

PREA Facility Audit Report: Final

Name of Facility: State Correctional Institution Phoenix

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/22/2023

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Brian Sutherland | Date of Signature: 12/22/ 2023 |

| AUDITOR INFORMATION | |
|-------------------------------------|--------------------|
| Auditor name: | Sutherland, Brian |
| Email: | bcsuther@gmail.com |
| Start Date of On-Site Audit: | 11/13/2023 |
| End Date of On-Site Audit: | 11/15/2023 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | State Correctional Institution Phoenix |
| Facility physical address: | 1200 Mokyctic Drive, Collegeville, Pennsylvania - 19426 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|----------------------|
| Name: | Jolene Sokolski |
| Email Address: | jsokolski@pa.gov |
| Telephone Number: | 16104097890 ext 1664 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|---------------|
| Name: | Joseph Terra |
| Email Address: | jterra@pa.gov |
| Telephone Number: | 16104097890 |

| Facility PREA Compliance Manager | |
|---|------------------|
| Name: | Jolene Sokolski |
| Email Address: | jsokolski@pa.gov |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
|--|---------------|
| Name: | Britney Huner |
| Email Address: | bhuner@pa.gov |
| Telephone Number: | 16104097890 |

| Facility Characteristics | |
|--|------|
| Designed facility capacity: | 3884 |
| Current population of facility: | 2970 |
| Average daily population for the past 12 months: | 2990 |
| Has the facility been over capacity at any point in the past 12 months? | No |

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| Which population(s) does the facility hold? | Males |
| Age range of population: | 18-93 |
| Facility security levels/inmate custody levels: | 2-5 |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 1008 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 0 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 35 |

AGENCY INFORMATION

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| Name of agency: | Pennsylvania Department of Corrections |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 1921 Technology Parkway, Mechanicsburg, Pennsylvania - 17050 |
| Mailing Address: | |
| Telephone number: | 7177282573 |

Agency Chief Executive Officer Information:

| | |
|--------------------------|---------------|
| Name: | Laurel Harry |
| Email Address: | ██████@pa.gov |
| Telephone Number: | 717-728-2573 |

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|--------------------|-----------------------|-------------------|
| Name: | Stephen Petersheim | Email Address: | spetershei@pa.gov |
|--------------|--------------------|-----------------------|-------------------|

| Facility AUDIT FINDINGS | |
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| Summary of Audit Findings | |
| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> | |
| Number of standards exceeded: | |
| 1 | <ul style="list-style-type: none"> 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| Number of standards met: | |
| 40 | |
| Number of standards not met: | |
| 0 | |
| <p>Not audited at the facility level: Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.</p> | 4 |

| AGENCY AUDIT FINDINGS |
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| Summary of Audit Findings |
| <p>These standards were audited at the agency-level. For more information, please see the attached agency audit report found at the end of this document.</p> <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> |

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Number of standards met:

8

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2023-11-13 |
| 2. End date of the onsite portion of the audit: | 2023-11-15 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Victim Services Center of Montgomery County, Inc. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 3884 |
| 15. Average daily population for the past 12 months: | 2990 |
| 16. Number of inmate/resident/detainee housing units: | 19 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 2911 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 6 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 8 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 1 |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 2 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 5 |

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| <p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p> | <p>6</p> |
| <p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>9</p> |
| <p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>6</p> |
| <p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>The agency is developing a process to track this required information more thoroughly and this project is a part of the grant funding for 2022. The auditor was provided observation of the new tracking program by the PREA Coordinator during the agency onsite review. The agency plans to implement this process in the Fall of 2023 or Spring of 2024 upon final approval.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>1045</p> |
| <p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>0</p> |

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| <p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>373</p> |
| <p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p> | <p>The staff count on the first day of the audit was 1045 and 373 contractors. Limited volunteers have been authorized to enter the facility in the past 12 months due to the COVID-19 Virus.</p> |
| <p>INTERVIEWS</p> | |
| <p>Inmate/Resident/Detainee Interviews</p> | |
| <p>Random Inmate/Resident/Detainee Interviews</p> | |
| <p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>25</p> |
| <p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None </p> |
| <p>If "Other," describe:</p> | <p>Requested at random the fifth confined person on the housing roster based on the selected criteria and included those from all housing units.</p> |
| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>The auditor attempted to select confined persons from each housing unit to ensure the sample size demonstrated a diverse mix of the population.</p> |

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| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | <p>The auditor was able to interview a sample of confined persons from all housing units as the facility was not experiencing a quarantine due to the effects of the COVID-19 Virus.</p> |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | <p style="text-align: center;">25</p> |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | <p style="text-align: center;">3</p> |
| 61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol: | <p style="text-align: center;">8</p> |

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| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor conducted interviews with the medical and mental health staff, PREA Compliance Manager, and confined person interviews and could not identify any confined persons that were within this category.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>5</p> |

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| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>6</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>9</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>6</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor conducted interviews with the staff that supervise segregated housing, the facility PREA Compliance Manager, and the facility Superintendent and all confirmed no confined persons have been housed in segregation for high-risk victimization in the past 12 months. During the on-site review the auditor spoke with confined persons in segregated housing, reviewed samples of segregation forms and did not identify any confined persons under this category.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>The auditor discussed additional options for hard of hearing or deaf confined persons to be notified of the opposite gender announcements. The agency has implemented a plan for written announcement devices within the housing units.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>12</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>The random sample of staff included selecting the fifth staff member on the daily duty roster, utilizing staff availability, minimizing scheduling conflicts, and ensuring the samples were selected from all shifts.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>18</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

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| | <input type="checkbox"/> Other |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of VOLUNTEERS who were interviewed: | 1 |
| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 1 |
| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |

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| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>The interviews with the specialized staff attempted to assist the auditor to determine whether or not particular roles and responsibilities are being completed. One interview was conducted with a contractor during the on-site review. The facility is limiting access for volunteers into the facility due to the effects of the COVID-19 Virus. Once the agency has lifted the restriction on access for volunteers to the facility, all volunteers will have to complete the biometric clearance process and PREA training before being allowed authorization into the facility.</p> |
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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Was the site review an active, inquiring process that included the following:

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| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|---|

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| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>During the site review, the auditor verified the cross-gender presence of staff as announcements were made while entering the housing units. The auditor verified the use of the language line services, tested the outside reporting mechanisms, identified areas of signage that may need to be posted, received feedback from the Victim Services Center of Montgomery County advocate, and inspected all areas for blind spots and cross gender viewing capabilities. The facility addressed concerns during the on-site review regarding the Pennsylvania Coalition to Advance Respect (PCAR) postings, observed housing unit doors, restroom doors, vestibule doors, and cleaning closets open throughout the facility. This was discussed with the Command Staff. Observed staff without name tags and concerns from the population regarding not knowing the staff names when reporting allegations. The facility staff are being issued new uniforms and the Command Staff is addressing the concerns with the name tags. The auditor identified a concern regarding 45 investigations remain pending with the BII and the policy states all reviews must be completed within 30 days of completion of the final report. The Command Staff is addressing this issue and 21 cases have closed during the post audit phase.</p> |

