

PREA AUDIT REPORT INTERIM FINAL

COMMUNITY CONFINEMENT FACILITIES



Auditor Information			
Auditor name: William Willingham			
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Telephone number: 850-718-7173			
Date of facility visit: June 1 - 2, 2016			
Facility Information			
Facility name: Kintock Erie			
Facility physical address: 301 East Erie Avenue, Philadelphia, PA 19134			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 215-291-7600			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer: Corey Davis			
Number of staff assigned to the facility in the last 12 months: 101			
Designed facility capacity: 392			
Current population of facility: 347			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 21-70			
Name of PREA Compliance Manager: Kareem Fisher		Title:	Director of
Email address: kareem.fisher@kintock.org		Telephone number:	215-291-7600
Agency Information			
Name of agency: The Kintock Group of Pennsylvania			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 580 Virginia Drive, Suite 250 Fort Washington, PA 19034			
Mailing address: <i>(if different from above)</i>			
Telephone number: 610-687-1336			
Agency Chief Executive Officer			
Name: Diane DeBarri		Title:	CEO
Email address: diane.debarri@kintock.org		Telephone number:	610-687-1336
Agency-Wide PREA Coordinator			
Name: Nicola Cucinotta		Title:	Corporate Director
Email address: nicola.cucinotta@kintock.org		Telephone number:	610-724-8365

AUDIT FINDINGS

NARRATIVE

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of Kintock Erie (KE) was conducted June 1-2, 2016. This facility is operated by the Kintock Group of Pennsylvania, under contract to the Pennsylvania Department of Corrections (PADOC), the Federal Bureau of Prisons (BOP) and the Bucks County Department Of Corrections (BCDOC). The standards used for this audit became effective August 20, 2012. Prior to the on-site visit, the PREA Coordinator had been interviewed concerning the Pre-Audit Questionnaire. As part of the audit, a review of all PREA policy and a tour of the facility was completed. At the time of this audit the facility employed 101 staff. The resident population at the time of the audit was 290 males and 57 females. An entrance meeting was held with the Site Administrator, PREA Coordinator, PREA Manager, two other Corporate Directors, the Program Director and other administrative staff, to discuss the audit and schedule of activities. The audit also consisted of a review of supporting documentation and interviews with staff and residents. The staff were questioned regarding PREA training, the KE zero-tolerance policy and first responder responsibilities, to include victim/assailant separation, reporting mechanisms and requirements, available interventions, conducting interviews, evidence collection, retaliation monitoring and follow up. Fifteen random resident interviews were conducted. At the time of the audit, the population did not include residents who self-identified as Transgender, Intersex, or Bisexual. One interviewed resident was disabled and one was limited English proficient. No resident refused to be interviewed, and no resident mailed a letter to the auditor concerning the audit. Additional interviews were completed with nine random and seven specialized staff, two contractors and one volunteer. Through the interviews, the auditor found the residents and staff to be very aware of the PREA. The Agency's policy prohibiting cross-gender viewing and cross-gender pat searches were in practice. Resident interviews support staff's compliance with the facility's prohibition of cross-gender viewing and pat searches. Staff receive PREA training as part of their initial training at the PADOC Academy and locally. Residents receive information regarding the PREA program during intake screening. Arriving residents are provided a facility specific PREA information handout. The residents are provided information with reporting mechanisms, to include anonymous and third-party resources for reporting. PREA information is also posted in the housing areas and on bulletin boards throughout the center. During the past 12 months, the facility had three allegations of sexual assault/sexual harassment. Any and all allegations would be referred to the PADOC, BOP or BCDOC for investigation (jurisdiction of resident determined assignment of investigator). This auditor was provided additional evidence during the audit to ensure compliance to the PREA, as documented in this report.

DESCRIPTION OF FACILITY CHARACTERISTICS

The following is the mission statement of the Kintock Group and the KE facility. The facility provides a safe, secure, drug-free, residential environment for male and female offenders who are beginning their transition back to the community. KE aims to provide employment, education, life skills and treatment resources to all of residents based on the individuals' specific needs. In providing these transitional services, KE is committed to meeting the standards of the American Correctional Association and complying with all policies and procedures mandated by the PADOC, BCDOC and FBOP.

