

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report December 7, 2018

Auditor Information

Name: Kurt Pfisterer	Email: kurtpfisterer@gmail.com
Company Name: Kurt Pfisterer, LLC	
Mailing Address: 30 Lori Jean Place	City, State, Zip: Troy, NY 12182
Telephone: (518) 860-5764	Date of Facility Visit: November 26, 2018

Agency Information

Name of Agency: Chester County Prison		Governing Authority or Parent Agency (If Applicable): Chester County, PA	
Physical Address: 501 South Wawaset Rd.		City, State, Zip: West Chester, PA 19382	
Mailing Address: Same		City, State, Zip: Same	
Telephone: 610-793-1510		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: see www.chesco.org/prison			
Agency Website with PREA Information: see www.chesco.org/2866/PREA			

Agency Chief Executive Officer

Name: D. Edward McFadden	Title: Warden
Email: dmcfadden@chesco.org	Telephone: 610-793-1510

Agency-Wide PREA Coordinator

Name: Morgan Taylor	Title: Captain
Email: mtaylor@chesco.org	Telephone: 610-793-1510

PREA Coordinator Reports to: Warden	Number of Compliance Managers who report to the PREA Coordinator N/A
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Facility Information

Name of Facility:	Chester County Prison		
Physical Address:	501 South Wawaset Rd. West Chester, PA 19382		
Mailing Address (if different than above):	Same		
Telephone Number:	610-793-1510		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission:	Same as agency		
Facility Website with PREA Information:	Same as agency		

Warden/Superintendent

Name:	D. Edward McFadden	Title:	Warden
Email:	dmcfadden@chesco.org	Telephone:	610-793-1510

Facility PREA Compliance Manager

Name:	Morgan Taylor	Title:	Captain
Email:	mtaylor@chesco.org	Telephone:	610-793-1510

Facility Health Service Administrator

Name:	Karen Murphy	Title:	Health Services Administrator
Email:	kmurphy@primecaremedical.com	Telephone:	610-793-1617

Facility Characteristics

Designated Facility Capacity:	1105	Current Population of Facility:	819
Number of inmates admitted to facility during the past 12 months			5042
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1815
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1966

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 15 - 17	Adults: 18 – 70+	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		24	
Average length of stay or time under supervision:		118 days	
Facility security level/inmate custody levels:		Work release - Maximum	
Number of staff currently employed by the facility who may have contact with inmates:		300	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		41	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		8	
Physical Plant			
Number of Buildings: 2		Number of Single Cell Housing Units: 11	
Number of Multiple Occupancy Cell Housing Units:		15	
Number of Open Bay/Dorm Housing Units:		3	
Number of Segregation Cells (Administrative and Disciplinary):		30	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The facility video surveillance system provides coverage for 95% of the facility. There is no audio capability. The system provides coverage of the recreation areas, food service, all housing units, hallways and education areas. There are no cameras in the inmates' cells. Cameras on the housing units do not have a view of the rear of the cells (where the toilets are located). Cameras in the dormitory housing units do not have a view of inmates while in their beds. Cameras can only view the inmate's head while in the shower. Cross gender viewing is not an issue. There is a camera view of all doors in areas where inmates are permitted. The camera system has a 120 day retention time for recorded images.</p>			
Medical			
Type of Medical Facility:		Medical housing unit, clinic and triage	
Forensic sexual assault medical exams are conducted at:		Brandywine Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		525	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		10	

Audit Findings

Audit Narrative

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

This report is for the Chester County Prison (CCP) operated under the authority of the Chester County Prison Board of Commissioners.

The Chester County Prison is a secure 1105 bed facility for male and female inmates (both pre-trial detainees and sentenced offenders). The on-site portion of the PREA Audit began November 26, 2018 and covered the audit period of November 26, 2017 to November 25, 2018. Prior to the on-site audit the facility provided a list of all staff by shift and employee job categories and a list of all inmates by housing unit. Prior to arrival this auditor reviewed pertinent agency policies, procedures, and related documentation used to demonstrate compliance with the Prisons and Jails PREA Standards. The pre-audit review of documents contained in the Pre-Audit Questionnaire submitted by the facility prompted few questions. Answers to those questions were submitted to this auditor by the facility staff and any additional remaining questions were resolved during the audit.

Auditor and one support staff arrived at the facility the morning of November 26, 2018. An entrance meeting was held with Warden, Deputy Warden, Deputy Warden, Director of Inmate Services, Community Corrections Center Manager, Major, Captain (the Facility PREA Coordinator), this auditor's interview assistant, and this auditor. This auditor explained how inmate interviews needed to be supervised (staff able to see both the interviewed and the inmate, but out of hearing range and the inmates line of sight). The scope of the tour and how the tour needed to be conducted was explained. At the conclusion of the entrance meeting this auditor toured the facility.

A complete tour of the facility took approximately two hours. All areas were extremely well maintained. This auditor was given free access to all areas of the facility. The tour covered all housing units, community corrections, recreation areas, food service, restrictive housing unit, maximum security, segregation, medical, mental health and inmate services.

Sight lines were excellent in all housing areas. Information on reporting sexual violence and available services was prominently posted on all housing units. The audit notice was posted on all housing units, the main entrance to the facility and the inmate visitors waiting area.

Inmates were observed at recreation, during movement, work details (inside and outside the facility), meals, in medical, going through intake, and on the housing units. Observations of staff supervision practices were consistent with the agency's policies. Observed interactions between staff and inmates were professional, respectful and boundary appropriate.

The PREA screening for risk of sexual victimization and/or propensity to victimize others is conducted by medical staff on the date of admission, and documented in the inmate management system. All inmates interviewed acknowledged being screened on the date of admission as well as being seen by medical staff on the date of

admission. A complete classification assessment is completed by a Counselor from Inmate Services within 72 hours of admission. Both the screening and classification are performed using an objective, standardized instrument. Any alerts noted during the screening process that would necessitate medical or mental health follow-up are automatically sent to the appropriate parties by the inmate management system. Interviews with medical and mental health staff confirmed this process and that follow-up occurs with the required time frame.