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

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| 90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). | During the on-site review the auditor reviewed 20 employee files for PREA questions, criminal history checks, and reference checks. The auditor reviewed 20 employee training files for initial and annual PREA training. The auditor reviewed 20 contract clearance documents, 14 investigative files, rejected grievances for investigation, and 25 confined person files for initial intake screenings, 30-day reassessments, initial PREA information, and 30-day comprehensive PREA education. The auditor reviewed the intake packet for clarity and observed the intake and reassessment processes. The auditor observed the PREA video and reviewed all video monitoring equipment for cross-gender viewing. The auditor reviewed specialized medical and mental health training files, 20 contractor clearances, 19 volunteer clearances, and 19 specialized investigator training files. |
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 25 | 0 | 25 | 0 |
| Staff-on-inmate sexual abuse | 38 | 0 | 38 | 0 |
| Total | 63 | 0 | 63 | 0 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 29 | 0 | 29 | 0 |
| Staff-on-inmate sexual harassment | 51 | 0 | 51 | 0 |
| Total | 80 | 0 | 80 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

| | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 23 | 7 | 5 | 0 |
| Staff-on-inmate sexual abuse | 14 | 9 | 5 | 0 |
| Total | 37 | 16 | 10 | 0 |

Sexual Harassment Investigation Outcomes

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

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

| | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|---|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 26 | 0 | 1 | 2 |
| Staff-on-inmate sexual harassment | 29 | 21 | 1 | 0 |
| Total | 55 | 21 | 2 | 2 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 10 |
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| <p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>6</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>4</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

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| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>4</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>3</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

| Staff-on-inmate sexual harassment investigation files | |
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| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 1 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | The auditor selected 14 investigative files to review during the onsite review. The auditor reviewed additional investigative files during review of the facility PAQ. All requested information in this post audit review was deemed essential when the audit process began. |
| SUPPORT STAFF INFORMATION | |
| DOJ-certified PREA Auditors Support Staff | |
| 115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Non-certified Support Staff

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| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
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AUDITING ARRANGEMENTS AND COMPENSATION

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| <p>121. Who paid you to conduct this audit?</p> | <p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
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| <p>Identify the name of the third-party auditing entity</p> | <p>Corrections Consulting Services, LLC.</p> |
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| Standards |
| Auditor Overall Determination Definitions |
| <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) |
| Auditor Discussion Instructions |
| <p>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.</p> |

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| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Standard 115.11 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual 3. SCI Phoenix Organizational Chart 4. SCI Phoenix Corrections Classification and Program Manager Position Description |

5. Agency Policy 4.1.1 Human Resources and Labor Relations

6. Agency PREA Coordinator Position Description

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager

Site Review Observations:

1. Staff performing cross-gender announcements upon entry to all housing units.
2. Supervisory staff documenting unannounced security rounds in the post logs.
3. Signs and posters indicating zero tolerance posted throughout the facility.

Findings (By Provision):

115.11 (a) - Agency PREA policy DC-ADM 008, page 1 mandates a zero tolerance toward all forms of sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. The agency policy DC-ADM 008 describes the approach toward prevention, detection, reporting, and response to all forms of sexual abuse and sexual harassment. This includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of confined persons such as: architectural design, security supervision, video monitoring equipment, orientation procedures, medical screening within 24 hours of arrival, housing considerations, separate showers, classification screenings, 30-day reassessments, facility staffing plan, staff referrals, supervisory notifications, mental health screenings, unannounced supervisory rounds, opposite gender housing announcements, community corrections procedures, and training.

During the on-site review, the auditor identified staff performing opposite gender housing announcements when entering all housing units, and unannounced supervisory rounds. The rounds were documented as unannounced in the unit logbooks, and the cross-gender announcements were made over the loudspeaker, and verbally by staff entering the units. The auditor noted postings throughout the facility indicating zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The policy includes definitions of prohibited behaviors in policy DC-ADM 008, Glossary of Terms, and these definitions include sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. There are a total of 11 pages included within this policy as a complete glossary of terms.

Policy DC-ADM 008, Section 17, page 1 explains the presumptive approach toward

staff who engage in sexual abuse will be termination and prosecution referral. This was also confirmed in policy 4.1.1 Human Resources and Labor Relations, page 7. Policy DC-ADM 008, Section 17, page 1 describes the sanctions for contractors, volunteers, and referrals to law enforcement. Agency policy DC-ADM 008, Section 17, page 2 includes disciplinary sanctions for confined persons found to have participated in all forms of sexual abuse, sexual harassment, indecent exposure, kissing, and inappropriate physical contact.

Training is provided for all confined persons, staff, volunteers, and contractors for the education of the duties and responsibilities toward prevention, detection, reporting, and response procedures. The auditor reviewed the facility training plan, and power point presentations that described the facility methods toward prevention, detection, reporting, and response procedures. The training materials also provided information relating to performing cross-gender strip searches, body cavity searches, and pat-down searches. The training provided information relating to avoiding inappropriate relationships and communicating effectively with special populations. Agency policy DC-ADM 008 provides information relating to employee, volunteer, contractor, and confined persons training regarding zero tolerance for sexual abuse and sexual harassment. This policy also informs staff how to fulfill their responsibilities toward prevention, detection, reporting, and response procedures.

115.11 (b) - Policy DC-ADM 008, Section 1A, pages 1-2, explains the agency employs an upper-level, agency wide PREA Coordinator and designates a PREA Compliance Manager for each facility. The PREA Coordinator position reports directly to the Chief of Standards, Audits, Assessments, and Compliance and this position is documented in the agency organizational chart as an upper-level Chief position. The auditor reviewed a signed position description by the Statewide PREA Coordinator, and this document was certified on October 5, 2023. The position description emphasized the importance of regulated duties and requirements. The interview with the PREA Coordinator indicated sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Coordinator explained the duties and responsibilities associated with the position, direct communication with leadership staff, and confirmed the agency support toward improving the sexual safety of the facility.

115.11 (c) - The PREA Compliance Manager reports directly to the facility Deputy Superintendent of Centralized Services and communicates with the agency wide PREA Coordinator. This position is in the facility organizational chart (Corrections Classification Program Manager). There is a total of 34 agency wide PREA Compliance Managers that communicate with the agency wide PREA Coordinator. The auditor reviewed a signed position description by the facility PREA Compliance Manager, and this document was certified on October 24, 2023.

Conclusion: Interviews conducted with the PREA Coordinator and the PREA Compliance Manager confirmed sufficient time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor, PREA Coordinator, and the PREA Compliance Manager was professional, timely, and truly knowledgeable. Interviews conducted with staff, confined persons, volunteers, and contractors indicated knowledge regarding the facilities zero

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| | <p>tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator and the PREA Compliance Manager were always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency and the facility continue to enhance their efforts toward PREA compliance by attending collaborative meetings with other states, obtaining grant funding for additional data collection options, creating innovative options for the confined persons such as bookmarks and cards, and continuously developing new methods of documentation. Based on the evidence provided the auditor has determined the facility exceeds this standard and no further action is required.</p> |
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| 115.12 | Contracting with other entities for the confinement of inmates |
|--------|--|
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Standard 115.12 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual 3. Statement of Work-Residential Housing and Treatment Initiation to Qualify (ITQ) Contract enacted June 28, 2018 4. PREA Contract Compliance Monitoring Report, pages 1-3, April 22, 2019 5. PREA Contract Compliance Monitoring Worksheet, pages 1-3, PREA Policy, and PREA Audit Final Report 6. PDOC, PREA Contract Compliance Monitoring report, pages 1-3, Columbia County Prison, and Butler County Prison, October 21, 2021 <p>Interviews:</p> |

1. Agency Contract Administrator

2. Agency PREA Coordinator

Findings by Provision:

115.12 (a-b) Agency policy DC-ADM 008, Section 2, page 1 describes, the Department shall include in any new contract or contract renewal for the housing of a reentrant with a private entity or other entities, including other government agencies, the entity's obligation to adopt and comply with the Prison Rape Elimination Act (PREA) Standards and the Department's policies related to PREA compliance. The agency PREA Coordinator serves as the agency contract administrator and the interview indicated all community confinement contracts renewed on April 1, 2019, will remain in effect until January 31, 2024. The auditor confirmed this statement during the Agency's Contract Administrator interview. The PADOX facilities do not have any responsibility, separate from that on the agency level, to enter into or maintain contracts for confinement of reentrants with other agencies or jurisdictions. This process is performed on the Pennsylvania Department of Corrections agency level.

