**Prison Rape Elimination Act (PREA) Audit Report**

**Adult Prisons & Jails**

- **Interim**: ☐
- **Final**: ☒

**Date of Interim Audit Report:** 08/23/2022  ☐ N/A

If no Interim Audit Report, select N/A

**Date of Final Audit Report:** 11/12/2022

### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Patrick J. Zirpoli</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:pzirpoli@ptd.net">pzirpoli@ptd.net</a></td>
</tr>
<tr>
<td>Company Name</td>
<td>Patrick J. Zirpoli LLC</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>149 Spruce Swamp Rd.</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Milanville, PA 18443</td>
</tr>
<tr>
<td>Telephone</td>
<td>570-729-8061</td>
</tr>
<tr>
<td>Date of Facility Visit</td>
<td>07/13/2022-07/15/2022</td>
</tr>
</tbody>
</table>

### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Chester County Prison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing Authority or Parent Agency (If Applicable):</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Physical Address</td>
<td>501 s. Wawaset Road</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>West Chester, PA 19382</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Same as above</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Same as above</td>
</tr>
<tr>
<td>The Agency Is:</td>
<td>☐ Military</td>
</tr>
<tr>
<td></td>
<td>☒ County</td>
</tr>
<tr>
<td></td>
<td>☐ State</td>
</tr>
<tr>
<td></td>
<td>☐ Federal</td>
</tr>
<tr>
<td>Agency Website with PREA Information:</td>
<td><a href="http://www.chesco.org/2866/PREA">http://www.chesco.org/2866/PREA</a></td>
</tr>
</tbody>
</table>

### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>Ronald M. Phillips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:rmphillips@chesco.org">rmphillips@chesco.org</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>610-793-1510</td>
</tr>
</tbody>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Morgan L. Taylor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:mtaylor@chesco.org">mtaylor@chesco.org</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>610-344-6110</td>
</tr>
<tr>
<td>PREA Coordinator Reports to:</td>
<td>Deputy Warden Ocie Miller</td>
</tr>
<tr>
<td>Number of Compliance Managers who report to the PREA Coordinator:</td>
<td>0</td>
</tr>
</tbody>
</table>
## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Chester County Prison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>501 S. Wawaset Road</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>West Chester, PA 19382</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☒ County</td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Jail</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="http://www.chesco.org/2866/PREA">http://www.chesco.org/2866/PREA</a></td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="http://www.chesco.org/2866/PREA">http://www.chesco.org/2866/PREA</a></td>
</tr>
<tr>
<td>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</td>
<td></td>
</tr>
</tbody>
</table>

### Warden/Jail Administrator/Sheriff/Director

| Name: | Warden Ronald M. Phillips |
| Email: | rmphillips@chesco.org |
| Telephone: | 610-793-1510 |

### Facility PREA Compliance Manager

| Name: | Morgan Taylor, Major |
| Email: | mtaylor@chesco.org |
| Telephone: | 610-344-6110 |

### Facility Health Service Administrator

| Name: | Karen Murphy |
| Email: | kmurphy@primecaremedical.com |
| Telephone: | 610-793-1617 |

### Facility Characteristics

<p>| Designated Facility Capacity: | 1105 |
| Current Population of Facility: | 629 |
| Average daily population for the past 12 months: | 618 |
| Has the facility been over capacity at any point in the past 12 months? | ☐ Yes ☒ No |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☑ Females ☑ Males ☒ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>Juvenile to adult</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>296 days</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>Minimum, Medium, Maximum</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>3534</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>2989</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>1220</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months:</td>
<td>8</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates:</td>
<td>☑ Federal Bureau of Prisons ☑ U.S. Marshals Service ☑ U.S. Immigration and Customs Enforcement ☑ Bureau of Indian Affairs ☑ U.S. Military branch ☑ State or Territorial correctional agency ☑ County correctional or detention agency ☑ Judicial district correctional or detention facility ☑ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☑ Private corrections or detention provider ☑ Other - please name or describe: Click or tap here to enter text.</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>232</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>28</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>6</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>65</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>0</td>
</tr>
</tbody>
</table>

**Physical Plant**
**Number of buildings:**

Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

| Number of buildings: | 2 |

**Number of inmate housing units:**

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a “housing unit” defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

| Number of inmate housing units: | 18 |

| Number of single cell housing units: | 11 |
| Number of multiple occupancy cell housing units: | 5 |
| Number of open bay/dorm housing units: | 4 |
| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.): | 45 |

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)

- ☒ Yes
- ☐ No
- ☐ N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?

- ☒ Yes
- ☐ No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?

- ☒ Yes
- ☐ No

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**Medical and Mental Health Services and Forensic Medical Exams**

| Are medical services provided on-site? | ☒ Yes | ☐ No |
| Are mental health services provided on-site? | ☒ Yes | ☐ No |
### Where are sexual assault forensic medical exams provided?
Select all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ On-site</td>
<td></td>
</tr>
<tr>
<td>☒ Local hospital/clinic</td>
<td></td>
</tr>
<tr>
<td>☐ Rape Crisis Center</td>
<td></td>
</tr>
<tr>
<td>☐ Other (please name or describe: )</td>
<td></td>
</tr>
</tbody>
</table>

### Investigations

#### Criminal Investigations

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</td>
<td>0</td>
</tr>
<tr>
<td>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</td>
<td>Facility investigators</td>
</tr>
<tr>
<td>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</td>
<td>Local police department</td>
</tr>
<tr>
<td></td>
<td>Local sheriff’s department</td>
</tr>
<tr>
<td></td>
<td>State police</td>
</tr>
<tr>
<td></td>
<td>A U.S. Department of Justice component</td>
</tr>
<tr>
<td></td>
<td>Other (please name or describe: Chester County DA’s Office)</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Administrative Investigations

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</td>
<td>5</td>
</tr>
<tr>
<td>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</td>
<td>Facility investigators</td>
</tr>
<tr>
<td>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</td>
<td>Local police department</td>
</tr>
<tr>
<td></td>
<td>Local sheriff’s department</td>
</tr>
<tr>
<td></td>
<td>State police</td>
</tr>
<tr>
<td></td>
<td>A U.S. Department of Justice component</td>
</tr>
<tr>
<td></td>
<td>Other (please name or describe: Click or tap here to enter text.)</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>
Summary of Audit Findings

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

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

### Standards Exceeded

| Number of Standards Exceeded: | 5 |

**List of Standards Exceeded:**

- Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- Standard 115.31: Employee training
- Standard 115.34: Specialized training: Investigations
- Standard 115.35: Specialized training: Medical and mental health care
- Standard 115.71: Criminal and administrative agency investigations

### Standards Met

| Number of Standards Met: | 40 |

- Standard 115.12: Contracting with other entities for the confinement of inmates
- Standard 115.13: Supervision and monitoring
- Standard 115.14: Youthful inmates
- Standard 115.15: Limits to cross-gender viewing and searches
- Standard 115.16: Inmates with disabilities and inmates who are limited English proficient
- Standard 115.17: Hiring and promotion decisions
- Standard 115.18: Upgrades to facilities and technologies
- Standard 115.21: Evidence protocol and forensic medical examinations
- Standard 115.22: Policies to ensure referrals of allegations for investigations
- Standard 115.32: Volunteer and contractor training
- Standard 115.33: Inmate education
- Standard 115.41: Screening for risk of victimization and abusiveness
- Standard 115.42: Use of screening information
- Standard 115.43: Protective Custody
- Standard 115.51: Inmate reporting
- Standard 115.52: Exhaustion of administrative remedies
- Standard 115.53: Inmate access to outside confidential support services
- Standard 115.54: Third-party reporting
- Standard 115.61: Staff and agency reporting duties
- Standard 115.62: Agency protection duties
- Standard 115.63: Reporting to other confinement facilities
- Standard 115.64: Staff first responder duties
- Standard 115.65: Coordinated response
- Standard 115.66: Preservation of ability to protect inmates from contact with abusers
- Standard 115.67: Agency protection against retaliation
- Standard 115.68: Post-allegation protective custody
- Standard 115.72: Evidentiary standard for administrative investigations
- Standard 115.73: Reporting to inmates
- Standard 115.76: Disciplinary sanctions for staff
Standard 115.77: Corrective action for contractors and volunteers
Standard 115.78: Disciplinary sanctions for inmates
Standard 115.81: Medical and mental health screenings; history of sexual abuse
Standard 115.82: Access to emergency medical and mental health services
Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers
Standard 115.86: Sexual abuse incident reviews
Standard 115.87: Data collection
Standard 115.88: Data review for corrective action
Standard 115.89: Data storage, publication, and destruction
Standard 115.401: Frequency and scope of audits
Standard 115.403: Audit contents and findings

