.</p> <p>Required Corrective Action: CCP will educate inmates regarding the availability of emotional support services from an</p>

outside agency and make clear the extent to which those communications are monitored.

Corrective Action Completed:

CCP's Sexual Abuse Prison Rape Elimination Act policy now states "Interested inmates can receive emotional support services from identified staff/volunteers with the Carlisle YWCA. Inmates can contact YWCA emotional support advocates through their counselor, or by communicating directly via mail or an established free hotline from the inmate telephone system. The prison will allow reasonable communication between inmates and an outside advocacy group in as confidential manner as possible." The audit during the follow-up visit saw signs on every inmate housing unit alerting them to the hotline for emotional support services. Information regarding the availability of professional service providers is presented to all inmates during their medical intake processing, and the inmate handbook provides information regarding the availability of confidential support services from the YWCA. During the follow-up site visit, the auditor spoke with a CCP counselor who was well versed in making the proper connections to facilitate emotional support services for inmates. All involved staff affirmed that the emotional support communications are not monitored.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.54 – Third-party reporting</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination: CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; CCP website (ccpa.net); interviews with Warden Shenk and PREA Coordinator Eickhoff.</p> <p>115.54(a): During interviews with Warden Shenk and Deputy Warden (PREA Coordinator) Eickhoff both confirmed that a CCP shift leader is available to receive third party report telephone calls 24 hours a day. The warden and deputy warden also routinely get calls from family or friends of inmates raising concerns. Both parties also receive regular mail communications. Policy 20.3 states, and both the warden and deputy warden during respective interviews affirmed, that all PREA related allegations received from third parties are investigated. CCP does not have any telephone numbers or instructions on their website describing how public entities can make third-party reports. Corrective action will be required.</p> <p>Required Corrective Action: CCP will need to provide contact information for CCP officials and Middlesex Township PD on their website to facilitate public third-party reporting.</p> <p>Corrective Action Completed: CCP policies 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct has been posted on the public website. The policy contains telephone numbers for direct contact with the municipal police department for third-party reporting. The website also provides the telephone number for the PA Department of Corrections for third-party reporting. All pertinent telephone numbers for reporting are located on multiple page locations on the website.</p>

115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.61 – Staff and agency reporting duties</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>Interview responses from warden, PrimeCare Medical (PCM) representative, and random uniformed staff; PREA investigative reports; and CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; PCM policy CUP J-F-06 Response to Sexual Abuse.</p> <p>115.61(a): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act, article 1, page 5 clearly states that “All staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against inmates or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation that occurs in CCP or any other facility to their supervisor and/or any other supervisor.” All 12 of the random staff interviewed stated that they were aware of the requirement for reporting any such concerns to supervisory personnel. The answers provided to all scenario type questions consistently started with “I would alert my supervisor...” The written policy language and interview responses demonstrate compliance with the standard provision.</p> <p>115.61(b): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act article 2, page 5, states “Staff will not reveal any information related to a sexual abuse report to anyone except designated supervisors or officials, who are responsible for treatment, investigation, and other security and management decisions.” During interviews with random staff 11 out of 12 recalled the confidentiality expectation relating to sexual abuse. The written policy language and interview responses demonstrate compliance with the standard provision.</p> <p>115.61(c): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act and PCM policy CUP J-F-06 Response to Sexual Abuse both clearly state that medical and mental health practitioners are required to report any allegations or information regarding sexual abuse and inform inmates or their duty to report.</p> <p>During interviews performed by the auditor, medical and mental health representatives recited without hesitation those reporting requirements and the notification of mandatory reporting provided to inmates. Neither of the staff interviewed have received sexual abuse information which required immediate reporting, but they understood the requirement. Based on the policy language of CCP and PCM, along with the interview responses from the medical and mental health representatives, it is apparent that they follow this standard provision.</p> <p>115.61(d): CCP does not house inmates under the age of 18 and there are no vulnerable adult statutes that require additional reporting; therefore, this standard provision is not applicable.</p> <p>115.61(e): During interview with Warden Shenk he confirmed that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports are forwarded to the proper investigative authority. Policy 20.3 Sexual Abuse Prison Rape Elimination Act also states that all PREA related allegations received are investigated. The investigative records demonstrated that one of the five PREA investigations were initiated by way of a third-party</p>

report. CCP policy language, PREA investigation records, and interview responses from Warden Shenk demonstrate compliance with this standard provision.

**Corrective Action:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.62 – Agency protection duties</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination: Interview responses from warden and randomly selected uniformed staff; PREA log and the associated investigative reports.</p> <p>115.62(a): The warden, during his interview with the auditor, stated that if he were to learn that an inmate is at risk of imminent sexual abuse, he would immediately have the inmate removed from the housing area and interviewed, to assess the veracity of the concern, and thereafter take the proper steps based on the information gathered. 100% of the 12 random uniformed staff interviewed indicated that upon hearing any such concern they would immediately separate the inmate from his/her cellmates, contact a supervisor to request immediate assistance, and prepare a written report regarding what prompted the concern. PREA investigative records indicated there were no incidents in which CCP staff determined that an inmate was the subject to substantial risk of sexual abuse. Records do indicate that after the performance of cursory review of the circumstances and interviews with involved parties that rehousing decisions were made on five occasions, while a more comprehensive investigation was carried out. The interviews of the facility warden and randomly selected staff, along with the review of PREA investigation records demonstrate that CCP is following this standard provision.</p> <p>Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1027 360">Standard: 115.63 – Reporting to other confinement facilities</p> <p data-bbox="252 371 807 405">Auditor Overall Compliance Determination:</p> <p data-bbox="252 416 1445 488">Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p data-bbox="252 499 1337 571">Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p data-bbox="252 582 1433 701">CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; interviews with Warden Shenk, PREA Coordinator Eickhoff, and an inmate who made an allegation; review of documented notice; and PREA log.</p> <p data-bbox="252 712 1477 1301">115.63(a): CCP policy 20.3 states “If Cumberland County Prison receives an allegation, that an inmate was sexually abused, while confined at another facility, the superintendent or their designee will notify the facility head where the alleged abuse occurred within 72 hours. The notification will be documented.” CCP received an allegation from an inmate who claimed a PREA violation occurred while he was being transported to CCP by a private transport company during the final weeks of the audit period. A statement was prepared by the inmate making the complaint and he was interviewed by the CCP investigator. The inmate who made the allegation was interviewed by the auditor and he advised me that he had been interviewed locally regarding his complaint but was waiting for a formal reply. The warden made the notification to the transport company and showed the auditor his documentation of the notice, even though the decision was made by the PREA coordinator and the CCP investigative lieutenant to not categorize the incident as PREA defined sexual harassment or sexual abuse. The written policy language, documentation review, and interviews demonstrate compliance with this standard provision.</p> <p data-bbox="252 1312 1477 1473">115.63(b): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act requires the notification occur within 72 hours of receipt. The single incident document review demonstrated the notification was made within the 72-hour window. CCP policy language and the situational documentation demonstrate CCP follows this standard provision.</p> <p data-bbox="252 1485 1401 1603">115.63(c): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act requires the given notice be documented. The policy language and the document review demonstrate compliance with this standard provision.</p> <p data-bbox="252 1615 1453 1906">115.63(d): During his interview with the auditor Warden Shenk stated that there were no incidents during the audit period of CCP receiving a notification from another facility that an inmate had made an allegation of a PREA related incident occurring at CCP. Warden Shenk stated that if he were to receive such a notice that he would initiate an investigation into the matter and the incident would be fully described in the PREA log and the associated investigative record. Based on the interview with Warden Shenk and review of the PREA log, CCP has demonstrated compliance with this standard provision.</p> <p data-bbox="252 1917 485 1951">Corrective Action:</p> <p data-bbox="252 1962 1461 2080">Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>