The Pennsylvania Department of Corrections currently has 13 contracts for confinement of its reentrants with 24 community confinement facilities. These contracts include: Gaudenzia (multiple sites), GEO Group (multiple sites), Kintock Inc., Self Help Movement Inc., Transitional Living Centers (multiple sites), Firetree (multiple sites), Hogar Crea (multiple sites), Keystone Correctional Services, Lehigh County Work Release (has not been utilized since March of 2020), Luzerne County Work Release (has not been utilized since March of 2020), Gateway (also known as CTC) (multiple sites), Renewal Inc. (multiple sites), and Tomorrow's Hope Inc.

The Pennsylvania Department of Corrections entered into a contract with the Columbia County and Butler County Prison systems for temporary housing of parole violators. The auditor reviewed the PREA Contract Compliance Monitoring Report for both agencies and confirmed PREA compliance is required within the contract. The document indicated both facilities have been audited during the previous audit cycle. The Auditor reviewed the PREA Contract Compliance Monitoring Report and Monitoring Worksheet of each agency. The contract monitoring activity was conducted within the dates required by agency policy. The agency performs status checks regarding the contract policy toward PREA and the current PREA Audit Report. The PREA Coordinator explained all contracts require agency monitoring and are currently completed twice per year. Once in the form of document reviews in the Fall of the year. Starting in the spring of 2023, the agency's PREA Compliance Division began conducting onsite inspections of contracted sites. The agency contract monitoring process is very impressive, and the requirements are documented in agency policy DC-ADM 008.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the agency is fully compliant with this standard. The agency level does require all contract participants to comply with the PREA standards. The agency level of compliance monitoring meets the overall expectations of the standard

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| | <p>as the agency has developed policy, procedure, and practice documentation and forms. The PAQ documentation provided an extensive amount of contract monitoring as the agency includes the PREA Audit Report, contract policies, and a biannual monitoring practice toward compliance. No further action is required for this standard.</p> |
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| 115.13 | Supervision and monitoring |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Standard 115.13 Analysis</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. 2023 Facility Staffing Plan 3. Agency policy DC-ADM 008 PREA Procedures Manual, Section 3 Sexual Abuse/ Sexual Harassment Supervision/Monitoring 4. SCI Phoenix Annual PREA Staffing Review 5. Facility Logbook entries 6. PREA Supervision and Monitoring Worksheet 2023 7. Agency policy 6.3.1, Facility Security Procedures Manual <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. Intermediate and Higher-Level Facility Staff 3. Agency PREA Coordinator 4. Facility PREA Compliance Manager 5. Two Informal Staff 6. Twelve Random Staff |

Site Review Observations:

1. Viewed video camera footage, monitors, and storage
2. Inspected facility identified blind spots for locking devices, staff patrols, and log entries

Findings (By Provision):

115.13 (a) - The auditor conducted a review of the documented 2023 facility-staffing plan. Facility policy DC-ADM 008, Section 3, page 1 indicates security positions allocated. These positions are broken down into the following classifications required: CO1 Positions = 617, CO2 Positions = 79, CO3 Positions = 52, CO4 Positions = 8, CO5 Positions = 3, the facility is currently operating over the required staffing compliment as 44 positions have been authorized over the required amount. In addition, the Medical and Non-Security Positions = 375 positions, for a total staff compliment of 1178. The facility reported hiring 163 staff in the past 12 months and the total staff reported on the first day of the audit was 1045. The facility is operating at an 11% vacancy rate.

The institutional staffing plan is reviewed annually by the facility PREA Compliance Manager, and the staffing plan is reviewed annually by the agency PREA Coordinator. This is a very thorough process that includes the following: a PREA Supervision and Monitoring Worksheet, staffing surveys, local union input, gender- based post assignments, staff audit teams, post reviews, roster reviews, corrections officer post assignment reports, and final administrative review. The auditor reviewed the SCI Phoenix Annual PREA Staffing Review signed by the PREA Coordinator and reviewed by five levels of Supervision. These levels include: the PREA Compliance Manager, Major of the Guard, Deputy Superintendent Facilities Management, Facility Superintendent, and the Regional Deputy Secretary. The auditor reviewed the daily operation data for the three days during the on-site review and did not find any deviations within the staffing plan for the three days.

The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. SCI Phoenix has exterior cameras that monitor the perimeter and key areas of the facility. The exterior cameras are monitored by central control room officers, Superintendent's Complex, Deputy's Complex, and all mandatory stations in each building. There are 2900 total cameras that are Pan - Tilt - Zoom and fixed devices that are monitored from the Control Room, Superintendent's Complex, Deputy's Complex, and all mandatory stations in each building. SCI Phoenix's camera coverage is monitored twenty-four hours-a-day by a dedicated officer located in the control center. The post is rotated every two hours. Each camera is monitored by specific staff 24 hours a day and the onsite

review did not indicate any concerns with cross-gender monitoring. The facility has improved the video monitoring equipment with the recent upgrades and continues to invest in opportunities for growth in the future. The facility conducts quarterly meetings with the electronic monitoring committee, suggestions for additional video monitoring equipment will be performed at that time, and dependent upon funding concerns.

The auditor confirmed the security levels for each shift, support staff, administrative staff, maintenance staff, and management by comparing the staff assigned to the daily duty rosters. The facility Superintendent interview indicated the factors considered in the development of this staffing plan includes, accepted detention and correctional practices, no judicial findings of inadequacy from Federal, internal, or external bodies. The composition of the confined person population averaged 2990 confined persons and the facility staffing plan predicated to include 3884 confined persons. Each housing unit includes two correctional officers, one correctional sergeant, one unit counselor, one unit manager, and supervisors conduct rounds two times per shift.

All programming activities are during dayshift hours and the facility provides additional staff to accommodate these needs with the addition of these staffing requirements. This is currently being provided by overtime authorization, and staff. This auditor verified this process during the site inspection as the staffing levels were consistent with the daily roster report. The elements of State, Local Laws, Regulations, Standards, and other relevant factors are considered when developing the staffing plan. The facility reported no substantiated allegations of sexual abuse, and two sexual harassment incidents considered prior to the review of the current staffing plan.

115.13 (b) - The facility provided information during the Pre-Audit Questionnaire process indicating no deviations within the staffing plan in the last 12 months. The agency developed the Manpower Survey (MPS) that documents all security personnel, and which post staff members are assigned. The Manpower Survey is conducted every three years, and the facility Superintendent confirmed each facility is required to submit a report annually. Facility policy 6.3.1, Facility Security Procedures Manual, Section B, page 4 indicates the PREA Compliance Manager shall complete and submit the PREA Supervision and Monitoring Worksheet as part of the compliance review annually.