Chester County Prison reported 25 allegations of sexual abuse, assault and harassment. This auditor conducted a detailed review of all 25 allegations. All 25 allegations were investigated. However, of the 25 allegations reported 13 were not actually PREA incidents or did not meet the DOJ definition of sexual harassment. Of the remaining 12 allegations four were allegations of sexual abuse and eight were allegations of sexual harassment. Five of the allegations were deemed unfounded, five were unsubstantiated and two were substantiated.

Initial administrative investigations regarding allegations of sexual harassment and sexual abuse are conducted by supervisors (lieutenant or higher) who have received prior investigations training and specialized training for investigators of sexual abuse in correctional settings. This training utilized the curriculum posted on the PREA Resource Center's website. All 25 administrative investigations have been completed. None rose to the level of criminal behavior. Of those 25 allegations nine inmates were still at the facility at the conclusion of the investigation. Documentation of notice to all inmates was provided to this auditor. A review of all nine administrative investigations confirmed an aggressive and thorough investigation into all allegations of. Investigators' conclusions support full compliance with the evidentiary standard.

Criminal investigations of sexual abuse and assault are conducted by detectives from the Chester County District Attorney's Office. The facility, per policy, refers all allegations of sexual acts to the detectives and allows DA's detectives to determine if the behavior rose to the level of criminal conduct. The primary District Attorney's Office detective who handles the majority of PREA investigations was contacted. He confirmed that there were no allegations of sexual abuse or sexual assault referred to his office for investigation during this audit period.

An MOU is in place with the Victims Services Center of Chester County for crisis counseling and victims' services. Forensic examinations and evidence collection would be performed at the Brandywine Hospital by Sexual Assault Nurse Examiners.

Emails were sent to Just Detention International, the Victim Services Center of Chester County and the Pennsylvania Coalition Against Rape in an effort to determine if the organizations had any relevant information regarding the facility. Just Detention International advised that they had received no complaints regarding PREA compliance at the Chester County Prison during this audit period. As of this writing there has been no response from the Pennsylvania Coalition Against Rape. Contact was successfully made with the Victim Services Center of Chester County and that information is reflected in this report.

This auditor interviewed the following staff titles (number in parentheses indicates more than one staff in that title was interviewed):

- Warden
- Director of Mental Health Services

- Deputy Warden (2)
- Community Corrections Center Manager
- Major
- Captain (3)
- Lieutenant
- Health Services Administrator
- Intake Nurse
- Kitchen Supervisor
- Agency/Facility PREA Coordinator
- Director of Inmate Services
- Human Resources
- Sargent (3)
- Volunteer

11 random staff and Corrections Officers were selected for interviews to include staff from all housing units and all areas of program, as well as a representative number of female staff. Experience levels ranged from two month to over 28 years. All presented as very knowledgeable about their jobs and highly dedicated to keeping inmates and the community safe. All staff acknowledged receiving PREA training within the past year and over the course of their careers a significant amount of training related to cultural sensitivity, professional ethics and reporting responsibilities.

All staff members knew their responsibilities as related to mandatory reporting of allegations of sexual abuse, assault and harassment. All staff acknowledged having received PREA specific training as first responders and all knew what to do if they were a first responder. All Corrections Officers and supervisors interviewed were readily able to articulate their first responder duties. All felt supported by facility management, and had no fear regarding retaliation for reporting abuse. All felt empowered to proactively address issues related to sexual violence and were able to describe actions they would take to prevent and/or deter potential and/or imminent threats of sexual violence.

This auditor and an assistant interviewed a total of 84 inmates. There are five youthful inmates housed at the facility; all five youthful inmates were interviewed. Random selection of the other inmates involved taking every tenth inmate on the facility roster until there 100 inmates available for interview and at least one inmate from every housing unit. The random inmates interviewed were a representative sample from each of the housing units and included a representative sample based on age, sex, race and length of stay. Length of stay for those interviewed ranged from one to 22 months. Ages ranged from 19 to 59. There were no inmates who identified themselves as transgender, intersex, or that had been identified as gender non-conforming in appearance. There no inmates who needed translation services (the agency's language services contracted was available if needed). There was one English as a Second Language and one with developmental disabilities that were interviewed. Two inmates who made an allegation were also interviewed. No inmates had specifically requested to speak with this auditor. This auditor received no written correspondence from any inmate. All inmates acknowledged being asked about sexual orientation upon admission. All inmates interviewed had knowledge of the right to be free from sexual abuse, assault or harassment. All inmates were aware of at least two methods for reporting abuse, one of which was anonymous reporting via the inmate telephones. All inmates acknowledged being screened

upon admission (initial screening actually occurs on date of admission, which exceeds the standard). The vast majority of inmates interviewed acknowledged receiving information upon admission on their right to be free from sexual abuse, assault and/or harassment. The facility provided documentation of inmates' receipt of the inmate handbook (which contains all required PREA information). All inmates interviewed said they currently felt safe at the facility.

At the conclusion of the on-site audit and exit meeting was held with the Warden, PREA Coordinator and several senior staff.

Facility Characteristics

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

The Chester County Prison is an 1105 bed secure facility for male and female inmates at all levels of security operated under the authority of the Chester County Prison Board. The facility is comprised of one structure with a secure perimeter (the main prison) and the community corrections center. The building was purpose-built as a prison in 1958 and was designed to hold 284 inmates. Renovations and an addition were completed in 1984 adding a full sized gym and 240 more beds. The Community Corrections Center was built in 1991. In 2008 the facility underwent an additional expansion that included an 18 bed infirmary, increased space for medical services and additional housing units to bring the facility's total capacity to 1105. All housing units except the originals from 1958 are pod style. The four original housing units are linear in design. The prison section of the facility is a combination of double and single occupancy cells. There are single cells available on all housing units with the exception of the Community Corrections Center. Sleeping areas at the Community Corrections Center are dormitories. There are 16 housing units in the main prison (14 male and two female). The male housing units consist of minimum security, medium security, maximum security, mental health, restrictive housing (segregation) and youthful inmates. The two female housing units contain cells for general population, special needs, and restrictive housing. Showers are single user stalls that are situated within the cell block to facilitate appropriate supervision and maintain safety without sacrificing the inmate's privacy.