<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.64 – Staff first responder duties</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; CCP PREA training lesson plan; interviews with security and non-security first responders; PrimeCare Medical (PCM) policy CUP J-F-06 Response to Sexual Abuse; PREA log and investigative records.</p> <p>115.64(a): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act outlines the steps to be taken by first responders to allegations of sexual abuse. The policy directs that the first officer to respond shall separate the alleged victim and abuser; preserve and protect any crime scene by securing the immediate area to insure nothing is disturbed until the collection of evidence by investigating authority; request that the alleged victim do nothing that would destroy physical evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. CCP’s training lesson plan covers the topic of preserving evidence. CCP does not have any policy language directing staff to immediately secure and continuously supervise the alleged abuser for subsequent evidence collection. There were no allegations of sexual abuse made during the audit period and therefore certainly no such target inmates to have interviewed regarding their experiences in this regard. During interviews with security and non-security first responders 11 out of 14 provided comprehensive answers, without prodding, regarding the separation of the involved inmates and the giving of instructions to the victim to not destroy evidence. The two who were not able to give the full comprehensive answers acknowledged having been trained on what to do, when the full proper response was presented by the auditor. Corrective action will be required.</p> <p>115.64(b): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states the if the first staff responder is not a security staff member, the responder shall instruct the alleged victim to not do anything that could destroy evidence, and then immediately notify security staff. CCP’s training lesson plan covers the topic of preserving evidence, as does the training provided by PCM for medical staff. PCM policy CUP J-F-06 Response to Sexual Abuse directs staff who learn of sexual abuse to immediately report same to their health services administrator and to the facility shift commander. The policy also provides instructions to not leave the victim unattended until transported from the facility, and to ensure he/she does not “shower, wash, urinate, defecate, smoke, eat, drink, brush hair or teeth, or rinse mouth.” There were no allegations of sexual abuse made during the audit period and therefore certainly no such target inmates to have interviewed regarding their experiences in this regard. During interviews with two non-security staff members who could be first responders, both provided comprehensive answers regarding the proper instructions to be given to not destroy evidence and to immediately contact security staff. CCP’s written policy, the interview responses, and a review of the PREA log, demonstrate compliance with this standard provision.</p> <p>Required Corrective Action: Include in written policy and training the requirement to immediately secure, and continuously supervise, the alleged abuser for subsequent evidence collection.</p> <p>Corrective Action Completed:</p>

CCP's Sexual Abuse Prison Rape Elimination Act policy now states, "The first security staff member to respond to an allegation of sexual abuse will separate the alleged victim and isolate, secure, and supervise the abuser to ensure evidence is not destroyed." The auditor also reviewed CCP's revised PREA training lesson plan which discusses the expectations to preserve evidence.

115.65	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.65 - Coordinated response</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policies 20.3 Sexual Abuse Prison Rape Elimination Act and 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct; PrimeCare Medical (PCM) policy CUP J-F-06 Response to Sexual Abuse; MOU with Carlisle YWCA for the provision of Rape Crisis services; interviews with Middlesex Township Police Department detective, Carlisle Hospital Forensic Nurse Manager, Warden Shenk.</p> <p>115.65(a): CCP has two policies (20.3 Sexual Abuse Prison Rape Elimination Act and 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct) which describe their plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. PCM also has a policy CUP J-F-06 Response to Sexual Abuse which describes medical staff actions including their initial responsive actions, documentation requirements, and actions to be taken upon the subject's return to CCP. Warden Shenk in his interview with the auditor described the coordinated response of all involved subset groups, who work together in furtherance of caring for victims and prosecuting abusers. Further interviews with representatives from Middlesex PD, the local hospital and YWCA, demonstrate that all the component parts necessary to provide a comprehensive response to sexual abuse are in place. The written policies and agency agreements, verified via interviews, demonstrate compliance with this standard provision.</p> <p>Corrective Action:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding coordinated response. No corrective action is required.</p>

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.66 – Preservation of ability to protect inmates from contact with abusers</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP’s Collective Bargaining Agreement (CBA) with American Federation of State, County and Municipal Employees, District Council 89, AFL-CIO 1/1/18 through 12/31/2020; interview with Warden Shenk; professional service agreements with PrimeCare Medical Inc. (PCM) and ARAMARK.</p> <p>115.66(a): During Warden Shenk’s interview with the auditor he indicated that the CBA for corrections officers working at CCP does not restrict CCP’s managerial discretion to direct the workforce. CCP management maintains the authority to make and adjust all staff duty post assignments. The auditor reviewed the CBA and confirmed the presence of the language in “Article 2 – Management Rights.” The professional service contracts with PCM and ARAMARK were reviewed by the auditor and both contain language that allows CCP managerial staff to bar entry of any contract employee with cause.</p> <p>Based on the interview with Warden Shenk and a review of the existing CBA, CCP follows this standard provision.</p> <p>115.66(b): The auditor is not required to audit this standard provision.</p> <p>Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding the preservation of ability to protect inmates from contact with abusers. No corrective action is required.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.67 – Agency protection against retaliation</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act; inmate grievance log; interviews with warden, PREA coordinator, and an inmate who made a report.</p> <p>115.67(a): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states “Staff or inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will not be subject to retaliation by other staff or inmates. As described by Warden Shenk during his interview, shift leaders monitor any indications of retaliation on a day to day basis. Warden Shenk further stated that managerial staff will act promptly to remedy any acts of retaliation against staff or inmates who report PREA related allegations. The auditor reviewed the inmate grievance log and there were no grievances charted during the audit period alleging said retaliation. The inmate who made a PREA allegation, just weeks before the auditor’s arrival, was interviewed and he indicated that he had not been subjected to any harassment or retaliation for having done so. Based on the policy language, a review of the grievance log, and interviews it appears that CCP follows this standard provision.</p> <p>115.67(b): Warden Shenk, during his interview with the auditor, described how victims are separated from inmate abusers, and how staff assignments would be adjusted as needed, in keeping with the standards. Emotional support services are available for victims of sexual abuse at CCP. The warden indicated both he and Deputy Warden Eickhoff have open door policies regarding staff concerns; and it is his belief that staff trusts both he and/or Deputy Eickhoff would follow-up directly and provide support for the staff member. There were no inmates living in a segregated status due to having made any PREA related allegations. There are no grievances in the inmate grievance log for the audit period alleging said retaliation. Based on the interviews of the warden as well as staff and inmates it appears that CCP follows this standard provision.</p> <p>115.67(c): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states “After the report of sexual abuse, the superintendent or their designee will monitor the conduct and treatment of inmates or staff who reported the sexual abuse or inmates who experience the sexual abuse for at least 90 days for possible retaliation.” However, the auditor learned via interviews that CCP does not have a defined process in place, by which staff or inmates who reported allegations of sexual abuse are monitored to ensure they are not being harassed or otherwise retaliated against. Corrective action will be required to achieve compliance with this standard provision.</p> <p>115.67(d): CCP PREA Coordinator Eickhoff reported that they have not been performing the periodic status checks on inmates who reported allegations of sexual abuse. Corrective action will be required to achieve compliance with this standard provision.</p> <p>115.67(e): Warden Shenk, during his interview with the auditor, stated that in the event an inmate or staff who cooperates with a PREA investigation expresses a fear of retaliation, managerial or supervisory staff would ask that person to provide input into steps that could be</p>

taken to minimize any adverse actions. For inmates, options regarding housing unit changes or even transfers to neighboring county facilities would be considered. Case management staff would be alerted to provide greater monitoring and support. Staff would be directed to alert the deputy warden directly if they believe they are being retaliated against. Based on the interviews of Warden Shenk and Deputy Warden Eickhoff it appears that CCP follows this standard provision.

115.67(f): The auditor is not required to audit this standard provision.

Required Corrective Action:

1. CCP will implement a protocol in which a named supervisory individual or position is responsible for the periodic monitoring of inmates, who have alleged sexual abuse or have cooperated in an investigation into inmate sexual abuse for at least a 90-day period, in an effort to identify, deter, and respond to any retaliatory behaviors or actions. The monitoring documentation will include at a minimum, any disciplinary reports, housing changes, and/or program assignment changes.
2. CCP will implement a protocol in which a named managerial individual is responsible for monitoring staff who have reported or cooperated in an investigation into inmate sexual abuse for at least a 90-day period, to identify, deter, and respond to any retaliatory behaviors or actions. The monitoring documentation will include at a minimum performance reviews and post assignments.