The intent of the Kintock Erie program is to provide a transition process from prison to full integration back into the community, a jail program for BCDOC female inmates, and detention for parole/probation violators. KE will provide participants with the knowledge and skills necessary to lead a productive lifestyle prior to reintegration into their communities. The KE program consists of a 392 bed, single story facility (one building) for adult males and females (referred from the PADOC, BOP and the BCDOC) with 9 housing units. The facility is located in an urban section of Philadelphia, PA. Prior to the program being established, the building was a sewing factory. The facility is accredited by the American Correctional Association. KE has been in operation since 2003, has secure housing for some residents, and programs that allow residents to participate in community activities. There is no Special Housing Unit (protective custody). Programs address the re-entry needs of each resident individually, and include instruction in Raising Awareness, Problem Solving, Relationships, Finances/Employment, Criminal Attitudes and several others. Additional services include individual assessment programs, employment assistance and housing placement assistance. Residents receive these services at the facility or in the community. Meals are cooked at the facility by contractors. Some residents are allowed to possess cell phones. The KE utilizes 48 cameras (with recording capabilities) to monitor activities, and the auditor found no "blind spots" (areas lacking adequate camera coverage or staff supervision) during the tour. Living areas consist of multiple occupancy dormitory-like rooms with shared showers and bathrooms. There are recreational activities at the facility, and religious services. The facility also has classrooms, leisure activity areas, a computer lab and a Visiting Room.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, another meeting was held with executive/administrative staff, to discuss audit findings. The facility was found to be fully compliant to the PREA, with two standards exceeding compliance and three not applicable. The auditor had been provided with extensive and lengthy files prior to and during the audit for review to support a conclusion of compliance to the PREA. All staff and resident interviews also supported compliance. The facility staff were found to be courteous, cooperative and professional. Staff morale appeared to be good, and the staff/inmate relationships were observed to be very good. All interviewed residents stated that they felt safe at the facility. All areas of the prison were observed to be clean and well maintained. At the conclusion of the audit, the auditor thanked the KE staff for their hard work and dedication to the PREA compliance process.

Number of standards exceeded: 2

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

Kintock policy 3.05 meets the mandates of this standard. The Agency’s zero tolerance against sexual abuse is clearly established and the policy also outlines the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. Zero tolerance posters are displayed throughout the facility. Both facility staff and residents are provided with a variety of opportunities to become aware of the PREA. The review of training records and staff interviews confirmed that staff, volunteers, and contractors, who have regular or frequent contact with residents, receive PREA related training during initial orientation and annually. The PREA Coordinator and Manager were interviewed and advised that they have sufficient time and authority to coordinate efforts to comply with PREA standards.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

Not Applicable. The Kintock Group does not contract with other organizations for the confinement of residents.

Standard 115.213 Supervision and monitoring

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

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Kintock policy 3.05 meets the mandates of this standard. Policy requires the facility to review the staffing plan on an annual basis and update it as necessary. An interview with the PREA Coordinator confirmed compliance to this standard. Safety and security procedures are the primary focus, when considering staffing patterns and video monitoring. There are 48 cameras at KE, with recording capabilities, and are monitored by staff. Female residents are only supervised by female employees. Staff are assigned to each unit and provide very good supervision (observed by the auditor). Other staff such as case managers are also assigned to each jurisdiction, and provide additional coverage and supervision. Security staff supervisors also monitor activities. The facility's resident population and the prevalence of incidents of sexual abuse are also considered when developing staffing patterns. The facility does not deviate from their established staffing plan and when vacancies occur, the facility uses overtime and endeavors to quickly fill open positions with qualified employees. The Director of Operations was also interviewed concerning this standard, and also confirmed compliance. The excellent deployment of staff and the camera surveillance program have resulted in an Exceeds rating for this standard.

Standard 115.215 Limits to cross-gender viewing and searches

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

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Kintock policy 3.05, 11.08 and a Standard Operating Procedure (SOP) directive addresses this standard. Under no circumstances does the facility allow cross-gender strip searches or cross-gender visual body cavity searches. Cross-gender pat searches are prohibited by policy. However, all staff reported that they received cross-gender pat search training, during their initial in-service training and annually. Interviews with staff and residents confirmed that residents are always allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. During the tour of the facility, the auditor observed female staff members announcing their presence, verbally, when entering all areas holding male residents. This practice was also confirmed by residents and staff, during individual interviews. Staff were aware of KE policy prohibited the searching of a Transgender or Intersex resident solely to determine their genital status. PREA notifications (English and Spanish) are posted in each housing area and throughout the facility. Interviews with staff, residents and an examination of policy confirm compliance to this standard