All deviations from the post chart are documented in an incident report. In circumstances of non-compliance with the staffing plan, the Facility Manager/ designee shall document, in writing, and justify all deviations from the plan. This documentation shall be forwarded to the Executive Deputy Secretary, Executive Deputy Secretary for Institutional Operations, Regional Deputy Secretary, PREA Coordinator at the Department of Corrections PREA Reports resource account, Central Office/Bureau of Community Corrections Security Major, Regional Director, and Pennsylvania Board of Probation and Parole Regional Director (only when deviations from minimum staffing occur while the lockup is in use). The auditor reviewed no incident reports indicating deviations within the staffing plan. The facility reported all

post assignments are filled with overtime hiring. The most common overtime needs consisted of FMLA status, sick leave, annual leave, and training. The facility Superintendent indicated in the formal interview there are mandates within the labor arrangements that require every post to be filled. The auditor reviewed a list of current staff documented on the volunteer overtime list and the mandatory overtime list. During the on-site review, the auditor interviewed two random staff on overtime from the third shift.

115.13 (c) - Agency policy 6.3.1, Section 15, Attachment 15-B includes the PREA Supervision and Monitoring Worksheet. This worksheet must be submitted annually by the PREA Compliance Manager to the PREA Coordinator and reviewed annually by agency leadership. The PREA Coordinator and the facility Superintendent interviews confirmed the staffing plan is discussed numerous times throughout the year and changes are necessitated as required. The regulations are established by the Central Office and the Manpower Survey is conducted in October. The results of the survey include considerations to enhance the sexual safety of the facility, the effects of video monitoring equipment, camera placements, and funding are all considerations discussed within the staffing plan. The Superintendent confirmed no current litigation, and no federal mandates are currently present that may affect the sexual safety. The interview indicated full compliance with the provisions of this standard. The auditor reviewed the PREA Supervision and Monitoring Worksheet submitted by the facility PREA Compliance Manager to the PREA Coordinator indicating SCI Phoenix conducted their annual staffing plan review. This worksheet included a discussion regarding accepted detention practices, judicial findings, oversight, blind spots, isolated physical plant locations, group dynamics, supervisory staff, programming, regulations, substantiated/unsubstantiated allegations, and vulnerabilities.

115.13 (d) - Agency policy DC-ADM 008, Section 1, page 4 informs staff regarding supervisor unannounced rounds must be made throughout the facility to deter sexual abuse or sexual harassment on each shift. Agency policy DC-ADM 008, Section 1, page 4 also includes staff are prohibited from alerting other staff members regarding the supervisory rounds and disciplinary action is the standard result of these actions. The on-site review indicated the supervisory rounds are being conducted and documented on the unit logs. The auditor reviewed documented supervisory logs for each month being conducted by the Shift Supervisor. These documents indicated rounds being conducted during day and night shift activities and at random intervals. The logs did not indicate a distinct pattern as all rounds were conducted at various times and on different shifts.

The facility organizational chart indicates higher level supervisors as Captain and above. All rounds were conducted at random intervals, on multiple shifts, and no distinct pattern was identified. The auditor conducted an interview with a higher-level supervisor indicating the unannounced rounds, documenting the rounds on the supervisory logs, and attempting to conduct the rounds without staff notifications. The interview indicated the supervisor will enter the facility at random locations, double back on security rounds, and monitor the radio traffic regarding supervisory notifications. All staff interviewed indicated disciplinary action as the result of any infractions regarding unannounced rounds throughout their tours. The auditor

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| | <p>conducted two informal staff and one informal confined person interviews, and these interviews indicated higher level staff are present throughout the units on both day and night shifts. The informal staff interviews indicated supervisors are always walking through the units and documenting their presence. The informal confined person interviews indicated supervisory presence within the units.</p> <p>Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the development and review of a facility staffing plan, intermediate or higher-level supervisors conducting documented unannounced rounds, and the facility has developed a policy that prohibits staff from alerting other staff of the rounds occurring.</p> |
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| 115.14 | Youthful inmates |
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| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Standard 115.14 Analysis</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Facility policy DC-ADM 008 PREA Procedures Manual, Section 7, Sexual Abuse/ Harassment Prevention 3. Facility Population Analysis of Age Ranges Document - (12 Months) <p>Interviews:</p> <ol style="list-style-type: none"> 1. No Line Staff Who Supervise Youthful Confined Persons 2. No Youthful Confined Persons 3. Education and Program Staff 4. PREA Compliance Manager |

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| | <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the daily confined person rosters and housing reports 2. Reviewed the facility intake process and classification questionnaire 3. Reviewed the Agency Web Site <p>Results Based on the Following Provisions:</p> <p>115.14 (a-c) - The State Correctional Institution at Phoenix does not house youthful, confined persons. Agency policy DC-ADM 008, Section 7, page 1 states all male youthful offenders will be housed at SCI Camp Hill and the female offenders will be housed at SCI Muncy. This practice was confirmed during the interview process by the education and program staff and verified by the facility population analysis of age ranges for the past 12 months. The facility PREA Compliance Manager interview confirmed youthful, confined persons are not housed at SCI Phoenix. The facility is listed on the Pennsylvania Department of Corrections website as an adult male facility.</p> <p>Conclusion: The auditor did not find any non-compliance with this standard as all male youthful, confined persons are housed at SCI Camp Hill. No further action is required regarding this standard.</p> |
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| 115.15 | Limits to cross-gender viewing and searches |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.15 Analysis</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Responses to the Pre-Audit Questionnaire 2. Agency Policy DC-ADM008 Sexual Abuse-Sexual Harassment Prevention - Limits to Cross Gender Viewing 3. Gender Specific Post Memo 4. 6.3.1 Facility Search Procedures Manual |

5. Cross-Gender Search Validation Form, Attachment 8A
6. PREA Policy Update Refresher Training, 2023
7. Confined Person Searches In-Service Training Power Point

Interviews:

1. No Non-Medical Staff Involved in Strip Searches
2. 12 Random Staff
3. Two Informal Staff, and One Informal Confined Person
4. Five Transgender/Intersex population
5. 25 Random Confined Persons

Site Review Observations:

1. Confirmation of gender specific posts compared to the daily duty rosters.
2. Intake Risk Screening and Classification Review.
3. Transgender confined persons observed during the on-site review
4. Opposite gender announcements entering housing units.

Findings (By Provision):

115.15 (a) - Agency policy DC-ADM 008, Section 8, page 1 indicates the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The SCI Phoenix reported no cross-gender strip or visual body cavity searches were conducted in the last 12 months. This includes no searches that involved exigent circumstances or performed by nonmedical staff. This was confirmed through 12 random interviews with staff. As all 12 staff interviews advised the facility does not perform cross gender strip or visual body cavity searches. The auditor conducted 25 random interviews with confined persons and several interviews indicated no cross gender strip or visual body cavity searches have been performed. The confined persons population advised female staff do not conduct strip searches of male confined persons only the male staff. This information was also confirmed during informal interviews with staff, and informal confined person interviews as the interviews confirmed the female staff are only allowed to perform pat searches.

During the on-site review, the auditor received notice of 32 confined persons

currently housed at SCI Phoenix that identifies as a transgender female or intersex. The auditor interviewed five confined persons that identify as transgender females that indicate they have not been stripped searched by a cross gender staff member. No non-medical staff involved in cross gender searches were available for interview due to the facility reporting no cross-gender searches. One random confined person interview indicated the facility staff are very respectful. They allow the purchase of female products on the commissary and do not prohibit the wearing of female undergarments.