**Standards Not Met**

Number of Standards Not Met: 0
List of Standards Not Met:
## Post-Audit Reporting Information

### General Audit Information

<table>
<thead>
<tr>
<th>Onsite Audit Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Start date of the onsite portion of the audit:</td>
</tr>
<tr>
<td>2. End date of the onsite portion of the audit:</td>
</tr>
</tbody>
</table>

### Outreach

<table>
<thead>
<tr>
<th>3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

  a. If yes, identify the community-based organizations or victim advocates with whom you correspond:

  Crime Victims Center of Chester County

### Audited Facility Information

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Designated Facility Capacity:</td>
</tr>
<tr>
<td>5. Average daily population for the past 12 months:</td>
</tr>
<tr>
<td>6. Number of inmate/resident/detainee housing units:</td>
</tr>
</tbody>
</table>

DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

<table>
<thead>
<tr>
<th>7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>☐ N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</td>
</tr>
<tr>
<td></td>
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<tr>
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</tr>
<tr>
<td>8.</td>
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<td>9.</td>
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<td>10.</td>
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<tr>
<td>21.</td>
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<tr>
<td>22.</td>
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<tr>
<td>23.</td>
</tr>
</tbody>
</table>
the audit (e.g., groups not tracked, issues with identifying certain populations).

*Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*

<table>
<thead>
<tr>
<th>Staff, Volunteers, and Contractors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</td>
</tr>
</tbody>
</table>

24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit: 232

25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: 66

26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: 0

27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.

*Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*

<table>
<thead>
<tr>
<th>Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate/Resident/Detainee Interviews</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Random Inmate/Resident/Detainee Interviews</th>
</tr>
</thead>
</table>

28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: 20

29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:

- ☒ Age
- ☒ Race
- ☒ Ethnicity (e.g., Hispanic, Non-Hispanic)
- ☒ Length of time in the facility
- ☒ Housing assignment
- ☒ Gender
- ☐ Other (describe) Click or tap here to enter text.
- ☐ None (explain) Click or tap here to enter text.

30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse? Using above characteristics

31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- ☒ Yes
- ☐ No

a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:

32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).
Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

### Targeted Inmate/Resident/Detainee Interviews

33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

   As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.

   For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.

   If a particular targeted population is not applicable in the audited facility, enter "0".

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>33. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the “Youthful Inmates” protocol:</td>
<td>0</td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
</tr>
<tr>
<td></td>
<td>☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</td>
<td>Not housed at time of audit.</td>
</tr>
</tbody>
</table>

34. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:</td>
<td>1</td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
</tr>
<tr>
<td></td>
<td>☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</strong></td>
<td>3</td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td><strong>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</strong></td>
<td>1</td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td><strong>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</strong></td>
<td>1</td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td><strong>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</strong></td>
<td>0</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</td>
<td>3</td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</td>
<td>0</td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</td>
<td>Not housed at time of audit.</td>
</tr>
<tr>
<td>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</td>
<td>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</td>
</tr>
</tbody>
</table>

**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>46. Enter the total number of RANDOM STAFF who were interviewed:</td>
<td>16</td>
</tr>
<tr>
<td>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</td>
<td>Length of tenure in the facility, Shift assignment, Work assignment, Rank (or equivalent)</td>
</tr>
<tr>
<td>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</td>
<td>Yes, No</td>
</tr>
</tbody>
</table>
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):

☐ Too many staff declined to participate in interviews
☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).
☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.
☐ Other (describe) Click or tap here to enter text.

b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:

49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

16

51. Were you able to interview the Agency Head?

☒ Yes ☐ No

a. If no, explain why it was not possible to interview the Agency Head:

52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes ☐ No

a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:

53. Were you able to interview the PREA Coordinator?

☒ Yes ☐ No

a. If no, explain why it was not possible to interview the PREA Coordinator:

54. Were you able to interview the PREA Compliance Manager?

☐ Yes ☐ No

☒ N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

a. If no, explain why it was not possible to interview the PREA Compliance Manager:

55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):

☐ Agency contract administrator
☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
☐ Line staff who supervise youthful inmates (if applicable)
☐ Education and program staff who work with youthful inmates (if applicable)
☒ Medical staff
☒ Mental health staff
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>a. Enter the total number of VOLUNTEERS who were interviewed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>a. Enter the total number of CONTRACTORS who were interviewed:</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.
PREA Standard 115.401(h) states, “The auditor shall have access to, and shall observe, all areas of the audited facilities.” In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility’s practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<table>
<thead>
<tr>
<th>59. Did you have access to all areas of the facility?</th>
<th>☒ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If no, explain what areas of the facility you were unable to access and why.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</th>
<th>☒ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</th>
<th>☒ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</td>
<td></td>
</tr>
</tbody>
</table>

| 62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | ☒ Yes ☐ No |

| 63. Informal conversations with staff during the site review (encouraged, not required)? | ☒ Yes ☐ No |

| 64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). | |

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

| 65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? | ☒ Yes ☐ No |

| 66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). | |

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.
## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

**Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.**

**Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.**

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

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

<table>
<thead>
<tr>
<th></th>
<th># of sexual abuse allegations</th>
<th># of criminal investigations</th>
<th># of administrative investigations</th>
<th># of allegations that had both criminal and administrative investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate sexual abuse</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff-on-inmate sexual abuse</td>
<td>8</td>
<td>1</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>1</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th></th>
<th># of criminal investigations</th>
<th># of administrative investigations</th>
<th># of allegations that had both criminal and administrative investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate sexual harassment</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Staff-on-inmate sexual harassment</td>
<td>13</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Ongoing</th>
<th>Referred for Prosecution</th>
<th>Indicted/Court Case Filed</th>
<th>Convicted/Adjudicated</th>
<th>Acquitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate sexual abuse</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff-on-inmate sexual abuse</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
a. If you were unable to provide any of the information above, explain why this information could not be provided.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Ongoing</th>
<th>Unfounded</th>
<th>Unsubstantiated</th>
<th>Substantiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate sexual abuse</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff-on-inmate sexual abuse</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