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

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

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

Kintock policy 3.05 and 15.01 addresses the mandates of this standard. KE takes appropriate steps to ensure residents with disabilities and residents with limited English proficiency have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse and harassment. PREA handouts, postings, and resident handbooks are in English and Spanish. The auditor reviewed all mentioned documents. Staff interviewed were aware that under no circumstance are residents permitted to act as interpreters or assistants when dealing with PREA issues. One resident with disabilities was interviewed and indicated he was well aware of the PREA requirements and felt safe at the facility. Interviews with staff, residents and an examination of policy confirm compliance to this standard

Standard 115.217 Hiring and promotion decisions

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

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

Kintock policies 3.05, 3.11, 8.0-8.18 and 23.0-23.13 address the mandates of this standard. The Human Resources Supervisor was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had their criminal background check completed. The facility continuously monitors the background of employees through a computer criminal history check program. This reporting system, along with the employee self-report requirements, allows the facility to consider any incidents of sexual abuse in determining whether to hire, retain or promote anyone, or to enlist the services of any contractor/volunteer who may have contact with residents. The policy clearly states that material omissions or false information submitted by applicants shall be grounds for termination.

Standard 115.218 Upgrades to facilities and technologies

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

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

The KE has a video monitoring system (48 cameras) in place which is fully operational. Several cameras were added since August 20, 2012. All of this equipment provides coverage throughout most of the facility. PREA compliance was considered when this equipment was installed.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

Kintock policy 3.05 addresses this standard. Staff interviewed were knowledgeable of procedures to separate the victim and perpetrator; isolate the witnesses; follow the chain of command notifications; make appropriate referrals and secure and obtain usable physical evidence, when an allegation of sexual abuse has been made. All allegations of sexual abuse/sexual harassment are referred to the BOP, PADO or BCDOC. If necessary, residents will be transported to a local hospital emergency room to receive a forensic examination in compliance with this standard. The auditor talked with the emergency room nursing supervisor, who indicated the hospital was more than willing to examine and treat residents from the facility and that SANE (Sexual Abuse Nurse Examiner) nurses were available on site. The hospital will follow the mandates of this standard. The local rape crisis center was contacted, and the Victim Advocate stated services would be provided if needed (a Memorandum of Understanding had been established). All services will be provided at no cost to the resident. There have been no allegations of sexual abuse in the past 12 months resulting in a forensic exam. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

Kintock policy 3.05 meets the mandates of this standard. All allegations of sexual abuse/harassment at KE are referred to either BOP, PADO or BCDOC investigators, who follow the requirements of this standard when conducting either an administrative or criminal investigation. Investigators are assigned based on the jurisdiction that placed the resident at the facility. When there is substantial evidence that a criminal act has taken place, the case is referred to the appropriate government attorney for possible prosecution. All investigators are trained in conducting sexual assault investigations in confinement settings/prisons. There were three investigations of sexual abuse or sexual harassment completed during the audit period (one was unfounded and two were unsubstantiated). Interviews with staff, the investigators (all three jurisdictions) and an examination of documentation confirm compliance to this standard

Standard 115.231 Employee training

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

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

Kintock policy 3.05, 4.04 and initial/annual training includes all instruction required of this standard. The KE facility requires extensive PREA standards training at the new employee training academy, which all new staff must attend and successfully complete. Staff also receive PREA training at the KE facility beginning shortly after they are hired. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive refresher training annually and the curriculum includes PREA requirements. The auditor reviewed the training curriculum, training sign-in sheets and other related documentation. Interviewed staff indicated they were required to acknowledge, in writing, not only that they received PREA training, but they understood it as well. Staff interviewed had excellent knowledge of the the steps they must take if a violation of the PREA was suspected or discovered. Numerous interviews with staff and an extensive examination of documentation confirm the Exceeds rating.

Standard 115.232 Volunteer and contractor training

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

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

Kintock policy 3.05 and 4.05 meet the mandates of this standard. There are 7 volunteers (all) and 13 contractors (all) who have received PREA training, to include the agency's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. Interviews were conducted with two contractors and one volunteer, who revealed they had received the appropriate training. Interviews with KE staff and an examination of documentation confirm compliance to this standard.