Corrective Action Completed:

CCP's Sexual Abuse Prison Rape Elimination Act policy now states "Staff or inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will not be subject to retaliation by other staff or inmates. After a report of sexual abuse, the superintendent or their designee will monitor the conduct and treatment of inmates or staff who reported the sexual abuse and inmates who experienced the sexual abuse for at least 90 days for possible retaliation."

A CCP uniformed supervisor, TJ Keppler, has been assigned the responsibility of monitoring all involved inmates for 90 days following a report of sexual abuse. Deputy Warden Eickhoff has assumed the responsibility for monitoring and meeting with staff who report any sexual abuse concerns for at least 90 days. The auditor reviewed the new CCP forms designed to document the monitoring of both inmates and staff. During the follow-up site visit, the auditor interviewed both Keppler and Eickhoff regarding the monitoring expectation, both were able to describe the concerning retaliatory behaviors to look for, and their role in the monitoring process.

There were no substantiated or unsubstantiated reported incident of sexual abuse, and therefore no monitoring documentation was available for review.

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.68 – Post-allegation protective custody</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policies 20.3 Sexual Abuse Prison Rape Elimination Act and 6.1 Inmate Classification; the completed pre-audit questionnaire; PREA log and investigative records; observations during facility tours; interviews with warden and corrections officers who supervise inmates in segregation units.</p> <p>115.68(a): CCP policy 20.3 Sexual Abuse Prison Rape Elimination Act states “Inmates at high risk for sexual victimization will not be placed in segregated housing unless other alternatives are not available. Inmates placed in segregated housing will have access to programs, privileges, education, and work opportunities to the extent possible.” According to the PREA log and the investigative records reviewed by the auditor, no inmates alleged to have suffered sexual abuse at CCP during the 12-month audit period, and therefore no such inmates were held involuntarily in segregation due to such an assault or allegation. The warden in his interview and the pre-audit questionnaire also confirmed no inmates were assigned to segregation due to an allegation of sexual abuse. During their interviews with the auditor, none of the 7 corrections officers who work on the segregation housing units could recall any instance when an inmate was housed in segregation following an incident of sexual abuse. In the event an inmate was to be assigned to segregation due to an allegation of sexual abuse, CCP policy 6.1 states that all inmates assigned to segregation status will be reviewed every 30 days by the deputy warden. CCP policies 20.3 Sexual Abuse Prison Rape Elimination Act and 6.1 Inmate Classification, along with the interviews of warden and officers assigned to segregation housing units, demonstrates CCP follows this standard provision.</p> <p>Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.71 – Criminal and administrative agency investigations</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policies 20.3 Sexual Assault Prison Rape Elimination Act and 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct; interviews with CCP warden, investigative lieutenant, PREA coordinator, and Middlesex Township PD detective; the PREA log and the associated investigative records; and training certifications for investigative staff.</p> <p>115.71(a): CCP policy 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct describes the process for initiating and furthering criminal investigations at CCP, conducted by Middlesex Township PD. CCP policy 20.3 Sexual Assault Prison Rape Elimination Act describes their approach to both administrative and criminal investigations. When interviewed by the auditor, the CCP investigative lieutenant stated that when an allegation of sexual abuse or sexual harassment is made, and the circumstances don't trigger emergency action, the associated investigation is underway in less than 24-hours. In the interim the shift leader will take any necessary immediate action and assemble an informational report. The lieutenant also stated, during his interview with the auditor, that anonymous or third-party reports are often the impetus for investigations, and those allegations are investigated with the same thoroughness, objectivity, and energy as direct victim allegations. A review of the PREA log and the investigative records by the auditor, confirmed that all allegations, including third-party reports, were thoroughly and objectively investigated. There were no incidents of anonymously given reports during the audit period. CCP policy language, PREA investigative records, and interview responses demonstrate CCP's compliance with this standard provision.</p> <p>115.71(b): CCP policies 20.3 Sexual Assault Prison Rape Elimination Act and 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct describe the referral of criminal investigations to Middlesex Township PD. Interviews with a Middlesex Township police detective and the CCP investigative lieutenant confirmed that in non-emergency cases, the CCP lieutenant will review allegations and conduct an administrative investigation to determine if a criminal referral is warranted. The auditor was given copies of the training certificates for the CCP lieutenant and the Middlesex PD detective certifying they have been trained in the performance of sexual abuse investigations in a confinement setting. In their respective interviews with the auditor, both referenced ongoing and open communications regarding CCP investigations. CCP policy language, review of training certificates, and interview responses demonstrates compliance with this standard provision.</p> <p>115.71(c): CCP policies 20.2 Criminal Jurisdiction at the Cumberland County Prison &amp; Responses to Criminal Conduct and 20.3 Sexual Assault Prison Rape Elimination Act describe the evidence to be collected and preserved in response to reports of sexual abuse. The policies along with the interview responses from the CCP investigative lieutenant and the Middlesex Township detective make clear that if the initial information indicates a sexual</p>

assault occurred, Middlesex police will be immediately contacted; the parties will be removed from their housing unit(s), separated, isolated, and supervised; the cell or scene where the assault occurred will be secured. If forensic evidence may still exist, the victim will be transported to the hospital and the YWCA rape crisis agency will be contacted. All decisions regarding the collection of forensic evidence from the suspected perpetrator or the scene will be directed by Middlesex Township PD. During his interview with the auditor the CCP lieutenant stated that if the initial information does not indicate emergency response, the subject inmates are immediately interviewed to determine if separation is warranted. The CCP lieutenant and the Middlesex Township detective indicated in their respective interviews that in the ensuing hours and days, direct and circumstantial evidence would be gathered: interviews with involved parties and witnesses, written statements, video recordings, and any previous incident records involving either of the parties. The auditor reviewed the investigative records and confirmed a thorough evidence collection process is in place at CCP. It is apparent from review of the investigative records, the policy language, and the expansive interview responses that CCP is in full compliance with this standard provision.

115.71(d): During his interview with the auditor, the CCP investigative lieutenant stated that when the evidence relating to a PREA investigation indicates that a prosecutable crime may have occurred, he would consult with the Middlesex Township detective before conducting compelled interviews. The auditor reviewed the PREA investigation records and there were no incidents during the audit term that appeared to warrant criminal prosecution. The interview responses, and the PREA investigative records, appear to substantiate CCP's compliance with this standard provision.

115.71(e): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states that "The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as an inmate or staff." The policy also states, "The prison will not require an inmate, who alleges sexual abuse, to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation." Interviews performed by the auditor, with the CCP investigative lieutenant and the Middlesex PD detective, confirmed their balanced approach to evidence credibility and their unwillingness to compel a polygraph exam. The auditor reviewed all the PREA investigative reports and none of them made any adverse reference to the assessment of inmate credibility or the use of a polygraph. CCP policy language, the interview responses, and the document review, demonstrate CCP's compliance with this standard provision.

115.71(f): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states "Administrative investigations will include an effort to determine whether staff actions or failures to act contributed to the abuse." The policy also states, "All administrative and criminal investigations will be documented in written reports that include description of the physical and testimonial evidence; the reasoning behind credibility assessments; and investigative facts and findings." Interviews performed by the auditor, with the CCP investigative lieutenant and the Middlesex PD detective, confirmed their intent to assess staff actions or inactions and to include same in their written reports along with components described in the policy language. The auditor reviewed all the PREA investigative reports and it appears that contributing factors are being reviewed, and elements; including a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, are being recorded. CCP policy language, the interview responses, and the document review, demonstrate CCP's compliance with this standard provision.

115.71(g): Interviews performed by the auditor, with the CCP investigative lieutenant and the Middlesex PD detective, confirmed that all criminal investigations are documented in a written

report that contains a thorough description of physical, testimonial, and documentary evidence. There were no PREA related criminal investigations performed by Middlesex Township PD during the audit period to review. Based on the comprehensive interview responses, the lack of any contradictory documentation, and consideration of the volume of training that is required to work as a municipal police detective, CCP appears to follow this standard provision.