The Community Corrections Center has two housing units (one male and one female). The population consists of sentenced inmates. The vast majority are pre-release and work-release inmates. There are also inmates serving short-term determinant sentences for non-violent offenses such as driving under the influence. All inmates at the Community Corrections Center go through screening, intake and classification at the main prison prior to admission.

The Chester County Prison houses the following types of inmates:

- Pre-trial detainees
- County sentenced inmates
- State sentenced inmates – Technical Parole Violators

- Immigration and Customs Enforcement detainees
- Central Booking
- Work release sentenced inmates

Each housing unit has access to an outdoor recreation yard. The yard utilized by the youthful inmates has sight and sound separation from the general population. There is a full-size indoor gymnasium in both the main prison and the Community Corrections Center. The gymnasium in the main prison is not visible from any of the housing units and can serve as an additional recreation area for youthful inmates. There is no central dining hall. All meals are served on the housing units.

Chester County Prison is inspected by the Pennsylvania Department of Corrections for compliance with Pennsylvania regulations governing the operation of county jails/correctional facilities. The last inspection was conducted in July 2017. The facility was found to be in full compliance. The next re-certification will be in 2019.

Chester County Prison is accredited by the National Commission on Correctional Health Care. The most recent accreditation was awarded November 2018.

There are now a total of 260 cameras in the facility (additional cameras were added since the last audit in 2015). There are two central control booths for viewing live images (one in the main prison and one in the Community Corrections Center). Supervisors have access for viewing and downloading recorded images from their office computers. The system has a minimum of 30 days retention time for recorded images. There is camera view of all doors in the facility. The system now provides camera coverage for approximately 95 % of the facility. All interior cameras are fixed. The facility just received funding approval for expanding its video surveillance system. The expansion will provide additional cameras for the holding cells in the booking area. The facility recently purchased a full body scanner which will eliminate 99% of strip searches and greatly contraband entering the facility via central booking.

There were a total of 819 inmates at the facility on the first day of the audit. 49% of the population was white. 37% of the population was African-American, 13% of the population was Hispanic and the remaining 1% were other. 88% of the population was male and 12% female.

The Chester County Prison maintains 24 hour supervisory coverage (Lieutenant or higher) as well as an On-Call Administrator.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: Three

Standard 115.22 and Standard 115.71, 115.73

Number of Standards Met: Forty Two

Standard 115.11, Standard 115.12, Standard 115.13, Standard 115.14, Standard 115.15, Standard 115.16, Standard 115.17, Standard 115.18, Standard 115.21, Standard 115.31, 115.32, Standard 115.33, Standard 115.34, Standard 115.35, Standard 115.41, Standard 115.42, Standard 115.51, Standard 115.52, Standard 115.53, Standard 115.54, Standard 115.61, Standard 115.62, Standard 115.63, Standard 115.64, Standard 115.65, Standard 115.66, Standard 115.67, Standard 115.68, Standard 115.72, Standard 115.73, Standard 115.76, Standard 115.77, Standard 115.78, Standard 115.81, Standard 115.82, Standard 115.83, Standard 115.86, Standard 115.87, Standard 115.88, Standard 115.89, Standard 115.401 and 115.403.

Number of Standards Not Met: Zero

Not Applicable

Summary of Corrective Action (if any)

Not Applicable

PREVENTION PLANNING

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.

The Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", page 1, clearly articulates the agency's zero tolerance policy. The Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", page 1, establishes the role of PREA Coordinator who reports to the deputy warden. Agency organization chart and chain of command chart clearly depict the role of the Facility PREA Coordinator. Interview with the PREA Coordinator confirmed his knowledge of the PREA standards and commitment to the implementation of the PREA standards. The Chester County Prison is the only facility operated by the agency and as such there is no facility compliance manager. Notice of the PREA compliance audit was posted on all housing units and other prominent locations throughout the facility. Based upon the above this standard was deemed to be in full compliance.

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 OR the response to 115.12(a)-1 is "NO".) 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.

Per this auditor's interview with the warden, Chester County Prison does not contract with any other entity for the confinement of its inmates. In the event that the facility did end up contracting with another entity for the confinement of its inmates PA Title 37, Chapter 95 regulations require compliance with this standard. Based upon the above this standard was deemed to be in full compliance.

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 agency ensure that each facility has developed a staffing plan that provides for

adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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.

Chester County Prison Policy and Procedure, "Supervision and Staffing Analysis", requires the Chester County Prison to have a staffing plan in compliance with the PREA standards and that the plan is reviewed annually. The facility staffing plan was provided to this auditor. The plan is a multi-page document that addresses the following standard requirements:

- Any judicial findings of inadequacy;
- Any findings of inadequacy from Federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- Components of the physical plant including blind spots and areas where staff or inmates may be isolated);
- composition of the inmate population;
- Additional posts required based on programs occurring on a particular shift;
- PA DOC regulations;
- Any substantiated and unsubstantiated incidents of sexual abuse; and
- Available video surveillance.

Documentation of annual review of the plan was also provided. Chester County Prison Policy and Procedure requires unannounced rounds. These rounds are documented in housing unit logs. This auditor was provided documentation of these rounds and interviews with supervisory staff and corrections officers confirmed that they occur. Observed staffing during the on-site audit demonstrated compliance with the staffing plan during program hours. Over-night staffing in compliance with the staffing plan was documented on staffing schedules, housing unit logs as well as interviews with staff. The facility reports that there were no instances of deviations from the staffing plan due to training, vacations, Family Medical Leave and other types of leave. Overtime is paid to maintain minimum staffing. There was no indication from any of the staff interviews that the staffing plan is not followed. This auditor has audited county correctional facilities twice the size of Chester County Prison that operated with a third of the staffing that this facility maintains as minimum numbers. All female inmates interviewed stated that there had been no instance in the past year of them being confined to their cells due to a lack of female staff on duty to conduct searches.

Additionally, PA Title 37, chapter 95 for the operation of county correctional institutions requires compliance with this standard. Based upon the above this standard was deemed to be in full compliance.

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.