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

**Sexual Harassment Investigation Outcomes**

*Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.*

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

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

<table>
<thead>
<tr>
<th></th>
<th>Ongoing</th>
<th>Referred for Prosecution</th>
<th>Indicted/Court Case Filed</th>
<th>Convicted/Adjudicated</th>
<th>Acquitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate sexual harassment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff-on-inmate sexual harassment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Ongoing</th>
<th>Unfounded</th>
<th>Unsubstantiated</th>
<th>Substantiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate sexual harassment</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Staff-on-inmate sexual harassment</td>
<td>0</td>
<td>5</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>6</td>
<td>10</td>
<td>1</td>
</tr>
</tbody>
</table>

a. If you were unable to provide any of the information above, explain why this information could not be provided.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</td>
<td>8</td>
</tr>
<tr>
<td>a. If 0, explain why you were unable to review any sexual abuse investigation files:</td>
<td></td>
</tr>
<tr>
<td>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>N/A (N/A if you were unable to review any sexual abuse investigation files)</td>
</tr>
<tr>
<td>Inmate-on-inmate sexual abuse investigation files</td>
<td></td>
</tr>
<tr>
<td>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</td>
<td>0</td>
</tr>
<tr>
<td>76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</td>
</tr>
<tr>
<td>77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</td>
</tr>
<tr>
<td>Staff-on-inmate sexual abuse investigation files</td>
<td></td>
</tr>
<tr>
<td>78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</td>
<td>8</td>
</tr>
<tr>
<td>79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</td>
</tr>
<tr>
<td>80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</td>
</tr>
<tr>
<td>Sexual Harassment Investigation Files Selected for Review</td>
<td></td>
</tr>
<tr>
<td>81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</td>
<td>18</td>
</tr>
<tr>
<td>a. If 0, explain why you were unable to review any sexual harassment investigation files:</td>
<td></td>
</tr>
<tr>
<td>82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>N/A (N/A if you were unable to review any sexual harassment investigation files)</td>
</tr>
<tr>
<td>Inmate-on-inmate sexual harassment investigation files</td>
<td></td>
</tr>
<tr>
<td>83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</td>
<td>5</td>
</tr>
<tr>
<td>84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)</td>
</tr>
<tr>
<td>85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Staff-on-inmate sexual harassment investigation files</strong></td>
<td></td>
</tr>
<tr>
<td>86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT files</td>
<td>13</td>
</tr>
<tr>
<td>reviewed/sampled:</td>
<td></td>
</tr>
<tr>
<td>87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>files include criminal investigations?</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ N/A (N/A if you were unable to review any staff-on-inmate sexual</td>
<td></td>
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<tr>
<td>harassment investigation files)</td>
<td></td>
</tr>
<tr>
<td>88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>files include administrative investigations?</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ N/A (N/A if you were unable to review any staff-on-inmate sexual</td>
<td></td>
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<tr>
<td>harassment investigation files)</td>
<td></td>
</tr>
<tr>
<td>89. Provide any additional comments regarding selecting and reviewing</td>
<td></td>
</tr>
<tr>
<td>sexual abuse and sexual harassment investigation files.</td>
<td></td>
</tr>
<tr>
<td>Note: as this text will be included in the audit report, please do not</td>
<td></td>
</tr>
<tr>
<td>include any personally identifiable information or other information</td>
<td></td>
</tr>
<tr>
<td>that could compromise the confidentiality of any persons in the facility.</td>
<td></td>
</tr>
<tr>
<td><strong>Support Staff Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DOJ-certified PREA Auditors Support Staff</strong></td>
<td></td>
</tr>
<tr>
<td>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS</td>
<td>☒ No</td>
</tr>
<tr>
<td>at any point during this audit?</td>
<td></td>
</tr>
<tr>
<td>Remember: the audit includes all activities from the pre-onsite through</td>
<td></td>
</tr>
<tr>
<td>the post-onsite phases to the submission of the final report. Make</td>
<td></td>
</tr>
<tr>
<td>sure you respond accordingly.</td>
<td></td>
</tr>
<tr>
<td>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who</td>
<td></td>
</tr>
<tr>
<td>provided assistance at any point during the audit:</td>
<td></td>
</tr>
<tr>
<td><strong>Non-certified Support Staff</strong></td>
<td></td>
</tr>
<tr>
<td>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF</td>
<td>☒ No</td>
</tr>
<tr>
<td>at any point during this audit?</td>
<td></td>
</tr>
<tr>
<td>Remember: the audit includes all activities from the pre-onsite through</td>
<td></td>
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<tr>
<td>the post-onsite phases to the submission of the final report. Make</td>
<td></td>
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<tr>
<td>sure you respond accordingly.</td>
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</tr>
<tr>
<td>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who</td>
<td></td>
</tr>
<tr>
<td>provided assistance at any point during the audit:</td>
<td></td>
</tr>
<tr>
<td><strong>Auditing Arrangements and Compensation</strong></td>
<td></td>
</tr>
<tr>
<td>92. Who paid you to conduct this audit?</td>
<td>☒ The audited facility or its parent agency</td>
</tr>
<tr>
<td>My state/territory or county government (if you audit as part of a</td>
<td>☐ My state/territory or county government (if you audit as part of a</td>
</tr>
<tr>
<td>consortium or circular auditing arrangement, select this option)</td>
<td>consortium or circular auditing arrangement, select this option)</td>
</tr>
<tr>
<td>A third-party auditing entity (e.g., accreditation body, consulting</td>
<td>☐ A third-party auditing entity (e.g., accreditation body, consulting</td>
</tr>
<tr>
<td>firm)</td>
<td>firm)</td>
</tr>
<tr>
<td>Other</td>
<td>☐ Other</td>
</tr>
</tbody>
</table>
## Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

### 115.11 (a)

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

### 115.11 (b)

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

### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*
Documentation Reviewed:

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Organizational chart

(a) The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct. All policies related to PREA were reviewed during the audit, it was confirmed it outlines the agency’s approach to preventing, detecting, and responding to such conduct. The policy further defines all prohibited acts.

(b) The agency has designated an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. During staff interviews I confirmed that the PREA Coordinator is available to answer any questions related to PREA. They also confirmed that he makes frequent tours through the facility to ensure that the agency is meeting the PREA Standards daily. I found the PREA Coordinator to be very knowledgeable not only on the PREA Standards but their daily application at the facility.

(c) The agency only operates one facility.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- 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.) ☐ Yes ☐ No ☒ NA

115.12 (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.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

(a)(b) The agency does not contract for the housing of its inmates.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.13: Supervision and monitoring

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

115.13 (a)

- 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 ☐ No

- 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 ☒ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No ☐ NA

- 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 ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No
115.13 (b)  
- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☐ Yes ☐ No ☒ NA

115.13 (c)  
- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.13 (d)  
- 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 ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- 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 ☐ No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documentation Reviewed**

Pre-Audit Questionnaire
Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Chester County Prison Policies and Procedures Subject: Supervision and Staff Analysis

Yearly Staffing Review Documentation

Unannounced rounds documentation

Administrative Rounds Documentation

(a) The agency has developed a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the agency has taken into consideration the following:

(1) Generally accepted detention and correctional practices;
(2) Any judicial findings of inadequacy;
(3) Any findings of inadequacy from Federal investigative agencies;
(4) Any findings of inadequacy from internal or external oversight bodies;
(5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated);
(6) The composition of the inmate population;
(7) The number and placement of supervisory staff;
(8) Institution programs occurring on a particular shift;
(9) Any applicable State or local laws, regulations, or standards;
(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
(11) Any other relevant factors.

(b) There have been no deviations from the staffing plan during the auditing period.

(c) During the interviews with the administration at the facility I confirmed a daily review of the staffing at the facility. The facility staffing was reviewed in June 2021, at that time the agency assessed, and documented whether adjustments are needed to:

(1) The staffing plan established pursuant to paragraph (a) of this section;
(2) The facility’s deployment of video monitoring systems and other monitoring technologies; and
(3) The resources the facility has available to commit to ensure adherence to the staffing plan.

(d) The agency has implemented a policy and practice of having supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The rounds occur
on all shifts at the facility and are documented in the daily logs. During the audit the logs were reviewed, the rounds were further confirmed during inmate and staff interviews.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.14: Youthful Inmates

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

115.14 (a)

- 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].) ☒ Yes ☐ No ☐ NA

115.14 (b)

- 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].) ☒ Yes ☐ No ☐ 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].) ☒ Yes ☐ No ☐ NA

115.14 (c)

- 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].) ☒ Yes ☐ No ☐ 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].) ☐ Yes ☐ No ☒ 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].) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
Documentation Reviewed
Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Chester County Prison Policies and Procedures Subject: Youthful Offender PREA Protocol

(a) The agency houses youthful inmates. They are housed in a separate housing unit where they have sight and sound separation from adult offenders. The housing unit provides a dayroom, shower, and sleeping quarters.