115.71(h): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “Any substantiated allegations of conduct that appears criminal will be referred for prosecution.” During his interview with the auditor, the CCP investigator made clear that if at any point during an investigation the evidence indicates a criminal investigation may be warranted, the matter is immediately referred to Middlesex PD. During his interview with the auditor, the Middlesex Township detective stated that if the evidence appears to substantiate a criminal charge(s), the matter will be referred for prosecution. There were no PREA related criminal investigations performed by Middlesex Township PD during the audit period to review. Based on the comprehensive interview responses and the lack of any contradictory documentation, CCP appears to be acting in accordance with this standard provision.

115.71(i): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “All written reports of administrative and criminal investigations will be retained by the prison for as long as the alleged abuser is incarcerated or is employed by the agency, plus five years.” The PREA Coordinator when interviewed by the auditor indicated an understanding of the requirement to preserve the records. This is CCP’s first audit and therefore there were not many “old” reports to review. The auditor did note the existence of two investigative records which preceded the audit period. CCP’s policy language, the interview response from the PREA Coordinator and the limited documents available for review, demonstrate compliance with the standard provision.

115.71(j): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “An investigation will not be terminated just because the alleged abuser or victim departs from employment of control of the prison.” The CCP investigator and the warden, in their respective interviews with the auditor, stated that investigations will continue regardless of whether an alleged abuser or victim leaves the facility. CCP policy and the interview responses demonstrate compliance with this standard provision.

115.71(k): The auditor is not required to audit this standard provision.

115.71(l): CCP policy 20.2 Criminal Jurisdiction at the Cumberland County Prison & Responses to Criminal Conduct states “It is understood that any of the above incidents may fall within the concurrent jurisdiction of other local, state or federal investigating authorities and cooperative efforts will be made to achieve a swift resolution.” The auditor interviewed the warden, the PREA Coordinator, the CCP investigative lieutenant, and a Middlesex Township police detective, all of whom verbalized a willingness to cooperate with other agencies in furtherance of sexual safety at CCP. CCP Warden Shenk also made clear that regardless of what agency is involved he would endeavor to remain informed regarding the status of an investigation. CCP investigative records for the audit period were reviewed by the auditor and none the PREA related allegations were investigated by an outside agency. Based on the comprehensive interview responses, CCP policy language, and the lack of any contradictory documentation, CCP appears to be acting in accordance with this standard provision.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.



<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.72 – Evidentiary standard for administrative investigations</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination: CCP policy 20.3 Sexual Assault Prison Rape Elimination Act; interview with CCP investigative lieutenant; PREA log and the associated investigative record.</p> <p>115.72(a): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “The prison will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” When interviewed by the auditor, the CCP investigative lieutenant reiterated that the standard of proof for administrative investigations is the preponderance of evidence. The auditor reviewed the investigative records and the “preponderance of evidence” phrase was noted as not being met in the investigation narratives where the outcome was unsubstantiated. The facility policy language, investigation documents reviews, and the interview responses demonstrate compliance with this standard provision.</p> <p>Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding the evidentiary standard for administrative investigations. No corrective action is required.</p>

115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.73 – Reporting to inmates</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>20.3 Sexual Assault Prison Rape Elimination Act; interviews with CCP warden, CCP lieutenant in charge of investigations, and the Middlesex Township PD detective, inmate who reported a PREA incident; PREA log and the associated investigative records.</p> <p>115.73(a): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “Following an investigation into allegations of sexual abuse or sexual harassment, the inmate will be informed whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.” The auditor reviewed the PREA log which listed the nine PREA investigations undertaken in the 12-month audit period. During the interview with the investigative lieutenant, the auditor was told that all inmates who presented PREA related allegations were verbally informed of the finding, promptly following the conclusion of the associated investigation. Warden Shenk, during his interview with the auditor, also stated that inmates are told when an investigation is closed, and what the finding of the investigation was. The auditor recommends this notice be charted as given on a date certain or be given in writing with a copy to file. There were no inmates incarcerated at CCP, during the onsite portion of the audit, who had reported sexual abuse during the audit period, for the auditor to interview in order to ascertain further the provision of notices. There was one inmate contemporaneously residing at CCP who submitted a PREA allegation 14 days to the onsite portion of the audit, the investigation had not been closed. The investigative CCP lieutenant stated to the auditor that the initial information associated with that open allegation does not appear to be an incident of sexual abuse or sexual harassment as defined by PREA. Based on the interviews of the warden and the CCP investigator, the pre-audit questionnaire, CCP policy language, and the lack of any contradictory documentation, CCP appears to be acting in accordance with this standard provision.</p> <p>115.73(b): Warden Shenk, the CCP lieutenant in charge of investigations, and the Middlesex PD detective, in their respective interviews, each talked about their open sharing of information, including an understanding of the requirement to inform the inmate of the outcome of an investigation. This is CCP’s first PREA audit and the PREA log and investigative records which were reviewed by the auditor indicate that there have not been any criminal investigations undertaken by Middlesex Township PD or any other external agency during the audit period. The interviews with Warden Shenk, the CCP lieutenant in charge of investigations, and the Middlesex PD detective demonstrated that CCP follows this standard provision.</p> <p>115.73(c): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “Following an inmate’s allegation that a staff member committed sexual abuse against the inmate, the prison will inform the inmate (unless the prison has determined the allegation is unfounded) whenever the staff member is no longer posted within the inmate’s housing unit; the staff member is no longer employed at the prison; the prison learns that the staff member has been</p>

indicted on a charge related to sexual abuse within the prison; the prison learns that the staff member has been convicted on a charge related to sexual abuse within the facility.” The warden in his interview with the auditor articulated an understanding of this standard provision requirement. The auditor reviewed the PREA log and the associated investigative records and no allegations of sexual abuse or sexual harassment by staff, as defined by the act, were made or investigated during the audit term. As no PREA defined allegations against staff were made, no associated inmates were able to be interviewed. CCP policy language, interview responses from Warden Shenk, along with a review of the PREA log and investigative documents, substantiates CCP’s compliance with this standard provision.

115.73(d): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states that “Following an inmate’s allegation that another inmate has sexually abused them, the prison will inform the alleged victim whenever the prison learns that the alleged abuser has been indicted on a charge related to sexual abuse within the prison and/or the prison learns that the alleged abuser has been convicted on a charge related to sexual abuse within the prison. All notifications and attempted notifications will be documented and the prison’s obligation to report shall terminate upon the inmate’s release from the prison’s custody.” The auditor reviewed the PREA log and the investigative records and found that there was only one allegation of sexual abuse during the audit period. The allegation came from a third-party inmate and was found to be unfounded. Therefore, there were no notifications made, there was no associated documentation to review, and there was no target inmate to interview. The warden in his interview with the auditor articulated an understanding of this standard provision requirement. CCP policy language, interview responses from Warden Shenk, along with a review of the PREA log and investigative documents, substantiates CCP’s compliance with this standard provision.

115.73(e): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act, immediately following sections directing the required notices to be given after substantiated or unsubstantiated allegations of sexual abuse by staff or inmates, states that “All notifications and attempted notifications will be documented.”

The auditor reviewed the PREA log and the investigative records and found that there were no substantiated or unsubstantiated allegations of sexual abuse, against inmates or staff during the audit period. Therefore, there were no notifications made, there was no associated documentation to review, and there was no target inmate to interview. The warden in his interview with the auditor articulated an understanding of this standard provision requirement. CCP policy language, interview responses from Warden Shenk, along with a review of the PREA log and investigative documents, substantiates CCP’s compliance with this standard provision.

115.73(f): The auditor is not required to audit this standard provision.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding reporting to inmates. No corrective action is required.