Agency policy DC-ADM 008, Section 19, page 8 indicates when an exigent circumstance exists regarding a cross-gender search, all searches will be documented on an incident report and forwarded to the Shift Commander, and the PREA Compliance Manager. The auditor reviewed a memo submitted on July 15, 2015, from the Pennsylvania Department of Corrections Executive Deputy Secretary to all facility Superintendents. This memo involved the creation of gender specific posts to address the Department's goal toward PREA compliance. The following posts are dedicated gender-specific staff assignments: Transport Officer - a minimum of one transport team member will be gender-specific, Search Team Officers - a minimum of one search team member will be gender-specific, RISP Officer - this post is dedicated gender specific, Visiting Room Search Officer - this post is dedicated gender specific, R&D CO2/Intake Officer CO1 - one of these positions must be the same gender as the confined person housed at the facility, Infirmary - this post will remain gender specific, Sally Port CO2 & CO1 - this post will remain gender specific, Specialized Treatment Units - housing unit control room posts that conduct live monitoring of cells with affixed cameras will be gender specific, Bus Transport - a minimum of one of the three staff assigned will be gender specific, Outside Hospital In Room Officer - will be gender specific, Compound Rovers - gender specific at female facilities only due to required pat/frisk searches being conducted, and CI Rover gender specific at female facilities only due to required pat-frisk searches. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. No discrepancies were noted by the Auditor during the on-site review. All facility posts are awarded by Union Bid and gender specified within the contracted assignments.

115.15 (b) - The SCI Phoenix is an all-male facility, and no female confined persons were observed during the time of the audit. The facility reported 32 male confined persons that identify as a transgender female within the male population. The facility Superintendent confirmed this statement during the onsite review. No female confined persons were observed by the auditor during the on-site review, and the facility website indicates SCI Phoenix is an all-male facility. The auditor reviewed housing unit logs indicating no female gender listings for the population cited in the past 12 months.

115.15 (c) - Agency policy DC-ADM 008, section 8, page 1 requires the facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of male confined persons. Facility policy indicates the Cross Gender Search Validation Form, Attachment 8A, will be utilized when conducting cross-gender searches. The facility Superintendent confirmed this

statement during the on-site review. No female confined persons were observed by the auditor during the on-site review. The SCI Phoenix has not performed any cross-gender strip searches or cross gender body cavity searches. Interviews conducted with one informal confined person confirmed they have not been strip searched by a cross gender staff member.

115.15 (d) - Agency policy DC-ADM 008, Section 8, page 2 explains inmates shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This policy mandates gender specific staff are assigned to special housing units, Transport Officer, Search Team Officers, RISP Officer, Visiting Room Search Officer, R&D CO2/ Intake Officer CO1, Infirmary, Sally Port CO2 & CO1, Specialized Treatment Units, Bus Transport, Outside Hospital in Room Officer, Compound Rovers, and CI Rover. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. All facility posts are awarded by Union Bid and gender specified within the contracted assignments. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower doors and curtains that are monitored by security staff. No video monitoring equipment was identified to be positioned to allow for cross gender viewing in this capacity. The auditor did observe several doors open throughout the facility during the onsite review. This included restroom doors, vestibule doors, cleaning closets, and other doors throughout the facility. The auditor spoke to the command staff during the closeout meeting regarding the concerns.

Agency policy DC-ADM 008, Section 8, page 2, and facility post order, L-2, page 11 indicate a procedure for staff of the opposite gender to announce their presence when entering a confined person housing unit. This practice was observed throughout the facility site review as staff announced their presence verbally and by use of the intercom. The staff also noted the response in the unit logbooks. The SCI Phoenix provided signage at the door of each unit requiring this announcement. The auditor reviewed the SCI Phoenix method of notifying the hearing-impaired confined persons when a female staff member is on the E-unit. As this information is provided with the use of the intercom light switch but the auditor noted this was not being used upon entry into the unit. The auditor spoke to the Command staff regarding this concern at the closeout meeting.

Agency policy DC-ADM 008, Section 19, page 2, forbids staff to examine inmates for the sole purpose of determining the inmate's genital status. This policy includes transgender and intersex confined persons, and if the genital status is unknown, the information will be obtained during the inmate conversations, medical records, or by performing a broader examination conducted by a medical practitioner. The Health Services Administrator confirmed this through random staff and confined person interviews. The PREA Compliance Manager interview and the PREA Coordinator interviews confirmed all confined persons information is utilized to ensure this process is adhered too. The agency policy DC-ADM 008, Section 19, pages 1-9 explain the departments approach to working with transgender and intersex inmates. Importantly, this policy explains the classification process and ensures the staff

effectively interact professionally and respectfully with this specialized population. Each facility is required to develop a Plan of Action to prepare for reception and housing of transgender and intersex populations. The daily process was described to the auditor during the on-site review to include the following:

The PREA Accommodation Committee (PAC) is utilized to measure the proper placement toward housing, security, programming, and other needs. The following methods of interaction are described within this policy: Reception and Classification, Prison Rape Elimination Act (PREA) Risk Assessment Tool (PRAT), Mental Health Referral Form, Access to Health Care Procedures Manual, PREA Accommodation Committee Checklist (PAC), PREA Accommodation Committee Review, Administrative PREA Accommodation Committee (A-PAC), Transfers, Case Management, Searches, Commissary, and Special Accommodations. Each confined person is considered on a case-by-case basis and the final determination is mandated by the Executive Staff as recommended by the Administrative PREA Accommodation Committee (A-PAC). The A-PAC consists of a representative from each of the following specialties: Psychology office, Bureau of Health Services, Security Division, and a representative from the Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Subject Matter Expert community. The facility reported 32 current confined persons at SCI Phoenix identify as a transgender female. The confined persons interviewed indicated approval with their housing considerations and satisfaction with the commissary program.

115.15 (f) - Agency policy DC-ADM 008, Section 8, page 3 indicates all custody staff are trained to conduct proper pat down searches on inmates to include cross-gender searches. SCI Phoenix facility policy 6.3.1, Section 30, pages 12-24 describe the methods of conducting clothed searches, strip searches, body scanner screenings, and body cavity searches. The training curriculum consists of a Power point titled, "Offender Searches" and the auditor reviewed the entire power point that consisted of 49 slides. This is a mandated training course for all employees and the facility indicates all security staff have received mandatory training in the last 12 months. Interviews with 12 random staff and one informal staff interview indicated knowledge of the training and verbal demonstrations regarding proper conduct. The training curriculum described proper conduct as utilizing the back of the hand to conduct the pat-down search, maintaining strict professionalism, utilizing correct terminology, providing a private area for the search, limited cross-gender viewing, and being respectful toward population needs.

Conclusion: Based upon the review and analysis of all the available evidence, interviews, on-site observations, and policy, procedure, and practice considerations, the auditor has determined that the facility is fully compliant with this standard and no further action is required.

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Standard 115.16 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. SCI Phoenix Pre-Audit Questionnaire Responses
2. DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual, Section 4, Sexual Abuse/Sexual Harassment - Access to Special Populations
3. DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities
4. Policy 205.32 Hiring/Contracting Sign Language Interpreter/Transliterate
5. Agency memo posted July 19, 2019, Intake Inmate PREA Handout (Braille)
6. Pennsylvania Department of Corrections Foreign Language Employee Directory List, March 28, 2023
7. DBA PROPIO Language Line Services LLC. Contract January 1, 2021, to December 31, 2023

Interviews:

1. Agency Head
2. Three Confined Persons with a Physical Disability
3. One Confined Person with a Vision Disability
4. Two Confined Persons with Limited English Proficiency
5. Eight Confined Persons with Cognitive Disabilities
6. 12 Random Staff
7. Two Informal Staff

Site Review Observations:

1. Sign Language Interpreter Service
2. Signs and posters indicating zero tolerance posted throughout the facility English/

Spanish formats

3. The unit phones are available with a TTY service and Spanish options

Findings by Provision:

115.16 (a) Policy DC-ADM 008, Section 4, page 1 indicates the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing confined persons, blind or having low vision, confined persons who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficiency.