(b) In areas outside of the housing unit provides direct staff supervision.

(c) The youthful inmates are never placed in isolation to comply with the standard. The agency provides the inmates with daily large-muscle exercise and required education. The youthful inmates have access to other activities which occur in the housing area, they do not have any work opportunities. The staff further confirmed they are following the requirements of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.15: Limits to cross-gender viewing and searches

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

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

115.15 (b)
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

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

115.15 (d)
- 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 ☐ No
- 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)
- 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 ☐ No
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 ☐ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Chester County Prison Policies and Procedures Subject: Search and Processing Commitments

Chester County Prison Policies and Procedures Subject: Searches of Inmates

Training Lesson Plan

Training Transcripts

(a) The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches. This was confirmed during policy review and during the staff and inmate interviews. By policy the facility only conducts a strip search of an inmate if there is a determining factor, or reasonable suspicion of possession of contraband.

(b) The facility does not conduct cross-gender pat-down searches of inmates. I confirmed during interviews that the facility does not restrict female inmates’ access to programming or other out-of-cell.
opportunities to comply with this provision. I confirmed that females are available on all shifts to conduct pat searches of the female inmates. This was further confirmed during both staff and inmate interviews.

(c) The facility does not conduct cross-gender strip searches and cross-gender visual body cavity searches. This was confirmed during staff and inmate interviews.

(d) The facility has implemented policies and procedures that enable 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. This is accomplished using stalls for toilets and shower curtains for the showers. The toilets that are in the cells are offset from the door. This policy further directs all staff to make opposite gender announcements when entering a housing unit of the opposite gender. These announcements were confirmed during the staff and inmate interviews. I further heard these announcements during the onsite audit.

(e) The facility does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, they have a conversation with them, and if needed medical will talk with them and review any available medical records. This was confirmed during staff interviews.

(f) The agency has trained all security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This was confirmed through reviewing the training that is provided and during the staff interviews. All staff interviewed were able to describe the proper cross gender search techniques.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates who: Have intellectual disabilities? ☒ Yes ☐ No

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

115.16 (b)

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Chester County Prison Policies and Procedures Subject: Disabled Inmate or Visitor

Chester County Prison Policies and Procedures Subject: Orientation

Inmate Handbook

(a) The agency has taken all steps to ensure that inmates with disabilities including those who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects of the
agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency provides access to interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary. In addition, the agency provides written materials in formats that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. In these cases, staff will read the material to the inmate to ensure they understand the PREA materials. This was confirmed during both the staff and the inmate interviews. Policy dictates that the Treatment Department Staff will be tasked with ensuring the inmates with special needs are properly educated.

(b) The agency ensures meaningful access to all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient. These steps include providing interpretation services through a telephone language service, and providing materials and signage in Spanish, the predominate second language at the facility. This process was confirmed through staff and inmate interviews.

(c) The agency does not rely on inmate interpreters during PREA incidents, they would utilize the telephone language services; this was confirmed by staff.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
## Standard 115.17: Hiring and promotion decisions

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

### 115.17 (a)

- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

### 115.17 (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 ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

### 115.17 (c)

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

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

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

115.17 (f)  
- 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  ☐ No
- 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  ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes  ☐ No

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

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

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

PREA New Hire Questionnaire

NCIC Logs

(a) The agency does not hire or promote anyone or enlist the services of any contractor who may have contact with inmates, who—

(1) 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);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. This was confirmed during staff interviews and review of the hiring materials.

(b) The agency also considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. During staff interviews I confirmed the process.

(c) Before hiring new employees, the agency:

(1) Performs a criminal background records check; and

(2) Contacts 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. This was confirmed during staff interviews and review of the hiring materials.
(d) The agency performs a criminal background record check before enlisting the services of any contractor who may have contact with inmates. This was confirmed by reviewing the criminal background check log and during interviews.

(e) The agency conducts criminal background checks on all current employees and contractors who may have contact with inmates every five years. This was confirmed by reviewing the criminal background check log and during staff and contractor interviews.

(f) The agency asks all applicants and employees who have contact with inmates directly about previous misconduct described in paragraph (a) of this section during the interview process. The process was confirmed during staff interviews and review of completed questionnaires. Through policy the agency imposes a continuing affirmative duty to disclose any such misconduct.

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

(h) It was confirmed that unless prohibited by law, the agency will 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.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect 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  ☐ No  ☒ NA

115.18 (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.)

☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Camera Locations

(a) The agency has not acquired a new facility nor substantially expanded or modified the existing facilities. During staff interviews the I confirmed that sexual safety of the inmates would be taken into consideration if this occurred.
(b) The agency has updated the video monitoring system; I confirmed through interviews when doing this they considered how any changes enhanced the safety of the facility, this included sexual safety. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- 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 ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

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

As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire
PrimeCare Medical Inc. policy

MOU with Crime Victims Center of Chester County

(a) (b) All incidents are immediately responded to by the trained facility investigator, they are further trained in evidence identification and collection. The agency investigators conduct the administrative investigation and work directly with the Chester County District Attorney’s Office and their investigators during any criminal investigation. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for both administrative proceedings and criminal prosecutions. The protocol is developmentally appropriate for youthful inmates. These protocols are outlined in the above policy, all staff interviewed understood these protocols.

(c) (d) The facility transports all victims to Chester County Hospital for forensic examinations, this hospital is equipped with Sexual Assault Nurse Examiners. These examinations are provided at no cost to the victim. The facility has also entered a MOU with Crime Victims Center of Chester County for victim advocacy. If requested by the victim, the victim advocate, will accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals. These processes were confirmed with supervisors at both Chester County Hospital and Crime Victims Center of Chester County.

(e) (f) I confirmed that the criminal investigators who conduct sexual abuse investigation would follow the requirements of paragraphs (a) through (e) of this section. These investigators are not a state entity nor a Department of Justice component.

(h) The agency always makes a victim advocate from a rape crisis center available to victims.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
### Standard 115.22: Policies to ensure referrals of allegations for investigations

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

<table>
<thead>
<tr>
<th>115.22 (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No</td>
</tr>
</tbody>
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<tr>
<th>115.22 (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ Does the agency document all such referrals? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>115.22 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ 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 ☐ No ☐ NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>115.22 (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Auditor is not required to audit this provision.</td>
</tr>
</tbody>
</table>

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<tr>
<th>115.22 (e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Auditor is not required to audit this provision.</td>
</tr>
</tbody>
</table>
Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a) The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All incidents are reported to the trained agency investigators who ensures that the investigation is immediately responded to. This procedure was confirmed through interviews.

(b) The agency has a policy 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. These procedures for both criminal and administrative investigations are available on the agency website. This was confirmed by navigating to the website and reviewing the information.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes ☐ No
- 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 ☐ No
115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☐ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Employee Orientation and Training

Training acknowledgements

(a)(b)(c)(d) The agency trains all employees yearly who may have contact with inmates on:

(1) Its zero-tolerance policy for sexual abuse and sexual harassment;

(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

(3) Inmates’ right to be free from sexual abuse and sexual harassment;
(4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

(5) The dynamics of sexual abuse and sexual harassment in confinement;

(6) The common reactions of sexual abuse and sexual harassment victims;

(7) How to detect and respond to signs of threatened and actual sexual abuse;

(8) How to avoid inappropriate relationships with inmates;

(9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and

(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The training is tailored to the gender of the inmates at the facility, the facility houses both male and female inmates, so all staff are trained on both genders. The facility provides yearly PREA training to the staff. The staff acknowledge the training through a signature. All staff interviewed verified they receive yearly training and described the training they received. The signed acknowledgement forms and training utilized were reviewed. The training utilized meets all aspects of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- 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 ☐ No

115.32 (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 ☐ No

115.32 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Training Materials for Contractors

Chester County Prison Volunteers/Contractors/Interns PREA Training Forms

Training acknowledgements
(a) (b) (c) The agency has trained all volunteers, interns and contractors who have contact with inmates on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers, interns and contractors is based on the services they provide and level of contact they have with inmates. At a minimum all volunteers, interns and contractors who have contact with are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency maintains signed documentation that volunteers and contractors understand the training they have received.