115.76	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.76 – Disciplinary sanctions for staff</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>20.3 Sexual Assault Prison Rape Elimination Act; interview with CCP warden; PREA log and the associated investigative records.</p> <p>115.76(a): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “Cumberland County Prison staff will be subject to disciplinary sanctions up to and including termination for violating the sexual abuse and sexual harassment policies. Staff that has engaged in sexual abuse will be terminated from the Cumberland County Prison.” CCP policy language demonstrates compliance with this standard provision.</p> <p>115.76(b): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “Cumberland County Prison staff will be subject to disciplinary sanctions up to and including termination for violating the sexual abuse and sexual harassment policies. Staff that has engaged in sexual abuse will be terminated from the Cumberland County Prison.” The auditor reviewed the PREA log along with the associated investigative records and there were no incidents of staff sexual harassment or sexual abuse against inmates during the audit period. Therefore, no targeted staff disciplinary records were reviewed. The warden in his interview with the auditor articulated an understanding of this standard provision requirement. CCP policy language, interview responses from Warden Shenk, along with a review of the PREA log and investigative documents, substantiates CCP’s compliance with this standard provision.</p> <p>115.76(c): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “disciplinary sanctions for violating the sexual abuse or sexual harassment policy, that does not include actually engaging in sexual abuse, will be based on - the following the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for similar offenses by other staff with similar histories.” The auditor reviewed the PREA log along with the associated investigative records and there were no incidents of staff sexual harassment or sexual abuse against inmates during the audit period. Therefore, no targeted staff disciplinary records were reviewed. The warden in his interview with the auditor articulated an understanding of this standard provision requirement. CCP policy language, interview responses from Warden Shenk, along with a review of the PREA log and investigative documents, substantiates CCP’s compliance with this standard provision.</p> <p>115.76(d): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “All terminations or resignations for violations of the prison’s sexual abuse or sexual harassment policy will be reported to the appropriate law enforcement authority unless the activity was not criminal. The auditor reviewed the PREA log along with the associated investigative records and there were no incidents of staff sexual harassment or sexual abuse against inmates during the audit period. Therefore, no staff involved in PREA related investigations resigned or were terminated, and no notifications to law enforcement agencies or licensing boards were required; no targeted staff disciplinary records communication documents were reviewed. The warden in his interview with the auditor articulated an understanding of this standard provision</p>

requirement to notify law enforcement agencies and licensing boards when applicable. CCP policy language, interview responses from Warden Shenk, along with a review of the PREA log and investigative documents, substantiates CCP's compliance with this standard provision.

**Corrective Action:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.77 – Corrective action for contractors and volunteers</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>20.3 Sexual Assault Prison Rape Elimination Act; interview with CCP warden; PREA log and the associated investigative records.</p> <p>115.77(a): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to the appropriate law enforcement authority unless the activity was not criminal.” The auditor reviewed the PREA log along with the associated investigative records and there were no incidents of a contractor or volunteer engaging in sexual harassment or sexual abuse of inmates during the audit period. Therefore, no notifications to law enforcement agencies or licensing boards were required. The warden in his interview with the auditor articulated an understanding of this standard provision requirement to notify law enforcement agencies as well as licensing boards when applicable. CCP policy language, interview responses from Warden Shenk, along with a review of the PREA log and investigative documents, substantiates CCP’s compliance with this standard provision.</p> <p>115.77(b): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “In case of any other violation of agency sexual abuse or sexual harassment policy by a contractor or volunteer, the prison will consider whether to prohibit further contact with inmates.” The warden in his interview with the auditor articulated an understanding of this standard provision requirement, to consider disallowing continued inmate contact based of the nature of the contractors’ or the volunteers’ behavior. CCP policy language and the interview responses from Warden Shenk substantiates CCP’s compliance with this standard provision.</p> <p>Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.78 – Disciplinary sanctions for inmates</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Assault Prison Rape Elimination Act; interview with warden, PREA coordinator, PrimeCare Medical (PCM) site administrator; review of PREA log and the associated investigative records; inmate file record for inmate who reported possible sexual abuse.</p> <p>115.78(a): 20.3 Sexual Assault Prison Rape Elimination Act states “Inmates will be subject to disciplinary sanctions through a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.” The auditor reviewed the PREA log along with the associated investigative records and there were no substantiated incidents of inmate on inmate sexual abuse during the audit period. Therefore, no inmate disciplinary records were subject to review. The warden in his interview with the auditor stated that a formal due process misconduct hearing would be undertaken if an administrative and/or criminal investigation found that inmate on inmate sexual abuse occurred. CCP policy language, interview responses from Warden Shenk, along with a review of the PREA log and investigative documents, substantiates CCP’s compliance with this standard provision.</p> <p>115.78(b): 20.3 Sexual Assault Prison Rape Elimination Act states “Inmate disciplinary sanctions will take in consideration the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for similar offenses by other inmates with similar histories.” The auditor reviewed the PREA log along with the associated investigative records and there were no substantiated incidents of inmate on inmate sexual abuse during the audit period. Therefore, no inmate disciplinary records were subject to review. The warden in his interview with the auditor stated that inmate sanctions for sexual abuse of other inmates are proportionate to the nature of the abuse, the inmate’s disciplinary history, and the sanctions imposed for similar offenses by other inmates with similar histories. CCP policy language, interview responses from Warden Shenk, along with a review of the PREA log and investigative documents, substantiates CCP’s compliance with this standard provision.</p> <p>115.78(c): 20.3 Sexual Assault Prison Rape Elimination Act states “Inmate disciplinary sanctions will take in consideration the inmates’ mental disabilities or mental illness.” The auditor reviewed the PREA log along with the associated investigative records and there were no substantiated incidents of inmate on inmate sexual abuse during the audit period. Therefore, no inmate disciplinary records were subject to review. The warden in his interview with the auditor stated that before sanctions are imposed on an inmate for the sexual abuse of other inmate(s), the charged inmates’ mental health condition will be considered. CCP policy language, interview responses from Warden Shenk, along with a review of the PREA log and investigative documents, substantiates CCP’s compliance with this standard provision.</p> <p>115.78(d): When interviewed the PCM site administrator indicated that they do not therapy,</p>

counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

115.78(e): 20.3 Sexual Assault Prison Rape Elimination Act states “The prison will discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.” The auditor reviewed the PREA log along with the associated investigative records and there were no incidents of staff sexual abuse against inmates during the audit period. Therefore, the auditor could review any inmate file records to check if the inmate was disciplined or interview any such target inmates. The warden in his interview with the auditor articulated a comprehensive understanding of this standard provision regarding the disciplining of inmates. CCP policy language, interview responses from Warden Shenk, along with a review of the PREA log and investigative documents, substantiates CCP’s compliance with this standard provision.

115.78(f): 20.3 Sexual Assault Prison Rape Elimination Act states “An inmates’ report of sexual abuse made in good faith and based on reasonable belief will not be disciplined for falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.” The auditor reviewed the PREA log, along with the associated investigative records, and there was one incident of an inmate making a third-party report of sexual abuse. The auditor then reviewed the inmate’s file who made the report, and even though the investigation made the determination that the allegation was unfounded, the inmate who made the report was not disciplined for doing so. CCP policy language and a review of a reporter’s inmate file, which showed he was not disciplined for making a report of sexual abuse, which turned out to be unfounded, demonstrates CCP follows this standard provision.