Chester County Prison houses youthful inmates. Chester County Prison Policy and Procedure, "Youthful Offender PREA Protocol" requires compliance with this standard. The facility has provisions to house youthful inmates that afford sight and sound separation from the general population. There is a separate housing unit that is sight and sound separated from the general population. Recreation (large muscle activity) is provided daily in a recreation yard that is sight and sound separated from the general population. There is no central dining hall. All meals are served on the housing units. Youthful inmates attend educational programming in a classroom adjacent to the housing unit that is sight and sound separated from the general population. All movement off the housing unit

requires an officer escort. All five youthful inmates were interviewed. All confirmed the above practices. Other county correctional facilities contract with Chester County Prison to house their youthful inmates because of the excellent practices and appropriate sight and sound separation. Based upon the above this standard was deemed to be in full compliance.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) 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 here for facilities with less than 50 inmates before August 20, 2017.) 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?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice 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.

Chester County Prison Policy and Procedures, "Searches of Inmates" prohibits cross gender strip searches for any reason and cross gender viewing of inmates showering, changing clothes and performing bodily functions. Male staff at the facility are only assigned to male housing units and female staff are only assigned to female housing units. Male staff relieving female officers assigned to a female housing unit are only permitted to enter the control both; they do not enter the actually housing unit unless there is an emergency. The female inmates interviewed reported that they have never been searched by a male staff while at the Chester County Prison. All random staff interviewed confirmed that cross-gender searches of female inmates do not occur. All inmates interviewed denied ever having been strip searched by an opposite gender staff. Chester County Prison policy and procedure, "Search and Processing Commitments", page 2, prohibits searching inmates for the purpose of determining if the inmate is transgender or intersex. All of the inmates interviewed denied ever being searched for this purpose. The corrections officers interviewed were aware that this type of search is prohibited. There are no cameras with a view inside bathrooms or showers. This was confirmed by observation at the central control center. All inmates shower separately. This was confirmed via inmate interviews. All inmate interviewed

acknowledged that they have reasonable privacy when showing, toileting and changing clothes. There are privacy curtains in each cell for the toilets. All staff interviewed stated that their presence is announced when they enter a housing unit of opposite gender inmates. There are signs at the entrances to all housing unit requiring opposite gender staff to announce their presence upon entering the housing unit. All inmates interviewed acknowledged that opposite gender staff announces their presence when entering housing units. This practice was also observed throughout the on-site audit. Based upon the above this standard was deemed to be in full compliance.

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 take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including 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

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003" page 5 requires compliance with this standard. The facility has trained staff to assist disabled inmates in understanding their rights under PREA. The policy states on the same page that the use of inmate interpreters is prohibited. This auditor received copies of intake materials in Spanish. The facility has multiple Spanish speaking staff. A language interpretation service is available for all languages should the need arise. There is also American Sign Language interpretation available. There were no inmates currently at the facility that required the services of an interpreter. There were no inmates currently at the facility that had disabilities that would require them to receive special services to understand their rights under PREA. All of the above was confirmed via interviews with staff and inmates. Based upon the above this standard was deemed to be in full compliance.

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, or 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

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Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", pages 3, requires compliance with this standard. These checks include clearance through the Pennsylvania child abuse registry. Employment applications specifically ask questions regarding prior sexual misconduct in an institutional setting, in the community, as well as any civil or administrative adjudication for sexual misconduct. Material omissions of sexual abuse or harassment incidents or the provision of materially false information are grounds for termination. The facility hired 41 new employees during this audit period. A random sample personnel records were examined. 41 new employees underwent background checks during this audit period. 81 contract personnel underwent background checks during this audit period. Documentation of all background checks and clearances for this audit period was reviewed by this auditor. Background checks are repeated every five years. Based upon the above this standard was deemed to be in full compliance.

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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There have been no physical plant upgrades or renovations during this audit period. Over the course of the three years since the facility's last audit he facility added 116 cameras on the housing units and other areas facility to remove blind spots; as the result of incident reviews; and as the result of the facility's annual review of its surveillance system. Current retention time on the system for recorder images is on average 30 days. Based upon the above this standard was deemed to be in full compliance.

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? Yes No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] 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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Chester County Prison only conducts administrative investigations of sexual harassment. Criminal investigations are conducted by detectives from the Chester County District Attorney's Office. Per policy the facility refers all allegations of sexual acts to the DA's detectives and the detectives determine if the behavior rose to the level of criminal activity. The facility reports four allegations of sexual abuse during this audit period. Only one of the allegations rose to the level of potential criminal behavior. Unfortunately, after the initial allegation the inmate refused to have a forensic exam. There was no other supporting evidence and the alleged victimizer named by the inmate was never incarcerated at the prison. The lead detective from the Chester County DA's office confirmed that they did not conduct any investigations of sexual abuse or assault during this audit period. The facility reports there were no other allegations which necessitated a forensic exam. The facility reports that, per agency medical protocols, all victims of sexual assault would receive a forensic examination (free of charge) from

a Sexual Assault Nurse Examiner or other qualified medical professional at the local healthcare facility. Forensic examinations are not conducted by facility staff. All staff are trained to preserve incident scenes and measures to prevent evidence from being destroyed. Physical evidence collection of criminal acts may be performed by staff in a manner consistent with municipal law enforcements practices. This was confirmed via interviews with staff. Rape crisis and victim advocacy services are provided by the Victims Services Center of Chester County. Services are provided at no charge to the inmate.

Per this auditor's interview with the warden, the Chester County District Attorney's office detectives have been advised of the need to comply with the PREA standards related to investigations. The lead detective from the Chester County District Attorney's Office confirmed this. Based upon the above this standard was deemed to be in full compliance.