Standard 115.233 Resident education

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

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

Kintock policy 3.05 addresses the mandates of this standard. Residents receive information during the intake process that includes a PREA handout and Resident Handbook, printed in both English and Spanish. Residents also receive information during the intake process that includes PREA verbal orientation and the intake screening process also addresses PREA issues. The information explains the facilities zero tolerance policy regarding sexual abuse and sexual harassment. Residents are also provided information regarding reporting procedures, their right to be free from retaliation and the availability of advocacy services. During the tour, the auditor observed PREA posters throughout the facility and in resident housing areas. A PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment was also posted on the bulletin boards. Interviews with residents confirmed they not only received the information, but were required to acknowledge in writing they completed PREA education. Interviews with staff, residents and an examination of documentation confirm compliance to this standard

Standard 115.234 Specialized training: Investigations

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

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Not Applicable. KE staff do not conduct investigations. All investigations are conducted by either BOP, PADO or BCDOC staff.

Standard 115.235 Specialized training: Medical and mental health care

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

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Kintock policy 3.05 partially apply to this standard. The facility has a contract nurse for minimal on-site medical services and a part-time mental health employee who issues prescriptions and completes intake screenings. All staff are trained as first responders to refer victims to a local hospital for medical treatment and the collection of forensic evidence. SANE staff are on site at the hospital servicing KE at all times. The local rape crisis center is willing and able to provide victim advocacy services (confirmed by contact with the center). Staff are also trained to preserve on-site evidence for investigative purposes. Staff also receive refresher training annually and documentation of participation is on file. The auditor reviewed the training lesson plan and training sign-in sheets. Staff interviewed confirmed compliance to this standard.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

Kintock policy 3.05 governs the mandates of this standard. The Site Administrator and other staff review all referral packets of all inmates being considered for placement in this facility. Upon arrival at the KE facility, all residents are screened and assessed for their risk of being sexually abused or sexually harassed by others. Residents are not disciplined for refusing to respond or failing to fully disclose information during screening. Controls are in place to ensure that information received during screening is only available to staff on a need-to-know basis. Case Managers review all relevant information from other facilities and continue to immediately reassess when additional information is received. Interviews with staff and an examination of documentation confirm compliance to this standard

Standard 115.242 Use of screening information

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

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Kintock policy 3.05 meets the mandates of this standard. The policy requires the use of a screening instrument to determine proper housing, bed, work, education and program assignments. Known abusers are very carefully screened. Housing and program assignments are made on a case-by-case basis for all residents, with continued monitoring and follow up as necessary. The facility does not have dedicated housing for Gay, Bisexual, Transgender or Intersex residents. Youthful offenders are not housed at the facility. Interviews with staff and an examination of documentation confirm compliance to this standard

Standard 115.251 Resident reporting

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

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Kintock policy 3.05, a SOP and an agreement with the local rape crisis center address the mandates of this standard. Upon arrival at the KE facility, each resident is provided a document covering sexual assault awareness prevention as part of the orientation process. All written information is provided in both English and Spanish. The pamphlet provides residents with information on examples of sexual abuse, how to prevent sexual abuse, what to do, how to report and where to report. The handout provided outlines the numerous ways to report, to include, but not limited to, telling a staff member, submitting a request or grievance, calling the PREA Report Line, contacting the local rape crisis center or by writing a letter or calling the appropriate jurisdiction. Residents sign a document indicating that they received the information. Staff are required to document all allegations. Posters and other documents were noted on display in the common areas of the facility, the Dining Hall and Visiting Room, which also explain reporting methods. Staff are able to privately report the sexual abuse and sexual harassment of residents by writing to the Agency or jurisdiction. Interviews with staff and residents confirmed their knowledge of reporting methods.

Standard 115.252 Exhaustion of administrative remedies

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

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Kintock policy 3.05 addresses the mandates of this standard. Residents may file a grievance alleging sexual abuse, however, all allegations of sexual abuse/sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Residents are not required to use the formal grievance process and procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Inmates may file a regular or emergency grievance at any time, and may seek assistance from others to file same. All required response/reporting time limits concerning grievance processing are required by policy. There were no grievances filed involving any PREA related issue during the past 12 months. Interviews with administrative staff confirmed compliance to this standard.