I reviewed the materials given to the contractors, interns, and volunteers; this material addresses all training items enumerated under this standard. I also reviewed all training sign off sheets and found them to be complete. During the audit I interviewed several contractors, they related that they had received the information on PREA and understood their obligations to immediately report to staff.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☐ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☐ Yes ☐ No

115.33 (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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☐ Yes ☐ No
- 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 ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☐ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☐ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☐ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☐ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☐ Yes ☐ No
115.33 (e)

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

115.33 (f)

- 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  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Training Materials for Inmates

Training acknowledgements

(a) (b) (c) (d) (e) (f) During the intake process, inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. At the time of intake, the inmates are provided a comprehensive education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This is accomplished through the PREA Video which is in the intake area on three separate monitors. The facility has also added monitors to the intake housing units where the inmates stay for a period prior to moving to a regular housing unit. The PREA Video is playing in both English and Spanish and is on a 24 hr. loop. The agency would provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency ensures meaningful access to all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient. These steps include providing interpretation services through a telephone language service, and providing materials and signage in Spanish, the predominate second language at the facility. This process was confirmed through staff and inmate interviews. The agency maintains documentation of the inmate’s participation.
The key information on PREA is provided in the inmate handbook, and posters on the housing units. All interviewed inmates confirmed receiving the education.

During the initial onsite audit, the facility was not providing the comprehensive education to the inmates, they were providing the information on PREA only. During the corrective action period the facility installed the monitors and educated all inmates at the facility.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- 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 ☐ No ☐ NA

115.34 (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 ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.
Auditor Overall Compliance Determination

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☐ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Training certificates

(a) (b) (c) The agency trained investigators receive the training provided to all employees pursuant to § 115.31. These investigators have further received training on how to conduct investigations of sexual abuse and sexual harassment in confinement settings.

The specialized training received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The investigators received a training certificate indicating they completed the training. During the interview with the agency investigators, I confirmed the contents of the training. During the review of the investigations, I found that the investigators were following the training while conducting their investigations. I found the investigations extremely informative and consistent.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) □ Yes ☒ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) □ Yes ☒ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) □ Yes ☒ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes □ No ☐ NA

115.35 (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 do not conduct forensic exams or the agency does not employ medical staff.) ☒ Yes □ No ☐ NA

115.35 (c)

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

115.35 (d)

- 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 □ No □ NA

- 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
The agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

PrimeCare policies

(a)(d) The agency does not have any full- and part-time medical and mental health care practitioners. All medical and mental health care is provided through PrimeCare Medical Inc. The agency ensures that these contractors are trained yearly on the following:

1. How to detect and assess signs of sexual abuse and sexual harassment;

2. How to preserve physical evidence of sexual abuse;

3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and

4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The contractors receive the training under § 115.32. The training was confirmed during the medical and mental health interviews.

(b) The medical staff do not conduct forensic examinations.

(c) The agency maintains documentation that medical and mental health contractors have received the training through PrimeCare Medical.

The agency is far exceeding the requirements of the standard. All medical and mental health practitioners are receiving this training on a yearly basis, not just once as required by the standard.
Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)
- 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 ☐ No
- 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 ☐ No

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

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

115.41 (d)
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
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 ☐ No

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 ☐ No

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 ☐ No

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 ☐ No

115.41 (e)

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 ☐ No

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 ☐ No

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 ☐ No

115.41 (f)

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 ☒ No

115.41 (g)

Does the facility reassess an inmate’s risk level when warranted due to a referral? ☒ Yes ☐ No

Does the facility reassess an inmate’s risk level when warranted due to a request? ☒ Yes ☐ No

Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

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 ☐ No
115.41 (h) 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 ☐ No

115.41 (i) Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

PREA Screening Tool Male

PREA Screening Tool Female

Medical sample intake- receiving screening

(a) (b) (c) (d) (e) All inmates are assessed within 72 hrs. by staff, all inmates also undergo a intake screening with medical, this occurs upon arrival at the facility. The screenings are used to determine the inmate’s risk of being sexually abused by other inmates or sexually abusive toward other inmates. The assessments are conducted using an objective screening instrument and take into consideration the following:

(1) Whether the inmate has a mental, physical, or developmental disability;

(2) The age of the inmate;

(3) The physical build of the inmate;
(4) Whether the inmate has previously been incarcerated;
(5) Whether the inmate’s criminal history is exclusively nonviolent;
(6) Whether the inmate has prior convictions for sex offenses against an adult or child;
(7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
(8) Whether the inmate has previously experienced sexual victimization;
(9) The inmate’s own perception of vulnerability; and
(10) Whether the inmate is detained solely for civil immigration purposes.

The initial screening also considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The initial medical PREA screening is being conducted during the initial intake by medical personnel that utilize a computer-based system that assigns specific notifications and tasks when someone is identified as being vulnerable or abusive. These notifications will alert facility treatment staff of any issues. If the inmate screens high for sexual victimization or abusiveness a task is automatically created for the inmate to meet with mental health within 14 days.

(f) The 30-day screening is being conducted by the treatment staff. The treatment staff will review the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. This is documented on either the PREA Screening Tool Male Or PREA Screening Tool Female. This was confirmed by reviewing the completed screening tools and staff interviews.

(g) I confirmed with staff that an inmate’s risk level would reassess when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. This would be conducted by treatment staff.

(h) I confirmed with staff that an inmate would not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked. This was further confirmed with staff who conducts the screening.

(i) Both screening tools are only accessible to those staff who make housing and programming decisions. This was verified during the staff interviews.

During the initial onsite audit, the facility was not conducting the 30-day reassessment of the inmates. A corrective action plan was put into place and the facility immediately started this process.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.42: Use of screening information

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

115.42 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.42 (b)

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

115.42 (c)

- 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 ☐ No
- 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 ☐ No
115.42 (d)  
- 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 ☐ No

115.42 (e)  
- 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 ☐ No

115.42 (f)  
- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)  
- 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 ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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 ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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 ☐ No ☐ NA
Auditor Overall Compliance Determination

☐  Exceeds Standard *(Substantially exceeds requirement of standards)*

☒  Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐  Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Chester County Prison Policies and Procedures Subject: Classification and Custody Levels

Chester County Prison Policies and Procedures Subject: Inmate Housing

PREA Screening Tool Male

PREA Screening Tool Female

Medical sample intake- receiving screening

(a) (b) I verified with the treatment staff that the information received from the screenings is being utilized for housing, work, education, and programming decisions with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. They further confirmed that the determinations are made on an individual basis.

(c) (d) (e) I further confirmed during staff interviews that when deciding whether to assign a transgender or intersex inmate to a housing unit for male or female inmates, and in making other housing and programming assignments, they consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. I further confirmed during staff interviews that when deciding whether to assign a transgender or intersex inmate to a housing unit for male or female inmates, and in making other housing and programming assignments, they consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. I also confirmed during interviews that placement and programming assignments for each transgender or intersex inmate would be reassessed at least twice each year to review any threats to safety experienced by the inmate. They would give serious consideration to the inmate’s own views with respect to his or her own safety.