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003" was reviewed by this auditor. The policy meets all the requirements of this standard. It requires that all allegations of sexual harassment and sexual abuse be investigated. It requires that allegations that may be criminal in nature be referred to law enforcement and provides clear guidance for when Chester County Prison may conduct an administrative investigation once a referral to law enforcement has been made. These policies are posted on the agency website. All Chester County Prison staff are mandated reporters of sexual abuse and/or harassment and all staff interviewed were aware of their obligations to report sexual abuse and/or harassment under agency policy. The facility reported nine allegations of sexual harassment during this audit period. The facility reports no allegations of sexual abuse and/or assault. There were zero allegations referred to the law enforcement for investigation. This was confirmed by the lead detective at the Chester County DA's Office. Sample investigation reports were reviewed by this auditor. Reports are extremely detailed and the file contains all evidence relevant to the investigation. Chester County Prison policy requires reporting of sexual harassment allegations that do not rise to the level of sexual harassment as defined by the PREA standards (the standards specifically state "repeated" as a condition of the definition). Chester County Prison is intentionally reporting and investigating single occurrences of sexual harassment in order to improve the conditions of confinement at the facility as they relate to PREA compliance, and they should be applauded for their efforts. This practice clearly exceeds the requirements of this standard.

TRAINING AND EDUCATION

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

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Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", pages 3-4 requires all staff with contact with inmates to be trained as required in this standard. The training curriculum, taken from the PREA Resource Center website and modified for the jail, meets all aspects of this standard. This is the same curriculum used for refresher training. All staff interviewed acknowledged that they had received the initial training and refresher training. Staff sign a written acknowledgement at the end of the training to document their understanding of the material. Documentation was provided to this auditor confirming staff's understanding of the material presented. All staff interviewed were aware of their obligations related to the agency's PREA policy, their obligations as mandated reporters of sexual abuse and/or harassment, their duties as a first responder and agency protocols related to evidence collection.	
The training curriculum utilized by the facility meets all aspects of this standard as follows:	
<input checked="" type="checkbox"/> (1) Agency's zero tolerance policy for sexual abuse and sexual harassment.	Policy Reviews
<input checked="" type="checkbox"/> (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.	Policy Reviews
<input checked="" type="checkbox"/> (3) Inmates' right to be free from sexual abuse and sexual harassment.	Policy reviews
<input checked="" type="checkbox"/> (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.	Slides 22 and 23
<input checked="" type="checkbox"/> (5) The dynamics of sexual abuse and sexual harassment in confinement.	Slides 30 and 31
<input checked="" type="checkbox"/> (6) The common reactions of sexual abuse and sexual harassment victims.	Slides 44 - 47
<input checked="" type="checkbox"/> (7) How to detect and respond to signs of threatened and actual sexual abuse.	Slides 31 - 35
<input checked="" type="checkbox"/> (8) How to avoid inappropriate relationships with inmates.	Addressed during cultural sensitivity training, professional conduct training and employee rules and regulations training.

<input checked="" type="checkbox"/> (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.	Addressed during cultural sensitivity training, professional conduct training and employee rules and regulations training.
<input checked="" type="checkbox"/> (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.	Policy review

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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Chester County Prison policy and procedure, "Prison Rape Elimination Act of 2003" was reviewed by this auditor. All contractors that have contact with inmates receive the same PREA training as employees. The training meets

all the aspects of this standard. Volunteers receive an orientation and handout, and must sign an acknowledgement that they have received and understood the training. One contract mental health staff and one of the contract medical staff were interviewed at the time of the on-site audit and all acknowledged receiving PREA training. Documentation of signed acknowledgements was provided to this auditor. One religious volunteer was interviewed on day two of the audit. The volunteer has been at the facility for 4 years and advised that she has received annual training on PREA. Her last training was in November 2018. One-on-one meetings with inmates are supervised by an officer. Based upon the above this standard was deemed to be in full compliance.

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 such education? 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*)
- 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.

Chester County Prison's inmate education program is provided to inmates by the facility staff during intake. Inmates also receive the inmate handbook upon admission which contains the same information. Inmates receive materials about PREA and their rights to be free from abuse upon admission. There is a translation service available if the need arises. American Sign Language translation is also available. Medical and mental health staff has received specialized training to assist inmates with disabilities in understanding their rights under PREA. All inmates interviewed were aware of their right to be free from sexual abuse and harassment, and knew multiple means of reporting allegations of abuse. All inmates interviewed (except six from one housing unit) acknowledged receiving PREA education and written materials upon admission. The facility maintains

documentation that all inmates received the education. Documentation of the six inmates' signed acknowledgements was provided to this auditor. One English as a Second Language inmate and one inmate with developmental disabilities were interviewed. Both clearly understood their rights under PREA and knew how to make a report if the need arose. Posters in English and Spanish were clearly visible on all living units and throughout the facility. Based upon the above this standard was deemed to be in full compliance.

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 have received 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

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Per Chester County Prison Policy and Procedure, “Prison Rape Elimination Act of 2003” requires the facility to have properly trained investigators for administrative investigations. The training the investigators received utilized the curriculum on the PREA Resource Center’s website. Documentation of training for Chester County Prison investigators was provided to this auditor. A review of completed investigations demonstrated the investigator’s full understanding of the training. Chester County Prison does not conduct criminal investigations of sexual abuse and assault. Such investigations are conducted by detectives from the Chester County District Attorney’s Office. This was confirmed via contact with the lead detective. Based upon the above this standard was deemed to be in full compliance.

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? Yes No
- 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? Yes No
- 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? Yes No

- 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? Yes No

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 at the facility do not conduct forensic exams.) 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? 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.

Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", mandates specialized training for medical and mental health staff as per the PREA standards. The facility's PREA training provides extensive instruction on recognizing signs and symptoms of sexual abuse, as well as effective and professional communication skills when dealing with victims of sexual abuse. The facility evidence collection protocols are also extensively covered in the training. Documentation of training for contract providers was provided to this auditor. Interviews with the staff, both medical and mental health, of the contracted medical services provider confirmed staff training. Contract medical staff does not conduct forensic examinations. The agency's protocol is

to preserve/avoid destruction of evidence and then transport to the designated medical facility. Based upon the above this standard was deemed to be in full compliance.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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, when 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, when 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, when 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 a: Incident of sexual abuse?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: 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.

Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", page 6 addresses the standards related to screening inmates for risk of victimization and abusiveness. The PREA screening for risk of sexual victimization and/or propensity to victimize others is conducted by corrections officers and medical staff on the date of admission, and documented in the inmate management system. All inmates interviewed acknowledged being screened on the date of admission as well as being seen by medical staff on the date of admission. A full classification assessment is completed by a classification staff within 72 hours of admission. All new commitments to the jail are housed on the intake unit for the first 72 hours. Both the screening and

classification are performed using an objective, standardized instrument. Access to screening information is limited to medical staff, mental health clinicians and a limited number of upper level administrators. The screening instrument includes documentation of:

- Height and weight
- Age
- Mental health concerns
- Developmental disabilities
- Physical disabilities
- History of prior incarceration
- Criminal history and current offense
- Appearance
- Sexual orientation, gender identity and gender non-conforming
- The inmates own perception of vulnerability
- Inmate's request for protective custody
- History of abuse and/or abusiveness including prior sexual abuse or abusiveness

Page 6, section E of the policy requires reassessment of an inmate's risk of victimization or abusiveness promptly after obtaining relevant information after the initial screening. Reassessments are also conducted as needed based on relevant institutional behaviors. Based upon the above this standard was deemed to be in full compliance.

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? Yes No
- 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? Yes No

- 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? 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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Chester County Prison Policy and Procedure, "Classification and Custody Levels" addresses how the information obtained during screening is utilized to inform programming and housing decisions. Sexual orientation is not a factor taken into consideration by the policy. A review of documentation of classification decisions and housing assignments clearly showed that the decisions are case-by-case, and that there is no designated unit for transgender or intersex inmates. Interviews with all staff and inmates confirmed compliance with this standard. Chester County Prison Policy and Procedure, "Housing Assignments", page 2 requires that housing assignment decisions for transgender and intersex inmates be done on a case by case basis, based on the safety needs of the inmate and the security of facility. Based upon the above this standard was deemed to be in full compliance.

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

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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Chester County Prison does not use involuntary protective custody beyond 24 hours. The provisions of the policy comply with this standard. The use of involuntary protective custody would be based on incidents occurring at the facility and not based on initial risk assessments. The facility reported zero instances of involuntary protective custody lasting less than 24 hours during this audit period. Involuntary protective custody beyond 24 is not used, and was not used during this audit period. The intake unit has single cells available in the event that a newly admitted inmate is deemed to be at risk for victimization. A review of documentation of classification decisions and housing assignments clearly showed that the decisions are case-by-case. Interviews with all inmates confirmed compliance with this standard. All of inmates in protective custody at Chester County Prison at the time of the on-site audit were there at their own request. Based upon the above this standard was deemed in full compliance.

REPORTING

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? Yes No

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

- 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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Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", page 8 appropriately addresses this standard. All staff, contractors and volunteers are mandated to report sexual abuse, assault and harassment. They are also mandated to accept any report from an inmate or third party. All inmates interviewed knew at least two means to report sexual abuse or harassment (report to staff and Hotline via inmate telephone system were the most common responses). All knew where to find the Hotline number to report abuse outside

the agency. The Hotline is a service to all county correctional facilities provided by the Pennsylvania Department of Corrections. Allegations of acts that have already occurred are sent via email to the warden and PREA Coordinator. Allegations involving the imminent threat of sexual violence are immediately called into the facility for prompt response. The calls can be made anonymously, without the use of an inmate's PIN. This auditor tested the system to confirm this information. Two of the inmates interviewed had reported sexual abuse and/or sexual harassment while in the Chester County Prison. Neither inmate was satisfied with the results of their report. One incident involved clothing being issued from the commissary (the inmate's personal property which was stored in the commissary while the inmate was in disciplinary segregation) and not PREA related. The second involved a pat search prompted by reasonable suspicion the inmate possessed contraband. The dissatisfaction was the result of the investigation not being conducted by an outside entity and how the DOC hotline handled the report, and not the facility's response. Inmates receive a handout at admission regarding how to report abuse and there are posters throughout the facility and on all housing units with the information. Inmates also receive the inmate handbook upon admission. It contains information on PREA and how to report violations. All staff are mandated reporters of abuse per Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", page 1, and the laws of the Commonwealth of Pennsylvania. All staff interviewed were aware of their obligations as mandated reporters. The facility does not house inmates detained solely for civil immigration purposes. Based upon the above this standard was deemed to be in full compliance.

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 NA

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 Chester County Prison inmate grievance process is not a means to report allegations of sexual abuse. The policy specifically states that urgent and emergency situations should not be reported via the grievance process. Those situations should be immediately reported to an officer or supervisor. Any grievance received that alleged sexual abuse would automatically trigger the facility's PREA incident response plan. It would not be processed as a grievance; it would be treated as a written report of sexual abuse. Therefore, under section (a) of this standard the agency is deemed exempt. Based upon the above this standard was deemed to be in full compliance.

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? Yes No
- 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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A Memorandum of Understanding with the Victims Services Center of Chester County exists for the provision of these services. Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003" addresses access to these services. Interviews with medical and mental health staff confirmed that inmates would be advised about confidentiality prior to accessing the services. Efforts to contact the Victims Services Center of Chester County to determine if they provided services any to inmates during this audit period were unsuccessful. Information is provided to all inmates during the inmate education program. All alleged victims of sexual abuse/assault are provided the telephone number and mailing address. This was confirmed during inmate interviews. Inmates who report prior abuse during intake are advised of the availability services and information on how to request services. The facility does not house inmates detained solely for civil immigration purposes. Based upon the above this standard was deemed to be in full compliance.

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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Chester County Prison's public website lists the hotline number to call if sexual abuse or harassment is suspected. All inmates interviewed acknowledged that they knew they could report abuse via a third party. All inmates

interviewed acknowledged ready access to contact with their families (visiting and telephone calls) and the ability to contact their lawyer if they so desired. All staff interviewed acknowledged that they would accept a third party report of abuse and respond in the same manner as if they had witnessed the abuse themselves. The Hotline number is also posted in the visitors waiting area and visiting rooms. Based upon the above this standard was deemed to be in full compliance.