The auditor confirmed the facility contract language line interview process with a limited English proficiency disability. The facility provides the PREA materials, handbook, and posters in a Spanish format. The Agency Head interview indicated the State has a contract to provide language line services, the facilities are required to post materials in both English and Spanish formats, there are braille options for the blind confined person, a state contract for sign language services, and all PREA related materials are available in multiple languages. The auditor inspected the confined person phone systems, and the TTY options are available for hard of hearing populations, and the voice recorded options are available in Spanish formats. The auditor reviewed a memo posted by the Agency PREA Coordinator on July 19, 2019, regarding the available use of the Braille Intake Inmate PREA Handout.

115.16 (b) The confined person handbooks are written in both English and Spanish format. The PREA and Americans with Disabilities Act provisions are documented in policy DC-ADM 006, pages 1-18 and indicate the following resources are available for the confined persons: closed captioning, large print material, reading of materials to confined persons by staff, department translator lists, and the language line services. Confined persons are provided the PREA education pamphlet in their primary language upon request and the auditor reviewed the intake process. The auditor observed the closed captioning included within the television viewing, and the intake staff reading the PREA pamphlet to the confined persons. The auditor reviewed the Pennsylvania Department of Corrections Foreign Language Employee Directory List and noted 61 different languages are available for interpretation throughout the State. The SCI Phoenix employee foreign language directory listed Albanian, French, German, Greek, Malayalam, Mandarin, Polish, Sign Language, and Spanish as languages the staff can speak.

115.16 (c) The facility provides interpreter services with a language line service known as PROPIO Language Line Services, Inc. This company also requires its interpreters to undergo a medical interpreter credentialing process. This service is available for confined persons with limited reading skills in both English and Spanish. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. This auditor reviewed

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| | <p>an agency translator list indicating 61 potential interpretive languages. Staff training files reviewed indicated training received for managing confined persons at risk of sexual abuse and identified the policy against using confined person interpreters. The auditor interviewed 12 random staff and noted most of the staff indicated the use of confined person interpreters to conduct interviews with limited English proficient confined persons is not allowed.</p> <p>Conclusion: The evidence reviewed by the auditor reveals a significant level of agency importance regarding confined persons with disabilities or with limited English proficiency having the ability to communicate effectively with staff, and be included in each facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has taken an above average approach to accommodate steps to communicate effectively with confined persons who are deaf or hard of hearing, have speech disabilities, are blind or low vision, intellectual disabilities, limited reading skills, psychiatric disabilities, or limited English proficient. This includes the braille formats, sign language contract, language line contract, and the 61 potential staff interpreter lists. The agency has a policy in a written format and the on-site review indicated the agency practice aligns with the written policy. The Agency head interview indicated a strong knowledge base and the expected communication results designed within the intent of the written policy. The facility expectation of this standard and the agency policy confirms compliance toward this standard. No further action is required at this time.</p> |
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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.17 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Policy 1.1.4 Centralized Clearances Procedure Manual, Section 4, Centralized Clearance Check Procedures 3. 20 Random Staff Personnel Files 4. 4.1.1 Human Resources and Labor Relations Procedure Manual, Section 41, Employment of Job Applicants having Prior Adverse Contacts with Criminal Justice |

Agencies (CJA)

5. DC-ADM 008, Section 20, page 4, PREA Procedures Manual, Data Collection and Retention

6. 4.1.1 Human Resources and Labor Relations Procedure Manual, Section 40, pages 1-3, Conducting Pre-Employment Background Investigations

7. 4.1.1 Employee Arrests - Felony, Misdemeanor, and Summary Offenses, Section 3, page 1

Interviews:

1. One Human Resource Staff
2. PREA Compliance Manager
3. Two Informal Staff
4. One Contractor
5. One Volunteer

Site Review Observations:

1. 20 Random Staff Personnel Files
2. Biometric Screening Equipment and Identification
3. 20 Contractor Background Screenings Confirmed

Findings by Provision:

115.17 (a) Policy 1.1.4, Section 4, page 3 prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has engaged in, been convicted of, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with one Human Resource staff member. Each staff member must provide responses to specific questions relative to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed 20 staff personnel files that indicated a response to these PREA related questions.

115.17 (b) Policy 1.1.4, Section 4, page 4 requires the facility to 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. This was confirmed during the interview with one Human Resource staff member. The auditor reviewed 20 staff personnel files indicating their signatures on the background release forms. All background checks were completed prior to offering employment.

115.17 (c) The Pennsylvania Department of Corrections agency policy 4.1.1, Section 40, pages 1-3 indicate a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with confined persons, criminal background records checks and 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 is completed. The auditor spoke with the PREA Compliance Manager and determined 163 criminal background checks were completed in the past 12 months. These record checks were through the National Crime Information Network, and all current staff background checks are performed prior to employment. The background checks include the following: Biometric information, driving records, investigation files, licensure, military records, and drug related convictions.

115.17 (d) The Pre-Audit questionnaire indicated 373 background checks were completed for staff covered under contracts for services that may have contact with confined persons. This number was confirmed during the PREA Compliance Manager interview. The auditor reviewed 20 background checks that were conducted for contracted services.

115.17 (e) Policy 1.1.4, Section 4, pages 1-8 indicate criminal background checks conducted on all current employees, volunteers, and contractors, at least every 2 years. This was confirmed during the one human resource staff interview. This is captured within the agency reporting mechanism and discussed during the human resource interview. The system that captures this information is the Pennsylvania Justice Network (JNET). A centralized clearance check form is submitted, and the system consistently captures clearance information that includes driver license information, Pennsylvania rap sheets, Interstate Identification Rap Sheets, visitor tracking information, confined persons telephone calls, email and money transactions, and prior employment information.

115.17 (f) All applicants and employees, who may have contact with confined persons, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the one human resource staff member. The auditor reviewed 20 staff files and confirmed the signed document was present asking the specific questions relative to sexual abuse, sexual assault, and sexual misconduct.

115.17 (g) Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The policy DC-ADM 008, Section 20, page 4 explains failure to report criminal charges

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| | <p>and convictions may result in disciplinary action, demotion, and termination. In addition, 20 staff personnel files were reviewed, and no issues were determined regarding this practice.</p> <p>115.17 (h) The facility tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid driver’s license, personal interview, proper documentation provided, social security number compliance, certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The PREA Compliance Manager provided documentation demonstrating a criminal history and a driver history inspection was previously conducted for staff. The PREA Compliance Manager confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review.</p> <p>Conclusion: Based on the evidence reviewed by the auditor to include: 20 staff personnel files, interviews with one human resource staff, agency, and facility policy, 20 contractor reviews, and one informal staff interview, the auditor finds no discrepancies within this standard required for corrective action. The steps considered by the facility to ensure the safety of the confined persons with qualified staff are impressive.</p> |
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| 115.18 | Upgrades to facilities and technologies |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Standard 115.18 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Agency policy DC-ADM 008, PREA Procedures Manual, Section 6, Upgrades to Facilities and Technologies 3. Monthly meeting minutes from the video monitoring committee <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head |

2. Facility Superintendent
3. PREA Compliance Manager

Site Review Observations:

1. Camera and monitor placement throughout the facility
2. Video and storage areas and camera footage
3. Gender Specific post assignments
4. Cross-gender viewing on video monitoring equipment

Findings by Provision:

115.18 (a) Agency policy DC-ADM 008, Section 6, page 1 indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The facility Superintendent confirmed the administration areas are being updated to ensure better staff flow during entry into the facility. There have been no additional expansions to SCI Phoenix facility within the last 12 months.