(f) Transgender and intersex inmates are given the opportunity to shower separately from other inmates. The facility provides single occupancy showers, which provides privacy while showering.
(g) The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated housing units. This was confirmed during the inmate interviews and review of the housing unit assignments.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
**Standard 115.43: Protective Custody**

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

**115.43 (a)**

- 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 ☐ No

- 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 ☐ No

**115.43 (b)**

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No ☒ NA

- If the facility restricts any 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 ☐ No ☒ NA

- If the facility restricts any 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 ☐ No ☒ NA

**115.43 (c)**

- 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 ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No
115.43 (d)

- 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 ☐ No

- 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 ☐ No

115.43 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a)(b) The agency has a policy that dictates inmates at high risk for sexual victimization shall not be placed 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. I confirmed that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document:

1. The opportunities that have been limited;
2. The duration of the limitation; and
3. The reasons for such limitations.
(c) (e) The inmate would be assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged.

(d) If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility would clearly document:

(1) The basis for the facility’s concern for the inmate’s safety; and

(2) The reason why no alternative means of separation can be arranged.

During the interviews I verified that no inmates identified as vulnerable are being placed in involuntary protective custody. The facility has enough housing units that give them the opportunity to place inmates in other housing units to protect them without having to utilize a segregated housing unit. I verified this procedure during the inmate interviews, several had identified as vulnerable during the initial screening. They related that they were not placed in segregated housing.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
### Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.51 (b)

- 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 ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- 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 ☐ No ☒ NA

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No
Auditor Overall Compliance Determination

☒  Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐  Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Inmate Handbook

Signage within facility

(a) (b) The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These ways are posted on the housing units and available in the PREA Handouts received at intake and the inmate handbook. These reporting avenues include all internal and third-party reporting:

Verbal Reports - You can tell a corrections officer, counselor, Block Supervisor, Chaplain, Psychologist, teacher, or any other staff member you trust. Staff members are required to inform the Prison of all reports of sexual abuse or sexual harassment. But the information will only be shared with those that have a need to in order to make decisions concerning the victim’s welfare and for law enforcement/investigative purposes.

Written Reports – You have the right to make a written report via a Request Slip to your counselor. Your request will be answered in a timely manner.

Sexual Abuse Reporting Line – You have the right to make to call, from the block’s inmate phones , to the sexual Abuse Reporting line what will dial directly to the Sexual Assault Call Center.

TO ACCESS P.R.E.A. From the block’s (Inmate) phone:
1. Press 1 for English ( 2 para Espanol )
2. Press * 9 to access PREA.
3. The system will transfer you to PREA.

(c) All staff interviewed understood that they shall accept reports made verbally, in writing, anonymously, and from third parties and promptly document all reports.
(d) The agency always all staff to privately report sexual abuse and sexual harassment of inmates outside of their chain of command and directly to the Duty Officer or PREA Coordinator.

The above reporting avenues were confirmed during the staff and inmate interviews. The inmates understood the ways to report, and the staff understood their responsibility if an incident was reported to them.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- 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. ☒ Yes ☐ No

115.52 (b)

- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA

115.52 (c)

- 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 ☐ No ☒ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☒ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
115.52 (e)

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

115.52 (f)

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)
  ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☐ Yes ☐ No ☒ NA

- Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)
  ☐ Yes ☐ No ☒ NA

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

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

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The audited facility does not have a grievance policy that addresses sexual abuse. Sexual abuse in the Commonwealth of Pennsylvania would be considered a criminal act. The grievance would be immediately taken out of the grievance process and assigned to an investigator and reported to the Chester County Detectives.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- 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 ☐ No

- 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 ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (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 ☐ No

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

PrimeCare Medical Inc. policy

MOU with Crime Victims Center of Chester County

(a) (b) (c) The facility has entered into a MOU with Crime Victims Center of Chester County for victim advocacy. If requested by the victim, the victim advocate, will accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals.

During the review of the investigations, I found that these services were offered. I further confirmed that staff would inform the inmates 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.

All the above procedures would be coordinated through PRIMECARE Medical Inc. this was verified with medical and mental health personnel. Mental health staff informed me that they would be involved with following up with both the victim and abuser.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

Pre-Audit Questionnaire

Agency Website

The facility has established third-party reporting methods in policy; these methods allow inmates to report for other inmates and outside individuals to report. The facility website outlines the third-party reporting avenues; this was confirmed through a review of the facility website. The following is posted on the website:

Chester County Prison has zero tolerance for sexual misconduct involving inmates. It is the policy of Chester County Prison to provide a safe, humane, and secure environment, free from sexual violence, misconduct, harassment, or retaliation, by establishing definitions of prohibited conduct and maintaining a program of prevention, detection, investigation, response and tracking of all alleged and substantiated sexual misconduct. Newly committed inmates will be provided information about sexual assault, to include; self protection, reporting sexual assault, prevention/intervention, treatment and counseling.

Sexual misconduct between staff and inmates, volunteers or contract personnel and inmates, inmates and inmates, regardless of consensual status is prohibited and subject to administrative discipline and/or criminal sanctions.
How to Report Institutional Sexual Assault/Misconduct:

If you have information regarding an inmate-on-inmate sexual assault, please call this toll-free number which is sponsored by the DOC and the PA Coalition Against Rape - 1-844-429-5412.

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

Standard 115.61: Staff and agency reporting duties

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

<table>
<thead>
<tr>
<th>115.61 (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ 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 ☐ No</td>
</tr>
<tr>
<td>▪ Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No</td>
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<tr>
<th>115.61 (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ 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 ☐ No</td>
</tr>
</tbody>
</table>

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<tr>
<th>115.61 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ 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 ☐ No</td>
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<th>115.61 (d)</th>
</tr>
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<tbody>
<tr>
<td>▪ If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>115.61 (e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>
Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a) The agency requires all staff to report immediately and according to policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff interviewed understood the above policy requiring them to report immediately.

(b) The interviewed staff understood that they should not reveal any information related to a sexual abuse report to anyone other than to the extent necessary and as per policy.

(c) During medical and mental health staff interviews I confirmed that they would report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services.

(d) If the alleged victim is under the age of 18 the agency would report to CHILDLINE at 1-800-932-0313 or the Department of Human Services for any vulnerable adult.

(e) All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to the facility’s designated investigators. This was confirmed during interviews and review of investigations.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.62: Agency protection duties

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

115.62 (a)

- 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  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a) The agencies policies dictate that when staff learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The staff interviewed understood their responsibility and all responded that they would immediately take appropriate steps to protect the inmate. During the review of investigations, I found the appropriate steps were taken, this included separating the inmate.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)
- 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 ☐ No

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

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Forwarded Investigation Information

(a) (b) (c) (d) During interviews and policy review I confirmed that upon receiving an allegation that an inmate was sexually abused while confined at another facility the PREA Coordinator or Designee would notify the Warden of the other facility. This notification would take place within 72 hours and documented. The staff confirmed if they received an allegation under these circumstances the allegation would be investigated immediately.
I reviewed documentation of an incident that was reported at the Chester County Prison but occurred at another facility. The information was immediately forwarded to the Warden at that facility.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.64: Staff first responder duties

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

115.64 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire
Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a) (b) During interviews and policy review I confirmed that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report would:

(1) Separate the alleged victim and abuser;
(2) Preserve and protect any crime scene;
(3) 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; and
(4) 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.

(b) During non-security staff interviews I confirmed that they would request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff immediately.

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

I reviewed the investigations that were conducted, I found that all first responders acted appropriately.

I had the opportunity to interview staff who were first responders in incidents, from the interviews I concluded that they acted appropriately and followed the policy.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a) The facility has adopted the Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA) as the overall institutional plan to respond to sexual abuse incidents. This plan dictates the actions and coordination between first responders, supervisors, administration, medical, mental health, and investigators. I confirmed the institutional plan through review of the plan, as well as during staff interviews. The facility has not had any substantiated investigations related to sexual abuse.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

**Documentation Reviewed**

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a)(b) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf has entered or renewed any collective bargaining agreement or other agreement that limits the facilities 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. The facility staff are non-union employees.