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

115.61 (a)

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

115.61 (b)

- 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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003" addresses the requirements of this standard. All staff, contractors, and volunteers are mandated by policy to report any knowledge of sexual abuse or harassment. The policy further prohibits staff from revealing information regarding a sexual abuse report except on a need to know basis. All staff, contractors, and volunteers receive training as to how to fulfill their obligations as mandated reporters (what to report and how to report it). All staff and contractors interviewed were aware of the obligations as mandated reporters. Of the 25 allegations of sexual harassment and sexual abuse reported by the facility for this audit period all were reported to the facility's designated investigators and all were investigated. The facility provided documentation of responses to inmates' calls to PREA hot-line (including anonymous calls) as well as verbal and written reports to staff. Based upon the above this standard was deemed to be in full compliance.

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.

Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", page 8 requires an immediate response when an inmate is deemed to be in imminent danger of sexual abuse or assault. Any time an inmate makes an allegation, regardless of the severity, the staff's first response is to separate the alleged victim from possible abusers/harassers. There were no reported instances of an inmate being determined to be in substantial risk of imminent sexual abuse. All staff interviewed were able to articulate means that they would use to protect inmates should this occur. These included immediately calling for a supervisor to respond to the location; keeping the inmate under arms-length supervision until the supervisor arrives; and, if necessary based on the imminent nature of the threat, securing the inmate alone in a cell. Based upon the above this standard was deemed to be in full compliance.

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.

Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003" page 9 complies with this standard. The facility reported that it did not receive any reports of inmates being sexually abused at another confinement facility during this audit period and therefore had no documentation to show this auditor regarding such actions. The facility also reported that it received zero allegations of sexual abuse from another facility. Based upon the above this standard was deemed to be in full compliance.

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

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All staff interviewed were able to articulate their first responder duties. All staff receive training regarding first responder duties. Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003" pages 8-9 complies with this standard. There were four instances of alleged sexual abuse reported during this audit period. Of those four instances, one allegation involved staff separating victim (none involved separating in-progress incident) from abuser and four involved collection of physical evidence. Documentation of these actions was provided to this auditor and support full compliance. Based upon the above this standard was deemed to be in full compliance.

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.

A copy of the facility’s coordinated response plan was provided to this auditor (Chester County Prison Policy and Procedure, “Prison Rape Elimination Act of 2003” pages 8-11). The plan provides clear and concise direction for response to any alleged PREA violation. There was one reported incident of sexual abuse. Documentation of the plans use was reviewed by this auditor. All staff interviewed were aware of the facility’s coordinated response plan and where to locate the document. Based upon the above this standard was deemed to be in full compliance

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

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Employees of the Chester County Prison are not represented by a union and therefore there is no collective bargaining agreement that might violate this standard. Under Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003" page 2, section G, sexual misconduct is subject to disciplinary action up to and including termination. Any sexual act with an inmate is a felony under Pennsylvania criminal code (3124.2). The facility reports that no staff were disciplined for sexual abuse or sexual harassment during this audit period. Documentation of staff being separated from the alleged victims pending the outcome of the investigation was provided. Based upon the above this standard was deemed to be in full compliance.

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

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Chester County Prison Policy and Procedure, “Prison Rape Elimination Act of 2003” page 7 names the PREA Coordinator as the person responsible for monitoring for retaliation against staff and the housing unit supervisors as the persons responsible for monitoring inmates. Monitoring for retaliation is documented in the monthly reports completed by the PREA Compliance Manager. The facility reports that there were no reports or complaints of retaliation during this audit period. Per interviews with the Warden and the facility’s PREA Coordinator, retaliation should be reported by corrections officers and inmates to any available supervisor and/or the PREA Coordinator. Appropriate measures would be taken to stop retaliation. These measures would include transfer of the inmate(s) retaliator; keep separate orders (inmate from inmate and inmate from staff) and transfers to other county jails. Neither of the inmates that made an allegation and were still in the facility to be interviewed reported suffering any retaliation. Based upon the above this standard was deemed to be in full compliance.

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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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.

Chester County Prison Policy and Procedure "Prison Rape Elimination Act", page 15 states that involuntary protective custody will only be used as a last resort. The facility reports that there were no instances of involuntary protective custody being used during this audit period. The one inmate in post-allegation protective custody stated to this auditor that he was there at his own request. Interview with Assistant Warden confirmed the inmate's voluntary status. In the event an inmate remains in involuntary protective custody for 30 days, the Program Review Committee is required to meet and review that decision. Based upon the above this standard was deemed to be in full compliance.

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

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Chester County Prison does not conduct criminal investigations of sexual abuse and/or sexual assault. Those are conducted by detectives from the Chester County District Attorney's Office. Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003" page 10 complies with this standard relative to administrative investigations. Chester County Prison investigators completed specialized PREA investigations training and follow the protocols there in when conducting initial investigations related to allegations of sexual abuse and sexual harassment. Documentation of this training was provided to this auditor. A review of prior administrative investigation reports confirmed the investigators' understanding of this policy and their training. There were no criminal investigations of PREA violations conducted during this audit period. This was confirmed by the primary detective from the DA's office. 25 allegations of sexual abuse or harassment were reported and investigated during this audit period. All were completed in a timely manner. 13 allegations were not PREA related or did not meet the DOJ definition of sexual harassment, never the less a full administrative investigation was conducted (this practice clearly exceeds the requirements of the standard). Of the remaining 12 allegations five were deemed unfounded, five were deemed unsubstantiated and two were substantiated after the completion of the investigations. Based upon the above this standard was deemed to be in full compliance and exceeds the standard.

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

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.

Per Chester County Prison Policy and Procedure, “Prison Rape Elimination Act of 2003” page 10, a preponderance of evidence is the standard. A review of administrative investigation reports for alleged sexual harassment confirm the evidentiary standard is being followed. Interviews with investigators support full compliance. Based upon the above this standard was deemed to be in full compliance.

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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Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003" page 11 meets the requirements of this standard. There were no reported incidents of sexual abuse during this audit period. However, 9 inmates received notification of the outcome investigations regarding sexual harassment. Documentation of reports to inmates was provided to this auditor. As the standard only requires reporting to inmates the results of investigations into allegations of sexual abuse, the facility's practice of reporting to inmates regarding sexual harassment exceeds this standard.

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

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.