115.78(g): 20.3 Sexual Assault Prison Rape Elimination Act states “Cumberland County Prison prohibits all sexual activity between inmates and will discipline inmates for any such activities. Cumberland County Prison will not deem the activity as sexual abuse if it was not coerced.” The auditor reviewed the PREA log along with the associated investigative records and there were no substantiated incidents of inmate on inmate sexual abuse, therefore there are no incidents of inmates having engaged in consensual sexual relations which were categorized as sexual abuse. The PREA coordinator, in his interview with the auditor, articulated an understanding of this standard provision which prohibits the categorizing of consensual inmate and inmate sexual relations, as sexual abuse in PREA reports. CCP policy language and a review the PREA log along with the associated investigative records demonstrates CCP follows this standard provision.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding disciplinary sanctions for inmates. No corrective action is required.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.81 – Medical and mental health screenings; history of sexual abuse</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Assault Prison Rape Elimination Act; responses given in pre-audit questionnaire; interviews with PCM staff who perform intake interviews and inmates who disclosed prior sexual victimization during intake; observations of auditor during facility tours; and medical intake questionnaires.</p> <p>115.81(a): Not applicable</p> <p>115.81(b): Not applicable</p> <p>115.81(c): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “If the intake screening indicates that a prison inmate has experienced prior sexual victimization in an institutional setting or in the community, the inmate will be offered a follow-up meeting with medical or mental health within 14 days.” During her interview with the auditor the medical service site administrator, employed by PCM, stated that they ask all new commitments the questions about prior victimization during the medical portion of the intake screening. All inmates are advised as part of the medical intake process to submit a sick call slip for any needed medical or mental health care. The auditor interviewed three inmates who reported prior sexual victimization during their intake processing. All three acknowledged an awareness of available support services from PCM and the YWCA caseworkers. The auditor reviewed six medical intake questionnaires to confirm that inmates were routinely being asked the questions associated with this standard provision. 100% of the records reviewed demonstrated that the questions were being asked and answered. PCM staff however does not have documentation to demonstrate that they were offering the follow-up meeting with a medical or mental health professional within 14 days to inmates who acknowledge prior sexual victimization. Corrective action will be required.</p> <p>115.81(d): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “All information related to sexual victimization and abusiveness that occurred in an institutional setting shall be strictly limited to medical, mental health, and any other staff on a need to know basis.” During her interview with the auditor the medical service site administrator, employed by PCM, stated that they do not share with non-medical staff any information related to sexual victimization that occurred in an institutional setting. CCP policy language and the interview responses from the medical service representative demonstrate compliance with the standard provision.</p> <p>115.81(e): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “Medical and mental health personnel will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.” During her interview with the auditor the medical service site administrator, employed by PCM, stated that they routinely obtain informed consent from inmates before sharing information about prior sexual victimization that did not occur in an institutional setting. The written policy language and the interview responses from contracted medical staff demonstrate CCP follows this standard provision.</p> <p>Required Corrective Action:</p>

CCP's contacted medical service provider will initiate a defined process whereby inmates who, during their intake interview, acknowledge prior sexual victimization are offered a follow-up meeting with a medical or mental health professional within 14 days. The medical and mental health staff will maintain secondary materials (e.g., form, log) documenting compliance.

Corrective Action Completed:

CCP's Sexual Abuse Prison Rape Elimination Act policy now reads "If the intake screening indicates that a prison inmate has experienced prior sexual victimization in an institutional setting or in the community, the inmate will be offered a follow-up meeting with medical or mental health within 14 days."

During the follow-up site visit, the auditor confirmed that a new process has been instituted, whereby every commitment who reports having been a victim of a violent crime, including but not limited to, a victim of sexual assault, meets with the medical provider's mental health specialist and a CCP treatment counselor, with experience in victim advocacy, within 14 days of commitment. While onsite for the follow-up site visit, the auditor reviewed a spreadsheet listing all inmates who were committed to CCP for the 30-day period beginning January 15 and ending February 13, 2020. Records confirmed that each of the 27 inmates who reported prior victimization during intake, and who remained in CCP for 14 days, were seen by mental health and treatment staff to assess their need for continued services and treatment.

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.82 – Access to emergency medical and mental health services</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Assault Prison Rape Elimination Act; interviews with PrimeCare Medical (PCM) staff, first responders, and warden; auditor’s observations during the facility tours; PREA log and the associated investigative records.</p> <p>115.82(a): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “All inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The evaluation and treatment of such victims will include follow-up services; treatment plans; and referrals for continued care following their transfer or release.” During interviews with PCM representatives they both confirmed that inmates of sexual abuse receive immediate, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of the related services are determined according to professional medical judgement. The auditor reviewed the CCP PREA log, along with the associated investigative records, and found no incidents of sexual abuse during the audit period. As such there were no inmates in this target group to interview, and no associated incident documents to review. CCP policy language, document review, and PCM staff interview responses demonstrates compliance with this standard provision.</p> <p>115.82(b): As indicated by Warden Shenk and the PCM site administrator during their respective interviews, CCP has contracted medical staff (PCM) on duty 24 hours a day, seven days a week. When interviewed by the auditor, 100% of the staff who might be first responders to an incident of sexual abuse stated they would immediately contact uniformed supervisory personnel and medical staff to respond to their location. The auditor reviewed the CCP PREA log, along with the associated investigative records, and found no incidents of sexual abuse during the audit period. As such there were no inmates in this target group to interview, and no associated incident documents to review. Based on the interview responses from the warden, PCM staff, and all potential first responders, along with a review of the PREA log, it is apparent that CCP follows this standard provision.</p> <p>115.82(c): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “All inmate victims of sexual abuse while in the prison will be offered information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.” PCM staff when interviewed by the auditor articulated and understanding of, and a commitment to act in accordance with the policy language. The auditor reviewed the CCP PREA log, along with the associated investigative records, and found no incidents of sexual abuse during the audit period. As such there were no inmates in this target group to interview, and no associated incident documents to review. CCP policy language, document review, and PCM staff interview responses demonstrates compliance with this standard provision.</p> <p>115.82(d): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “All treatment services for sexual abuse will be provided to the victim without financial cost and regardless of</p>

whether the victim names the abuser or cooperates with any investigation arising out of the incident.” The auditor reviewed the CCP PREA log, along with the associated investigative records, and found no incidents of sexual abuse during the audit period. As such there were no inmates in this target group to interview, and no associated incident documents to review. CCP’s clear policy language and document review demonstrates compliance with this standard provision.

**Corrective Action:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Assault Prison Rape Elimination Act; PrimeCare Medical Inc. (PCM) policy CUP J-F-06 Response to Sexual Abuse; interview with PCM site administrator; observations made during facility tours; review of PREA log and the associated investigative records.</p> <p>115.83(a): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states that following an incident of sexual abuse “The evaluation and treatment of such victims will include: follow-up services; treatment plans; referrals for continued care.” PCM policy CUP J-F-06 Response to Sexual Abuse state “If an inmate discloses prior sexual victimization, whether it occurred in an institutional setting or in the community, a referral will be made to have that inmate seen on the next psychologist line for further mental health evaluation.” While touring the facility the auditor noted ample medical staff and service space to provide varied levels of ongoing medical and mental health evaluations and services. The auditor interviewed one inmate who reported sexual abuse occurred in another correctional facility years earlier, and he acknowledged the ongoing availability of mental health support services at CCP. The auditor reviewed the CCP PREA log, along with the associated investigative records, and found no incidents of sexual abuse during the audit period. As such there were no inmates in this target group to interview, and no associated incident documents to review. CCP policy language, PCM policy, document review, and interview responses demonstrate that CCP follows this standard provision.</p> <p>115.83(b): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states that following an incident of sexual abuse “The evaluation and treatment of such victims will include: follow-up services; treatment plans; referrals for continued care.” During her interview with the auditor, the PCM site administrator stated that if an incident of sexual victimization were to occur at CCP, following the victim’s return from the hospital, a full medical evaluation would be performed to provide the appropriate continued medical care. Mental health services would also be immediately undertaken. PCM policy CUP J-F-06 Response to Sexual Abuse states the same. The auditor reviewed the CCP PREA log, along with the associated investigative records, and found no incidents of sexual abuse during the audit period. As such there were no inmates in this target group to interview, and no associated incident documents to review. CCP policy language, document review, and PCM staff interview responses demonstrates compliance with this standard provision.</p> <p>115.83(c): The PCM site administrator, during her interview with the auditor conveyed a strong belief and commitment that the medical and mental health services offered at CCP are consistent with the community level of care. PCM policy CUP J-F-06 Response to Sexual Abuse “requires that facilities provide victims of sexual abuse with medical and mental health services consistent with the community level of care.” CCP policy language and PCM staff</p>

interview responses demonstrates compliance with this standard provision.

115.83(d): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “Inmate victims of sexual abusive vaginal penetration while in the prison will be offered pregnancy tests and tests for sexually transmitted infections as medically appropriate. PCM policy CUP J-F-06 Response to Sexual Abuse states the same. The auditor reviewed the CCP PREA log, along with the associated investigative records, and found no incidents of sexual abuse during the audit period. As such there were no inmates in this target group to interview, and no associated incident documents to review. During her interview with the auditor the PCM site administrator stated that pregnancy tests would be provided as needed. CCP and PCM policy language, a review of the PREA log, and interviews with PCM staff demonstrate CCP follows this standard provision.