Standard 115.253 Resident access to outside confidential support services

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

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Kintock policy 3.05 and the Resident Handbook address this standard. There is a Memorandum of Understanding (MOU) with the local rape crisis center that serves the Philadelphia, PA area. The auditor interviewed the local Victim Advocate of that organization assigned to provide services to KE. Residents are allowed to contact the rape crisis center telephonically or by mail. The Victim Advocate stated that their organization would provide all services required under this standard, in a confidential manner. Documentation reviewed by the auditor also supports compliance to this standard. The auditor observed posters, pamphlets and other relevant information displayed and available in common areas of the facility. Interviews with staff and residents confirmed that they were aware of the access to outside victim advocacy groups and where the telephone numbers and addresses were located

Standard 115.254 Third-party reporting

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

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The Resident Handbook, PREA posters, and the Kintock Group website meet the mandates of this standard. The website and posted notices (observed by the auditor) assist third party reporters on how to report allegations of sexual abuse. Interviews with both staff and residents revealed they were aware of the procedures for third-party reporting. Upon arrival to KE, each resident receives and signs for information that addresses the requirements of this standard.

Standard 115.261 Staff and agency reporting duties

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

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Kintock policy 3.05 addresses the mandates of this standard. Policy requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy states that apart from reporting to designated supervisors or officials, staff shall not reveal 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. The facility has a part-time on-site mental health treatment provider. The facility does not house residents under the age of 18. Staff interviewed were aware of their duty to immediately report all allegations of sexual abuse/sexual harassment and retaliation relevant to PREA standards and appropriate reporting methods. The interviewed volunteer and contract staff indicated they had received PREA training and were well aware of their duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment.

Standard 115.262 Agency protection duties

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

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

Kintock policy 3.05 addresses the mandates of this standard. Staff interviewed were aware of their duties and responsibilities, as it relates to them having knowledge of a resident being at imminent risk for being sexually abused or sexually harassed. Staff indicated they would act immediately to protect the resident by separating the potential victim/predator, protect the alleged victim and notify their supervisor. In the past 12 months, there were no instances in which the facility staff determined that a resident was subject to substantial risk of imminent sexual abuse.

Standard 115.263 Reporting to other confinement facilities

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

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

Kintock policy 3.05 addresses the mandates of this standard. Policy requires that any allegation by a resident that he or she was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, the facility received no allegations that any resident was abused while confined at another facility or at KE. Staff interviews confirm compliance to this standard.

Standard 115.264 Staff first responder duties

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

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

Kintock policy 3.05 addresses the mandates of this standard. All staff interviewed were knowledgeable concerning their first responder duties, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the residents, secure the scene, not allow other residents to destroy any evidence and contact their supervisor and the Director of Operations. They would also not allow the victim to bath, smoke, brush their teeth, defecate, urinate, eat, drink or change clothes. There were no allegations of sexual abuse made by residents in the past 12 months requiring first responder actions in compliance to this standard.

Standard 115.265 Coordinated response

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

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

Kintock policy 3.05 and a SOP addresses the mandates of this standard. A review of the facility policies and procedures indicate that there would be a coordinated response plan to resolve sexual abuse/sexual harassment incidents that includes first responders, referral to medical and mental health practitioners, investigators and facility leadership. There were no incidents requiring a coordinated response within the last year.

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

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

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

There is currently no collective bargaining agreement between the KE facility and employees relative to this standard. There is no policy that would prohibit the KE facility from removing alleged staff sexual abusers from contact with any resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.267 Agency protection against retaliation

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

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

Kintock policy 3.05 outlines the mandates of this standard. The policy prohibits any type of retaliation against any staff or resident who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The PREA Coordinator is charged with monitoring retaliation. When interviewed, she stated she would follow up on all actual or potential incidents of retaliation to ensure policy is being enforced and conduct periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern that there was the potential for possible retaliation, the Coordinator indicated she would monitor the situation indefinitely. There have been no incidents of actual or suspected retaliation in the past 12 months.

Standard 115.271 Criminal and administrative agency investigations

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

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

Not Applicable. KE staff do not conduct investigations. All investigations are conducted by either BOP, PADOC or BCDOC staff.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

Kintock policy 3.05 addresses the requirements of this standard. The evidence standard used by all jurisdictions is a preponderance of the evidence in determining whether administrative allegations of sexual abuse or sexual harassment are substantiated. This finding was confirmed by interviews with the investigators.