The interview with the Agency Head indicated the safety and privacy needs for confined persons is always considered. Whenever analysis is performed the idea of creating areas of safety and eliminating blind spots is important. The camera committees are in place at all local levels, to ensure when tours are made, the camera placements and electronic monitoring data are all factors to consider when developing budgets.

115.18 (b) Agency policy DC-ADM 008, Section 6, page 1 indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The facility consists of the most recent video monitoring equipment design and has 2900 cameras throughout the facility. This was confirmed by the facility PREA Compliance Manager interview and one informal staff interview with the staff that monitors the video recordings. There were no immediate concerns identified regarding cross-gender viewing of the video monitoring equipment. The facility has 2900 total cameras and the installation upgrades have made a significant impact on monitoring the sexual safety of the facility.

Conclusion: The facility has implemented a policy and a program to monitor the effects of upgrades, camera placement, and video monitoring equipment throughout the facility. Each camera has a full DVR recording support, and all these modern additions were provided to assist in preventing, detecting, and responding to sexual

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| | <p>abuse and sexual harassment allegations. The efforts provided by the facility meet the requirements of this standard. The facility Superintendent indicated the facility is equipped with state-of-the-art video monitoring equipment and best practice recommendations in today's modern society. The auditor reviewed monthly meeting minutes indicating the PREA Compliance Manager participates in the discussion for future planning.</p> |
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| 115.21 | Evidence protocol and forensic medical examinations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Standard 115.21 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Agency Policy DC-ADM 008, Section 18, Investigating Allegations of Sexual Abuse/ Sexual Harassment 3. Memorandum of Understanding (MOU) between the Pennsylvania State Police and the Pennsylvania Department of Corrections 4. Agency Policy DC-ADM 008, Section 14, Responding to Reports of Sexual Abuse 5. Agency Policy DC-ADM 008, Section 14, Shift Commander Checklist 6. Reviewed two Investigations involving a Sexual Assault Nurse Exam Referral 7. Reviewed a Letter of Agreement for a Certified Sexual Assault Nurse Examiner with the Abington Memorial Hospital, October 6, 2014. 8. Agency Policy DC-ADM 008, PREA Procedures Manual, Section 15, Access to Outside Confidential Support Services. 9. Reviewed a Letter of Agreement with the Victim Services Center of Montgomery County, Inc. for hospital accompaniment and facility counseling, December 6, 2021. <p>Interviews:</p> |

1. 12 Random Staff
2. Sexual Assault Nurse Examiner
3. PREA Compliance Manager
4. Nine Confined Persons who Reported Sexual Abuse
5. Victim Services Center of Montgomery County, Inc, (Victim Advocate)
6. Two Informal Staff

Site Review Observations:

1. The Victim Services Center of Montgomery County, Inc., Mailing Address posted in all Living Units
2. The Bureau of Intelligence Mailing Address posted in all Living Units
3. Shift Commander Evidence Protocol Checklist

Findings by Provision:

115.21 (a) The SCI Phoenix utilizes the facility trained PREA investigators for conducting administrative sexual abuse and sexual harassment investigations, and the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police has the responsibility for conducting criminal abuse investigations. The Bureau of Investigation and Intelligence will only investigate allegations of staff-on-confined person abuse, typically uncovered during investigations into other unauthorized activity, while the PSP maintains responsibility for all confined person investigations. The Bureau of Investigations and Intelligence and the Pennsylvania State Police utilizes a uniform evidence protocol when conducting sexual assault investigations and forensic medical examinations. Agency policy DC-ADM 008, Section 14, pages 5-7 describe the uniform evidence protocol required for the facility.

The Shift Commander Checklist is designed to ensure proper steps are taken to preserve evidence for the abuser and the victim. The auditor reviewed Shift Commander evidence protocol checklists. The auditor interviewed 12 random staff and most of the interviews indicated securing the scene and the Pennsylvania State Police would be responsible for collecting the evidence at the scene. The agency policy DC-ADM 008, Section 18, pages 1-2 indicate the standard utilized when conducting sexual harassment and discrimination investigations. The auditor reviewed a Memorandum of Understanding (MOU), between the Pennsylvania Department of Corrections and the Pennsylvania State Police confirming this arrangement.

115.21 (b) The SCI Phoenix does not house youthful offenders, and this was

confirmed by the agency website, onsite interviews conducted with staff, and population statistical data. Agency policy DC-ADM 008, Section 18, page 2 explains the protocol established for evidentiary purposes shall be developmentally appropriate for youth. This policy was adapted in correlation with the National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescents.

115.21 (c) The facility offers all confined persons who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. Policy DC-ADM 008, Section 14, page 4 explains the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without cost, where evidentiary or medically appropriate. The SCI Phoenix utilizes an off-site medical emergency room at the Abington Memorial Hospital. The facility reported five forensic medical exams were offered at the Abington Memorial Hospital during the past 12 months. The number offered by a SANE was five, and the number performed by a qualified medical practitioner was zero. This auditor was able to speak with a SANE nurse during the onsite review. The staff indicated they would provide the necessary support at the Abington Memorial Hospital. This was confirmed by the PREA Compliance Manager and the Health Services Administrator during the on-site review.

The Health Services Administrator confirmed all medical procedures were performed to the victim at no cost and the auditor reviewed data to support the SANE evaluations were offered at no cost to the confined person. SCI Phoenix also provides onsite mental health treatment through their crisis stabilization and transitional care units. This includes activities groups, social skills training, group therapy, and medication management groups. The auditor reviewed the email by the facility establishing a Letter of Agreement with the Abington Memorial Hospital to offer certified Sexual Assault Nurse Examiner duties. The hospital has a certified SANE on staff, and they provide sexual assault exams by qualified SANE medical professionals.

115.21 (d) The SCI Phoenix medical staff complete the specialized medical and mental health training designed specifically to meet department operations. Training records were reviewed for medical staff and all training was verified. The auditor reviewed the Letter of Agreement with the Victim Services Center of Montgomery County, Inc., for confidential support services. The auditor identified the Victim Services Center of Montgomery County, Inc., poster in all housing units, intake, and medical sections of the facility. The poster identified the 24- hour services offered by the agency, advocacy, case management, and hospital accompaniment. The poster offers an address for confined persons to write directly to the agency and the information is also provided in the handbook. The information provided to the confined persons in intake includes a facility sexual abuse awareness pamphlet and the address for the program. The auditor observed this pamphlet being provided to the confined persons during the intake process. All confined persons are required to sign for receipt of the handbook and the PREA pamphlet. The facility also utilizes the Victim Services Center of Montgomery County, Inc., program for confidential support services.