115.83(e): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “Inmate victims who become pregnant while in the prison will receive comprehensive information about all lawful pregnancy-related medical services. PCM policy CUP J-F-06 Response to Sexual Abuse states the same. The auditor reviewed the CCP PREA log, along with the associated investigative records, and found no incidents of sexual abuse during the audit period. As such there were no inmates in this target group to interview, and no associated incident documents to review. During her interview with the auditor the PCM site administrator stated that if a pregnancy were to occur following an incident of sexual abuse PCM would provide victims comprehensive information and access to, all lawful pregnancy-related services. CCP and PCM policy language, a review of the PREA log, and interviews with PCM staff demonstrate CCP follows this standard provision.

115.83(f): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “Inmate victims of sexual abusive vaginal penetration while in the prison will be offered pregnancy tests and tests for sexually transmitted infections as medically appropriate. PCM policy CUP J-F-06 Response to Sexual Abuse states the same. The auditor reviewed the CCP PREA log, along with the associated investigative records, and found no incidents of sexual abuse during the audit period. As such there were no inmates in this target group to interview, and no associated incident documents to review. During her interview with the auditor the PCM site administrator stated that victims of sexual abuse would be offered tests for sexually transmitted infections when medical appropriate. CCP and PCM policy language, a review of the PREA log, and interviews with PCM staff demonstrate CCP follows this standard provision.

115.83(g): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “All treatment services for sexual abuse will 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. PCM policy CUP J-F-06 Response to Sexual Abuse states the same. The auditor reviewed the CCP PREA log, along with the associated investigative records, and found no incidents of sexual abuse during the audit period. As such there were no inmates in this target group to interview, and no associated incident documents to review. During her interview with the auditor the PCM site administrator stated that victims of sexual abuse are never charged for related medical or mental health services, regardless of whether they cooperate with the investigation. CCP policy language, a review of the PREA log, and interviews with PCM staff demonstrate CCP follows this standard provision.

115.83(h): CCP is a jail, not a prison, and therefore this standard is not applicable.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.



<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.86 – Sexual abuse incident reviews</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Assault Prison Rape Elimination Act; PREA log and associated investigative records; and interview with Warden Shenk and PREA Coordinator Eickhoff.</p> <p>115.86(a): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “A sexual abuse incident review will be conducted within 30 days after the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded.” The auditor reviewed the CCP PREA log, along with the associated investigative records, and found there was only one allegation of sexual abuse during the audit period and following an investigation it was determined to be unfounded. As such there were no incident review report documents to review. PREA Coordinator Eickhoff, during his interview with the auditor, stated that CCP had not yet named and empowered the review team. Corrective action will be required.</p> <p>115.86(b): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “A sexual abuse incident review will be conducted within 30 days after the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded.” The auditor reviewed the CCP PREA log, along with the associated investigative records, and found there was only one allegation of sexual abuse during the audit period and following an investigation it was determined to be unfounded. As such there were no incident review report documents to review. PREA Coordinator Eickhoff, during his interview with the auditor, stated that CCP had not yet named and empowered the review team. Corrective action will be required.</p> <p>115.86(c): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “The review team will consist of upper-level management officials, supervisors, investigators, and medical/mental health personnel.” The auditor reviewed the CCP PREA log, along with the associated investigative records, and found there was only one allegation of sexual abuse during the audit period and following an investigation it was determined to be unfounded. As such there were no incident review report documents, or meeting minutes to review. PREA Coordinator Eickhoff, during his interview with the auditor, stated that CCP had not yet named and empowered the review team. Corrective action will be required.</p> <p>115.86(d): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “The review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status, perceived status, gang affiliation; the area in the prison where the alleged incident occurred to assess whether physical barriers in the area may permit abuse; the adequacy of staffing levels in that area during different shifts; whether monitoring technology should be deployed or augmented to supplement supervision by staff; the review team will prepare a report of the findings, determinations, and any recommendations for improvement and submit the report to the warden and the PREA Coordinator.” PREA Coordinator Eickhoff, during his interview with the auditor, stated that CCP had not yet named and empowered the review team. Corrective action will be required.</p>

115.86(e): CCP does not have policy language indicating that the warden will implement the recommendations for improvement offered by the review team or document the reasons for not implementing the recommended improvements. Corrective action will be required.

Required Corrective Action:

1. Identify the staff, in accordance with the position descriptions outlined in the standard, who will serve on the sexual abuse review team to prepare post incident reports as described in the standard.
2. Provide the named team members with a training and written documentation to explain the purpose and expectations for the committee.
3. Add policy language indicating that the warden will implement the recommendations for improvement offered by the review team or document the reasons for not doing so annually as described in the standard.

Corrective Action Completed:

CCP's Sexual Abuse Prison Rape Elimination Act policy now states:

- "1. Identified staff shall meet within 30-days following the conclusion of a substantiated or unsubstantiated allegation of sexual abuse, to review the associated circumstances. The review team will not assemble to consider the surrounding circumstances when the allegation was determined to be unfounded.
2. The pre-established review team will include representatives from upper management, lieutenants, investigators, mental health and/or medical staff.
  3. The review team will consider the following:
    - a. Needs to change policy or practice to better prevent, detect, or respond to sexual abuse.
    - b. If the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status, perceived status, gang affiliation.
    - c. The area in the prison where the alleged incident occurred to assess whether physical barriers in the area may permit abuse.
    - d. The adequacy of staffing levels in that area during different shifts.
    - e. Whether monitoring technology should be deployed or augmented to supplement supervision by staff.
    - f. The review team will prepare a report of the findings, determinations, and any recommendations for improvement and submit the report to the Warden and the PREA Coordinator. The warden will document his findings and explain his approval or denial of the board's recommendations."

The auditor reviewed a memorandum dated October 3, 2019, addressed to five staff members and contractors assigning them to the incident review committee and explaining their associated responsibilities. The review team includes an upper-level manager, a uniformed supervisor, an investigator, a mental health specialist, and a treatment counselor. During the follow-up site visit the auditor spoke with the committee members and they were able to articulate the purpose for the committee in keeping with the standard. For the 2019 calendar year there was only one allegation of sexual abuse, and the subsequent investigation determined the allegation was unfounded, and therefore the committee was not assembled, no resulting conclusions were reached, nor were any recommendations for improvements offered.

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.87 – Data collection</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Assault Prison Rape Elimination Act; CCP PREA log and investigative records; interview with Warden Shenk.</p> <p>115.87(a): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “The prison will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Upon request, the prison will provide all such data from the previous calendar year to the Department of Justice.” The auditor reviewed the PREA log and it appears CCP is effectively recording accurate and uniform sexual abuse data in keeping with definitions in PREA. CCP policy language and the PREA log demonstrate compliance with this standard provision.</p> <p>115.87(b): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “The prison will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Upon request, the prison will provide all such data from the previous calendar year to the Department of Justice.” The auditor reviewed CCP’s PREA log and all the pertinent information has been entered in the log to provide for the required annual aggregation of incident data in future years. This is CCP’s first PREA compliance audit and their first full year of maintaining a PREA log. CCP policy language and the PREA log demonstrate compliance with this standard provision.</p> <p>115.87(c): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “The prison will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Upon request, the prison will provide all such data from the previous calendar year to the Department of Justice.” The auditor reviewed the PREA log and the associated investigative records and it appears the written descriptions of the allegations and the findings will be adequate to answer all questions in the federal Department of Justice SSV survey. CCP policy language and the PREA log demonstrate compliance with this standard provision.</p> <p>115.87(d): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “The prison will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.” This is CCP’s first PREA audit. Prior to this audit term CCP did not keep PREA related incident records in a centralized fashion. Going forward those records will be retained for at least 10 years as described in CCP policy, and the records will be available for review. CCP policy language and the current available PREA records, demonstrates compliance with this standard provision.</p> <p>115.87(e): CCP does not house inmates with contracted providers, therefore this provision is not applicable.</p>

115.87(f): The warden has advised the auditor that the Department of Justice has not requested data from the previous calendar year and therefore this standard provision is not applicable.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding data collection. No corrective action is required.