This was verified through interviews with administration. I further verified this practice during review of the investigations where staff were removed form a specific post pending the outcome of the investigation.
Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
### Standard 115.67: Agency protection against retaliation

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

**115.67 (a)**

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

**115.67 (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 ☐ No

**115.67 (c)**

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)
- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

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

115.67 (f)
- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a)(b)(c)(d) The agency has 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. The PREA Coordinator is designated as the staff member to oversee these efforts. During his interview he informed me that they utilize 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. By policy the monitoring would last a minimum of 90 days following a report of sexual abuse. The monitoring would include and behavior
changes, disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Policy allows the monitoring to continue beyond 90 days if the initial monitoring indicates a continuing need. The staff confirmed that the monitoring includes periodic status checks of the inmates, all monitoring is documented in the investigative file.

(e) I further confirmed if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency would take appropriate measures to protect that individual against retaliation.

(f) The staff understood that the obligation to monitor would terminate if the allegation is unfounded.

I reviewed the investigations and found that no retaliation or alleged retaliation was indicated.

The agency has established through past incidents that they utilize housing transfers, as well as facility transfers of perpetrators to protect the victim in an incident. This was confirmed during a review of investigations and through staff interviews.

I reviewed the completed monitoring documentation that shows the monitoring of the inmates. All staff interviewed understood their obligation under the policy.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a) During the interview with staff I found that they understand the restrictions of utilizing protective custody post-allegation. They related that the facility could move inmates to a separate housing unit without having to utilize segregation.

I reviewed the investigations and found that the facility did not utilize any post allegation protective custody in any of the sexual abuse incidents reported.

It should be noted that if a victim was moved to a protective custody housing unit, no privileges would be lost. They would still have access to all programming, education, recreation, and so forth.

During the staff interviews I confirmed that the policy is followed in these situations. At the time of the audit no inmates were being held under these conditions.

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

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

115.71 (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 ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff? ☒ Yes ☐ No

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

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

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

115.71 (i)  
- 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  ☐ No

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

115.71 (k)  
- Auditor is not required to audit this provision.

115.71 (l)  
- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes  ☐ No  ☐ NA
Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Completed Investigations

(a)(b)(c) The agency conducts administrative investigations into allegations of sexual abuse and sexual harassment. During the investigation review I found they are conducting them promptly, thoroughly, and objectively. The investigators have received special training in sexual abuse investigations pursuant to § 115.34. These investigators would gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

(d) If the quality of evidence appears to support criminal prosecution, compelled interviews would be conducted by the Chester County Detectives after consulting with the District Attorney.

(e) During interviews I confirmed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person’s status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation.

(f) The administrative investigations are conducted utilizing the following guidelines:

1. includes an effort to determine whether staff actions or failures to act contributed to the abuse; and
2. documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(g)(h) Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. I further confirmed that substantiated allegations of conduct that appears to be criminal are referred for prosecution.
(i) The agency retains all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

(j) I confirmed that the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation.

(l) When the Chester County Detectives investigate sexual abuse, the facility cooperates with them and remains informed about the progress of the investigation.

I found the PREA investigators to be well versed in their duties as to the administrative investigation, and more importantly the understanding of when the investigation takes on a possible criminal element they immediately contact the Chester County Detectives.

I reviewed the investigations and found that they were conducted immediately and by the proper authorities. The Administrative Investigators have received training on how to conduct the investigations at the facility level. They work closely with the Chester County Detectives during any criminal investigations. The Chester County Detectives are highly trained sworn law enforcement officers who will conduct in-depth criminal investigations. After reviewing the investigations, I was impressed with the consistency of the overall investigation process.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a) The facility has policies that states there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. During the investigation review and investigator interview, I verified that they are applying the preponderance of evidence to make a determination.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.73: Reporting to inmates

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

115.73 (a)

- 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 ☐ No

115.73 (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 ☐ No ☐ NA

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- 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 ☐ No
- 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 ☐ No
115.73 (e)  
- Does the agency document all such notifications or attempted notifications? ☒ Yes  ☐ No

115.73 (f)  
- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Investigation files

Chester County Prison Interoffice Memorandum

(a)(b) Following an investigation of sexual abuse conducted by the agency investigators or the Chester County Detectives the inmate is informed in writing whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. As per policy this is accomplished by utilizing the Chester County Prison Interoffice Memorandum. This was confirmed through staff interviews and investigation review.

(c) Following an investigation of sexual abuse committed by a staff member the agency informs the inmate whenever:

(1) The staff member is no longer posted within the inmate’s unit;
(2) The staff member is no longer employed at the facility;
(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
As per policy this is accomplished by utilizing the Chester County Prison Interoffice Memorandum. This was confirmed through staff interviews and investigation review.

(d) Following an investigation of sexual abuse committed by another inmate the agency informs the alleged victim whenever:

(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

As per policy this is accomplished by utilizing the Chester County Prison Interoffice Memorandum. This was confirmed through staff interviews and investigation review.

(e) All notifications are made by utilizing the Chester County Prison Interoffice Memorandum, these are then kept in the investigative file.

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

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a)(b)(c) The agency policies state that staff are subject to disciplinary sanctions up to and including termination for violating agency policy relating to sexual abuse or sexual harassment. The policy states that termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The policy further states that all discipline will be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

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

I confirmed the utilization of the discipline through review of the agency investigations, and staff interviews.

The audited facility has disciplined one staff member within the last 12 months for a violation of these policies.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.77: Corrective action for contractors and volunteers

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

<table>
<thead>
<tr>
<th>115.77 (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>115.77 (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ 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 ☐ No</td>
</tr>
</tbody>
</table>

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Investigation files

(a)(b) The agency policies state that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and shall be reported to the Chester County Detectives for a criminal investigation. The agency would also report to any relevant licensing bodies. I confirmed through interviews and policy review that any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer would result in the security clearance being revoked.
I confirmed the utilization of the discipline through review of the agency investigations and staff interviews.

The audited facility has not disciplined any volunteers and contractors within the last 12 months for a violation of these policies.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)
- 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 ☐ No

115.78 (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 ☐ No

115.78 (c)
- 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 ☐ No

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

115.78 (e)
- 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 ☐ No

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

115.78 (g)
- 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 ☐ No ☐ NA

Chester County Prison

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Completed Investigations

(a)(b)(c)(d) The agency policies state that Inmates are subject to disciplinary procedures. All inmates are issued a copy of the agency Inmate Disciplinary Procedure upon intake. This discipline will occur following a substantiated finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. These sanctions are 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. I confirmed with staff that the process considers whether an inmate’s mental disabilities or mental illness contributed to their behavior when determining what type of discipline. If available, the inmate would be offered therapy through the mental health providers.

(e) I confirmed through policy review and interviews that if an inmate had sexual contact with a staff member who did not consent to the contact the inmate would be charged under the PA Crimes Code and disciplined within the facility.

(f) I confirmed through policy review and interviews that no disciplinary action would take place for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred and that this does not constitute falsely reporting an incident or lying.

(g) The agency prohibits all sexual activity between inmates and discipline the inmates for engaging in consensual sexual activity, the agency does not consider this activity sexual abuse. I confirmed the utilization of the discipline through review of the agency investigations and staff interviews.

The audited facility has not disciplined any inmates within the last 12 months for a violation of these policies.

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

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- 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
  - ☐ No
  - ☒ NA

115.81 (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.)
  - ☒ Yes
  - ☐ No
  - ☒ NA

115.81 (c)

- 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?
  - ☒ Yes
  - ☐ No

115.81 (d)

- 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
  - ☐ No

115.81 (e)

- 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
  - ☐ No
Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

PrimeCare policy

(c)(d)(e) The facility screens inmates during the initial intake, this screening is conducted by the medical department. The screening asks questions relative to prior sexual victimization, whether it occurred in an institutional setting or in the community. The medical staff stated that the mental health department is automatically tasked to follow up with the inmate within 14 days. I further confirmed this process with the mental health department. They informed me that the initial follows up occurs much faster than 14 days, this is completed as soon as possible.