Chester County Prison Policy and Procedure, “Prison Rape Elimination Act of 2003” page 6 addresses the requirements of this standard. There was one allegation of sexual harassment by a staff member during this audit period. The case was deemed unfounded after an investigation. There were no reported employee terminations or disciplinary action taken against a staff during this audit period for staff misconduct.

The District Attorney’s Office detectives did not conduct any PREA investigations at the facility. Based upon the above this standard was deemed to be in full compliance.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes 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.

Chester County Prison Policy and Procedure, “Prison Rape Elimination Act of 2003”, page 6 addresses the requirements of this standard. The facility reported that there were no instances of sexual abuse, assault or harassment by contractors or volunteers occurring during this audit period, and therefore there was no documentation to review for compliance. Based upon the above this standard was deemed to be in full compliance.

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)

- 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

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.

Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003" page 7 and the Chester County Prison Inmate Handbook, disciplinary procedure section address all required elements of this standard.

The facility rules prohibit all sexual activity between inmates. The facility reports zero instances of substantiated inmate-on-inmate sexual abuse during this audit period. The facility reported zero instances of disciplinary action being taken against inmates after administrative investigations were completed. The one substantiated incident of sexual harassment resulted in mental Health counseling. Based upon all of the above this standard was deemed to be in full compliance.

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.

Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003" pages 8 addresses the requirements of this standard related to access to medical and mental health care. Inmates admitted to Chester County Prison are seen by medical staff on the date of admission. Medical staff performing the inmate's intake utilize a standardized screening tool to determine if an inmate has any immediate and/or emergency medical or mental health needs. This information is recorded in the inmate management system and automatically generates electronic notification to the appropriate parties for follow up. This instrument includes asking the inmate about prior sexual abuse. All inmates interviewed confirmed that they were seen by medical staff shortly after arrival at the facility and that they were asked about prior sexual abuse. Interview with medical staff confirmed that screening includes history of sexual abuse. Interview with mental health staff confirm they receive electronic notifications regarding prior sexual abuse or abusiveness and follow-up within the time frame required by the standards. Per medical staff interviewed, inmates have access to all the same medical services available in the community. When a disclosure of prior abuse occurs, and services are offered by Medical and Mental Health staff, this is documented in the inmate's medical record. Based upon all of the above this standard was deemed to be in full compliance.

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

- 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.

Chester County Prison's coordinated response plan addresses the requirements of this standard. Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", page 9 requires that the inmate's medical and mental health needs are met. The policy further states on the same page that services will be provided free of charge to the inmate. The Chester County Prison Inmate Handbook clearly states that services will be provided to the inmate free of charge. Attempts to contact the Victims Services Center of Chester County to confirm whether or not they have provided or attempted to provide services to inmates during this audit period were unsuccessful. Documentation of one alleged victim refusing to be transported to the hospital for a forensic exam was provided to this auditor. The inmate declined all follow-up services and signed an acknowledgement of the refusal. Based upon the above this standard was deemed to be in full compliance.

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.) 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.) 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.

The MOU with the Victim Services Center of Chester County and Chester County Prison Policy and Procedure, “Prison Rape Elimination Act of 2003”, page 10 address the requirements of this standard for victims. The policy clearly states that services will be provided to the inmate free of charge. As previously noted disclosures at the time of admission are recorded in the inmate management system. Notifications are then made to the appropriate parties for necessary follow-up evaluations and assessments. Follow up mental health evaluations occur within 24 hours. Interviews with the Medical Administrator and Mental Health Assessor confirmed this practice. All ongoing medical care beyond the scope of facility medical staff would be provided by community providers. The inmate would have the option of facility clinical staff or community providers for ongoing mental health services. Due to the short-term nature of the jail treatment services for sexual offenders is inappropriate. The facility reported one instance of alleged sexual abuse during this audit period (inmate refused in writing all services) and reported no instances of pregnancy or vaginal penetration which would necessitate pregnancy testing. Based upon the above this standard was deemed to be in full compliance.

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.

Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", pages 11 requires that sexual abuse incident reviews occur within 30 days of the conclusion of the investigation. Reviews address policy, procedures, staffing and physical plant considerations relevant to the incident. The incident review team includes warden, medical, mental health, PREA Coordinator, line staff and training. There were no reported instances of substantiated or unsubstantiated sexual abuse that occurred during this audit period, therefore there was no documentation to be reviewed by this auditor for compliance. Based upon the above this standard was deemed to be in full compliance.

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.

Chester County Prison also maintains electronic records for inmates and collects data on all allegations of sexual abuse using a standardized format. The form contains standardized definitions which are taken word for word from the PREA standards. The PREA Coordinator submits monthly reports to the warden regarding all PREA matters (training, incidents, investigations, inmate education, etc.). Combined these systems and practices allow Chester County Prison to access data sufficient to complete the annual survey of sexual violence. The facility's most recent survey of sexual violence is posted on the agency website. Based upon the above this standard was deemed to be in full compliance.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- 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
- 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
- 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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 agency's public website was reviewed by this auditor. The most recent, available annual PREA report is available via the website. The annual report is a combination of the survey of sexual violence and a narrative discussing statistical information related to PREA incidents, including any corrective actions taken. The annual report addresses all elements of this standard. Chester County Prison Policy and Procedure, "Prison Rape Elimination Act of 2003", page 12 appropriately addresses the retention requirements of this standard. Based upon the above this standard was deemed to be in full compliance.

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.

The Chester County Prison maintains inmate medical records indefinitely. A review of the data available on the inmate management system shows records go back to the year the system was put in place. A review of the data available on the Chester County Prison website supports full compliance for this standard. There is no individual identifying information contained in the aggregate data or the reports related to the data posted. Based upon the above this standard was deemed to be in full compliance.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes 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.

This auditor has conducted all PREA compliance audits for Chester County Prison since this standard was published. This is the second PREA compliance audit for the prison. This auditor had unrestricted access to, and the ability to observe, all areas of the audited facility. This auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). This auditor was permitted to conduct private interviews with inmates and staff. Inmates were permitted to send confidential correspondence to this auditor. Based upon the above this standard was deemed to be in full compliance.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

All prior agency final audit reports are posted on the agency's website.

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:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document

into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Kurt Pfisterer/s/

December 7, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.