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.88 – Data review for corrective action</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Assault Prison Rape Elimination Act; CCP PREA log and investigative records; interviews with Warden Shenk and PREA Coordinator Eickhoff.</p> <p>115.88(a): This is CCP’s first PREA audit. Prior to this audit term CCP did not keep PREA related incident records in a centralized fashion in order to allow a retrospective data-based review. The auditor reviewed the PREA log and the associated investigative records, which confirmed that there have been no incidents of substantiated or unsubstantiated sexual abuse to review or to warrant consideration of incident based corrective action. In their interviews with the auditor, the warden and the PREA coordinator have both committed to facilitating the annual review of their collected data to evaluate possible practice or physical plant changes to reduce incidents of sexual abuse. No annual report was prepared for year one of PREA tracking. Corrective action will be required.</p> <p>115.88(b): This is CCP’s first PREA audit. Prior to this audit term CCP did not keep PREA related incident records in a centralized fashion in order to allow a retrospective data-based review. The auditor reviewed the PREA log and the associated investigative records, which confirmed that there have been no incidents of substantiated or unsubstantiated sexual abuse to review or to warrant consideration of incident based corrective action. In their interviews with the auditor, the warden and the PREA coordinator have both committed to facilitating the annual review of their collected data to evaluate possible practice or physical plant changes to reduce incidents of sexual abuse. No annual report was prepared for year one of PREA tracking. Corrective action will be required.</p> <p>115.88(c): This is CCP’s first PREA audit and they have not prepared or posted their inaugural annual PREA report on their website, nor have they made it available by other means. Corrective action will be required.</p> <p>115.88(d): This is CCP’s first PREA audit and they have not prepared or posted their inaugural annual PREA report on their website (with or without the provision referenced redactions), nor have they made it available by other means. Corrective action will be required.</p> <p>Required Corrective Action:</p> <ol style="list-style-type: none"> <li>1. Prepare an annual PREA report in keeping with the required standard provisions detailed in 115.88(a).</li> <li>2. Post the annual PREA report on CCP’s website or otherwise define how it will be made available to the public.</li> <li>3. Limit any redaction on the public document to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</li> </ol> <p>Corrective Action Completed:</p> <p>CCP added language to their Sexual Abuse Prison Rape Elimination Act policy proclaiming that they will compile information annually describing incidents of substantiated and unsubstantiated sexual abuse, as defined by standard 115.87 and post the information/report on their official website. The policy also refers to the limited use of redaction in the posted</p>

annual report. The auditor confirmed the 2019 sexual abuse data report has been posted on CCP's website. The report included a narrative description of CCP's intent to comply with all PREA standard provisions and a chart depicting pertinent annual data. This is CCP's initial audit, and their first annual report on record, therefore no yearly comparisons to measure progress and efforts were called for.

There were no substantiated or unsubstantiated incidents of sexual abuse in 2019 and therefore the report does not contain any investigative summaries which would require redaction. While on site for the follow-up visit the auditor asked the PREA Coordinator about the use of limited redaction in future annual reporting. PREA Coordinator Eickhoff articulated an understanding of the associated standard provision.

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.89 – Data storage, publication, and destruction</p> <p>Auditor Overall Compliance Determination: Does Not Meet Standard (Requires Corrective Action)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>CCP policy 20.3 Sexual Assault Prison Rape Elimination Act; CCP PREA log and investigative records; review of CCP website (ccpa.net); interviews with PREA Coordinator Eickhoff and Warden Shenk.</p> <p>115.89(a): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “The prison will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.” PREA Coordinator Eickhoff in his interview with the auditor stated that data associated with allegations, investigations, and findings is securely retained by CCP officials. CCP policy language and the interview responses offered by their PREA coordinator demonstrate CCP follows this standard provision to keep data secure.</p> <p>115.89(b): This is CCP’s first PREA audit and they have not prepared or posted their inaugural sexual abuse data report on their website, nor have they made it available by other means. Corrective action will be required.</p> <p>115.89(c): This is CCP’s first PREA audit and they have not prepared or posted their inaugural sexual abuse data report on their website, nor have they made it available by other means. Since the aggregated sexual abuse data has not been publicly made available the agency has not removed all personal identifiers. Corrective action will be required.</p> <p>115.89(d): CCP policy 20.3 Sexual Assault Prison Rape Elimination Act states “The prison will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.” CCP policy language meets the standard provision requirement for data retention.</p> <p>Required Corrective Action:</p> <ol style="list-style-type: none"> <li>1. Prepare an annual PREA report which includes sexual abuse data in keeping with the required standard provisions detailed in 115.89(b).</li> <li>2. Post the annual PREA report on CCP’s website or otherwise define how it will be made available to the public.</li> <li>3. Before making the sexual abuse data publicly available, remove all personal identifiers.</li> </ol> <p>Corrective Action Completed:</p> <p>CCP added language to their Sexual Abuse Prison Rape Elimination Act policy proclaiming that they will compile information annually describing incidents of sexual abuse and post the information/report on their official website. The policy also states that “all data collected is securely retained for at least 10 years.” CCP does not contract with other counties or private facilities for the housing of inmates committed to CCP custody. The auditor confirmed the 2019 sexual abuse data report was posted on CCP’s website.</p> <p>There were no substantiated or unsubstantiated incidents of sexual abuse in 2019 and therefore the report does not contain any investigative summaries which would require redaction.</p>



<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.401 – Frequency and scope of audits</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination:</p> <p>Interviews with Warden Shenk and PREA Coordinator Eickhoff; review of the website (ccpa.net); tours of the facility throughout the on-site portion of the audit; continued communications with the PREA auditor; mail received from inmate at CCP.</p> <p>115.401(a): During their respective interviews the warden and PREA coordinator stated CCP was not audited during the initial three-year PREA audit cycle. The auditor reviewed CCP’s website and found no evidence of prior PREA audits.</p> <p>115.401(b): CCP’s audit occurred in the third year of the current audit cycle. CCP is not an agency with multiple jail facilities.</p> <p>115.401(h): The auditor had access to all areas of CCP and was not in any way restricted from observing practices and functions.</p> <p>115.401(i): The auditor was provided copies of varied relevant documents. Requests for additional information or documentation was acted upon expeditiously.</p> <p>115.401(m): CCP was very accommodating; providing the auditor comfortable and private office space to conduct interviews with inmates.</p> <p>115.401(n): Inmates were permitted to send confidential correspondence to the auditor as if they were communicating with legal counsel. The auditor explained the need to ensure the confidential communication channel prior to the audit notices being posted. The PREA coordinator confirmed that written communications would not be monitored, and mail addressed to the auditor’s posted address would not be rejected due to the lack of a return address (name or ID #) on the envelope.</p> <p>The auditor received a letter from an inmate at CCP and the letter did not appear to have been opened.</p> <p>Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.403 – Audit contents and findings</p> <p>Auditor Overall Compliance Determination: Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Policy, materials, interviews and other evidence analyzed in making the compliance determination: Interviews with Warden Shenk and PREA Coordinator Eickhoff; review of the website (ccpa.net).</p> <p>115.403(f): This is CCP's first PREA audit, and as such, there were no prior audit reports to make available to the public. In their respective interviews the warden and PREA coordinator stated that they understand the requirement to post PREA audit reports on their facility website.</p> <p>Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

## Appendix: Provision Findings

115.11 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.11 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na

115.12 (a)	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes

	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na

<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes

115.15 (e)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

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

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

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

115.17 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na

115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.21 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na

115.22 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes

115.31 (a)	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes

<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (b)	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (b)	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes

115.41 (a)	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

115.41 (b)	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes

115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes

115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

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

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.53 (c)	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.54 (a)	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes

<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.71 (h)	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.77 (b)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.78 (b)	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

115.78 (c)	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes

<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na

<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes

<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.82 (b)	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na

<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na