The medical, mental health, and security staff confirmed that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other treatment staff and is used to make treatment plans and security management decisions, including housing, bed, work, education, and program assignments.

The medical and mental health practitioners confirmed they would 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.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
### Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)
- 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 ☒
  - No ☐

#### 115.82 (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 ☒
  - No ☐
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?
  - Yes ☒
  - No ☐

#### 115.82 (c)
- 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 ☒
  - No ☐

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed

Pre-Audit Questionnaire

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PrimeCare policy

(a) During the staff interviews I confirmed that victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services. These services would be determined by the medical and mental health practitioners according to their professional judgment.

(b) If medical personnel are not available security staff first responders would take preliminary steps to protect the victim pursuant to § 115.62. This was confirmed through interviews with the security staff. They further confirmed that both medical and mental health staff would be notified immediately.

(c) It was confirmed through interviews that victims of sexual abuse would be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis. This would be determined by the SANE from Chester County Hospital. PrimeCare would then order any contraception and prophylaxis through their provider.

(d) All treatment services are offered free of charge to the victim, this was confirmed through interviews.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

- 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 ☐ No

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- 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 ☐ No ☐ NA

115.83 (e)

- 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 ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No
115.83 (g)

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

115.83 (h)

- 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.)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

PrimeCare policy

(a)(b)(c)(d)(e)(f)(g) During interviews and policy review I confirmed that the facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse. The evaluation and treatment include follow-up services, treatment plans and, referrals for continued care following their transfer or release from custody. These services are consistent with community level of care. Female victims of sexually abusive vaginal penetration while incarcerated would be offered a pregnancy test. If pregnancy results from the conduct described in paragraph § 115.83(d), the victim will receive timely and comprehensive information about all lawful pregnancy-related medical services. All victims of sexual abuse are offered tests for sexually transmitted infections. All treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

(a)(b)(c)(d) The facility policy states that all instances of sexual abuse will be reviewed by a review team which includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.. The review team evaluates each incident of sexual abuse to identify any policy, training, or other issues related to the incident that indicate a need to change policy or practice to better prevent, detect, and/or respond to incidents of sexual abuse. The review team also considers whether incidents were motivated by racial or other group dynamics at the facility. Reviews shall occur within 30 days after an investigation is completed. The sexual abuse incident review takes place at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation was determined to be unfounded. The review team will submit the report to the Warden and PREA Compliance Manager.

(e) The purpose of the incident review is to look retrospectively at the incident to ensure that the facility response was PREA compliant. Recommendations for improvement made by the review team will either be implemented or the reasons for not doing so will be documented.

During the onsite audit the incident review documentation was reviewed. The reviews were completed within 30 days of the final determination and followed the policy. Staff interviews also confirmed the reviews.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
### Standard 115.87: Data collection

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

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

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

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

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

115.87 (e)
- 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.) ☐ Yes ☐ No ☒ NA

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does*
not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Collected data 2013 through 2021

(a)(b)(c) The agency collects accurate, uniform data for every reported allegation of sexual abuse using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey on Sexual Violence (SSV) conducted by the Department of Justice. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. All documentation is kept in the Administrative PREA file.

During interviews and review of the collected data it was confirmed that the policy is being followed.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
### Standard 115.88: Data review for corrective action

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

<table>
<thead>
<tr>
<th>115.88 (a)</th>
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<tbody>
<tr>
<td>▪ 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 ☐ No</td>
</tr>
<tr>
<td>▪ 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 ☐ No</td>
</tr>
<tr>
<td>▪ 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 ☐ No</td>
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<tr>
<th>115.88 (b)</th>
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<tbody>
<tr>
<td>▪ Does the agency's annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse ☒ Yes ☐ No</td>
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<tr>
<th>115.88 (c)</th>
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<tbody>
<tr>
<td>▪ Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No</td>
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<tr>
<th>115.88 (d)</th>
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<tr>
<td>▪ Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>
Auditor Overall Compliance Determination

☐  Exceeds Standard *(Substantially exceeds requirement of standards)*

☒  Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐  Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

Pre-Audit Questionnaire

Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Collected data 2013 through 2021

(a) The PREA Coordinator reviews all data collected yearly. This review assesses and improves the effectiveness of the agency sexual abuse prevention, detection, and response policies, practices, and training, including by:

(1) Identifying problem areas;
(2) Taking corrective action on an ongoing basis; and
(3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

(b) The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

(c) The report is prepared by the PREA Coordinator and approved by Warden. The reports are available to the public through the agency website. The agency will redact specific material from the reports when publication would present a clear and specific threat to the safety and security the agency and would indicate the material redacted.

Any data being collected is reviewed by the administration at the facility. I was informed by staff that if a trend was noticed, they would put into place an immediate corrective action plan.

While reviewing the investigation I did not identify any trends or issues that would call for immediate action.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
## Standard 115.89: Data storage, publication, and destruction

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

| 115.89 (a) | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? Yes ☒ No ☐ |
| 115.89 (b) | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes ☒ No ☐ |
| 115.89 (c) | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes ☒ No ☐ |
| 115.89 (d) | 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 ☒ No ☐ |

## Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed

- Pre-Audit Questionnaire
- Chester County Prison Policies and Procedures Subject: Prison Rape Elimination Act of 2003 (PREA)

Collected data 2013 through 2021

(a)(b)(c)(d) The agency ensures that the collected sexual abuse/harassment data is properly stored, securely retained, and protected. The agency makes all aggregated sexual abuse data, readily...
available to the public annually through its website. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers from the data. The agency maintains sexual abuse data for at least 10 years after the date of its initial collection unless Federal, State, or local law require otherwise.

During interviews and review of the collected data it was confirmed that the policy is being followed.

The annual reports were reviewed, all personal data has been reviewed and the annual reports have been made available through the agency's website.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
# Standard 115.401: Frequency and scope of audits

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

<table>
<thead>
<tr>
<th>115.401 (a)</th>
<th></th>
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<tbody>
<tr>
<td>▪ 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 &quot;no&quot; response does not impact overall compliance with this standard.)</td>
<td>☒ Yes ☐ No</td>
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<tr>
<th>115.401 (b)</th>
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<tbody>
<tr>
<td>▪ Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>▪ 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.)</td>
<td>☐ Yes ☐ No ☒ NA</td>
</tr>
<tr>
<td>▪ 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.)</td>
<td>☒ Yes ☐ No ☐ NA</td>
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<thead>
<tr>
<th>115.401 (h)</th>
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<tbody>
<tr>
<td>▪ Did the auditor have access to, and the ability to observe, all areas of the audited facility?</td>
<td>☒ Yes ☐ No</td>
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<tr>
<th>115.401 (i)</th>
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<tbody>
<tr>
<td>▪ Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?</td>
<td>☒ Yes ☐ No</td>
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<tr>
<th>115.401 (m)</th>
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<tbody>
<tr>
<td>▪ Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?</td>
<td>☒ Yes ☐ No</td>
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<tr>
<th>115.401 (n)</th>
<th></th>
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<tbody>
<tr>
<td>▪ Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>
Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

The facility was audited during the auditing cycle from August 20, 2016, and August 20, 2019.

During the audit process, I was able to receive copies of all relevant documentation, conduct private interviews with staff and inmates, tour the complete facility, and receive confidential correspondence from both inmates and staff.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.
## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, 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 that there has never been a Final Audit Report issued.) 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility has published the final audit report on their website, this was confirmed by navigating to the page on the website and reviewing the audit report.

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

I certify that:

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

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

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

Auditor Instructions:

Patrick J. Zirpoli 11/12/2022

Auditor Signature Date