Standard 115.273 Reporting to residents

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

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

Kintock policy 3.05 addresses the mandates of this standard. The various jurisdictions using the KE facility have a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse is informed, verbally or in writing, whether the allegation has been determined to be unsubstantiated, substantiated or unfounded (excluding a staff related allegation determined to be unfounded), at the conclusion of the investigation. There were three investigations during the audit period which required inmate notification per this standard (notifications were completed). The residents will be given notification of the case disposition in accordance with policy. Interviews with staff, investigators and an examination of policy confirm compliance to this standard

Standard 115.276 Disciplinary sanctions for staff

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

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

Kintock policy 3.05 and HR policy 63.0-63.13 address the mandates of this standard. Employees are subject to disciplinary sanctions up to and including termination for violating KE sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of KE policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there were no staff found to have violated agency sexual abuse or sexual harassment policy.

Standard 115.277 Corrective action for contractors and volunteers

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

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

Kintock policy 3.05 and a SOP address the mandates of this standard. Any contractor or volunteer who engages in sexual abuse/harassment is prohibited from contact with residents and will be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. In the past 12 months, there were no volunteers or contractors reported to have engaged in any act of sexual abuse with a resident. The facility would take appropriate remedial measures, and consider prohibiting further or future contact with residents, in the event of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.278 Disciplinary sanctions for residents

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

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

Kintock policy 3.05 addresses the mandates of this standard. The KE facility prohibits all sexual activity between residents and may discipline residents for such activity. There were no cases of this nature in the past 12 months. Disciplinary sanctions would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.282 Access to emergency medical and mental health services

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

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

Kintock policy 3.05 addresses the mandates of this standard. The facility does have on-site medical providers on staff, but these employees would not provide services relevant to this standard. These services would be provided by the local hospital. All staff are trained as first responders to refer victims to a local hospital for medical treatment and the gathering of forensic evidence. Residents who require mental health services are referred to a staff mental health treatment provider, or a local rape crisis center. Staff are also trained to preserve on-site evidence for criminal investigation. Residents would be offered information about timely access to emergency medical treatment and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The treatment is offered at no financial cost to the residents, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. There were no residents in need of emergency medical or mental health treatment, relative to this standard, within the last year. Interviews with KE staff, a local hospital employee and an examination of documentation confirm compliance to this standard.

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

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

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

Kintock policy 3.05 addresses the mandates of this standard. Residents will receive continued treatment as needed at a local hospital or from a local rape crisis center. Services are consistent with a community level of care without financial cost to the resident. Resident victims of sexual abuse while incarcerated would be offered medically appropriate testing for sexually transmitted diseases. The facility would attempt to conduct a mental health evaluation of all known resident on resident abusers immediately upon learning of the abuse. During this audit period, there were no residents at KE who required medical or mental health evaluation or treatment due to a PREA incident. Staff interviews support the finding that the facility is in compliance with this standard.

Standard 115.286 Sexual abuse incident reviews

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

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

Kintock policy 3.05 and corresponding local policy outlines the mandates of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/sexual harassment (within 30 days). Three incidents were investigated within the last year. The investigators from the three jurisdictions were interviewed and found to be very knowledgeable concerning their duties and responsibilities (they provide information to the incident review team). The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, other status or gang affiliation. The team also makes a determination as to whether additional monitoring technology or staffing should be added to enhance resident safety. The review team consists of upper-level management. The sexual abuse incident review reporting form is completed as required. Members of the incident review team were interviewed.

Standard 115.287 Data collection

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

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

Kintock policy 3.05 meets the mandates of this standard. The facility collects accurate uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The Agency tracks information concerning sexual abuse utilizing all data relevant to that required by this standard. The data collected includes the information necessary to answer all questions needed to complete the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The Agency aggregates and reviews all data annually.

Standard 115.288 Data review for corrective action

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

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

Kintock policy 3.05 addresses the mandates of this standard. Policy requires the Agency to collect and review data from all facilities in the company and to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, practices, and training, to include identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility (this information will be provided to the BOP, PADO and BCDOC). The facility reviews and assesses all sexual abuse/harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, and to identify any issues or problematic areas and take corrective action, if needed. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.289 Data storage, publication, and destruction

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

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

Kintock policy 3.05 addresses the mandates of this standard. The data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state or local law requires otherwise. The Agency makes the disclosable information available on the Kintock website. The reports cover all data required in the elements of this standard. Interviews with staff and an examination of documentation confirm compliance to this standard

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

William Willingham

6/20/2016

Auditor Signature

Date