115.21 (e) The auditor reviewed two incident reports demonstrating a victim

advocate being offered during an investigation. The Victim Services Center of Montgomery County, Inc. information was provided in the sexual abuse awareness pamphlet. Policy DC-ADM 008, Section 15, page 2 explains any inmate who alleges sexual abuse or sexual battery shall be given a copy of the notification of rights to have crisis intervention services. This was confirmed during the victim advocate interview, and the auditor reviewed the LOA with the provider. The auditor interviewed one staff member from the program, and the volunteer confirmed the LOA with SCI Phoenix, explained the process regarding notifications, discussed the limits to confidentiality, and expressed appreciation for SCI Phoenix involving them within their program. The auditor interviewed nine confined persons that had previously reported an allegation of sexual abuse. Many of the confined persons advised they were aware of the program and had spoken with the volunteer that reports to the facility. They indicated knowledge of how to report an allegation and request for services in the future. The facility reported knowledge of confined persons that are currently participating in the program. The auditor reviewed a spreadsheet indicating those that are currently utilizing the program.

115.21 (f) The SCI Phoenix utilizes the facility trained PREA investigators for conducting administrative sexual abuse and sexual harassment investigations, and the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police has the responsibility for conducting criminal abuse investigations. This was confirmed during the PREA Compliance Manager interview, but several staff interviews were able to identify the investigator as the point of contact for facility investigations.

115.21 (g) N/A

115.21 (h) The facility PREA Compliance Manager verified the facility will always utilize the victim advocate program as the community advocate to offer emotional support, crisis intervention, information, and referrals in the area. The SCI Phoenix does not utilize staff as representatives to provide emotional support services.

Conclusion: Based on the evidence provided by the facility, all provisions were met within this standard 115.21 and no further action is required.

| 115.22 | Policies to ensure referrals of allegations for investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.22 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> |

Documents:

1. SCI Phoenix Pre-Audit Questionnaire Responses
2. DC-ADM 008, Section 18, Investigating Allegations of Sexual Abuse and/or Sexual Harassment
3. Reviewed Shift Commander Checklists
4. Reviewed the Facility Website memo provided by the PREA Compliance Manager
5. Reviewed memo referrals to the Pennsylvania State Police and the BII

Interviews:

1. Agency Head
2. One Facility Investigator
3. PREA Compliance Manager

Site Review Observations:

1. Reviewed the facility website for Investigative information
2. Reviewed Shift Commander Checklist
3. Reviewed 14 Investigative Files
4. Case Management Log Entry System

Findings by Provision:

115.22 (a) The auditor received the allegations and investigations overview document as requested along with the following data: 38 staff-on-confined person allegations of sexual abuse within the last 12 months, 25 confined person allegations of sexual abuse with other confined persons in the last 12 months, 51 staff-on-confined person allegations of sexual harassment in the past 12 months, and 29 confined person allegations of sexual harassment on other confined persons in the past 12 months.

The Pennsylvania Department of Corrections does not recognize the grievance system as a method of reporting allegations of sexual abuse. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is rejected and forwarded immediately to the PREA Compliance Manager for investigation. The Pennsylvania Department of Corrections does not provide a hotline number as a method of reporting sexual abuse or sexual harassment. An

address is provided to report directly to the Pennsylvania Office of the Inspector General and the Pennsylvania Department of Corrections PREA Coordinator. SCI Phoenix reported a total of 143 investigations conducted within the past 12 months. This includes, 63 administrative sexual abuse cases, and 80 cases involving sexual harassment. The administrative investigations are conducted following the outcome of the criminal investigations. The facility reported two investigations that resulted in substantiated claims for administrative actions, there were 42 unsubstantiated claims, and seven claims that the investigation was determined to be unfounded. There was one allegation referred to and rejected by the Prosecutor. The auditor reviewed cases that were referred to the Pennsylvania State Police but were not accepted as a criminal investigation. There are currently 92 sexual abuse/sexual harassment administrative cases pending and no criminal cases still pending for review. The facility reported a total of 51 closed cases. The auditor noted during the onsite review that 45 cases remain pending review by the Pennsylvania Bureau of Investigations and Intelligence (BII), and the agency policy requires these reviews to be returned to the facility within 30 days. This was discussed with the facility Command Staff during the closeout review process. The facility has demonstrated through email transcripts the closure of 21 additional cases by BII since the onsite review.

The interview with the facility Superintendent explained the facility PREA trained investigator is the point of contact for all investigations. All criminal investigations are referred to the Pennsylvania State Police and the Bureau of Investigations and Intelligence will provide oversight to all investigations being conducted. The PREA Compliance Manager will ensure that all cases are completed and documented with complete investigative summaries and the Superintendent is informed of the outcomes.

115.22 (b) The agency PREA policy DC-ADM 008, Section 18, page 1 requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. Policy DC-ADM 008, Section 18, page 1 ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police shall be responsible for criminal investigations in matters relating to the Department of Corrections. This notification policy is posted on the agency website along with the procedures for reporting allegations. Policy DC-ADM 008, Section 14, the Shift Commander Checklist must be completed immediately, and the Pennsylvania State Police must be notified. This auditor reviewed documentation indicating all cases were entered into the Case Management Log Entry System. This information was provided and explained by the PREA Compliance Manager. The facility PREA investigator interview confirmed this process and indicated knowledge of the credibility assessments for all parties involved during the administrative investigations. The PREA investigator indicated the burden of proof for administrative investigations to be the preponderance of the evidence. The PREA Compliance Manager confirmed the policy is posted on the agency website.

115.22 (c) Agency policy DC-ADM 008, Section 18, page 1 indicates the Bureau of

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| | <p>Investigations and Intelligence (BII), or the Pennsylvania State Police shall conduct all criminal investigations of sexual abuse, sexual battery, and staff sexual misconduct. The BII will conduct investigations into staff-on-confined persons conduct that may have been determined during other investigations involving staff misconduct. The information provided by the agency and facility indicates compliance with this standard. The auditor received referrals provided by the facility to the Pennsylvania State Police for investigation. The auditor confirmed referrals were investigated and the outcome was not referred for prosecution. The facility reported no allegations remain pending for prosecution referral.</p> <p>115.22 (d) N/A</p> <p>115.22 (e) N/A</p> <p>Conclusion: Based on the evidence provided by the facility, the agency has a policy governing the investigations of allegations of sexual abuse and sexual harassment. The facility has a documented investigative policy and documents all reports of sexual abuse and sexual harassment. The facility provided the auditor with documentation of the investigations, including full investigative reports with findings. The facility provided evidence of referrals of allegations of sexual abuse and sexual harassment. The agency policy is posted on the website, and it describes the investigative responsibilities of both the agency and the separate entity that conducts the criminal investigations on its behalf. The facility meets the provisions of this standard.</p> |
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| 115.31 | Employee training |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Standard 115.31 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Agency policy DC-ADM 008, Section 11, Sexual Abuse/Sexual Harassment Prevention Training and Education 3. Basic Training PREA Power Point slides - Zero Tolerance Test 4. PREA Training Lesson Plan |

5. PREA Training Curriculum: Women Offenders in Pennsylvania Corrections
6. PREA Training and Understanding Verification Forms
7. PREA Training Curriculum: Professional Boundaries

Interviews:

1. 12 Random Staff
2. PREA Compliance Manager
3. Two Informal Staff
4. Six Confined Persons that Identify as Transgender

Site Review Observations:

1. Reviewed 20 Staff Training Files
2. Reviewed 20 PREA Training and Understanding Verification Forms
3. Verified a list of all current staff training dates

Findings by Provision:

115.31 (a) Agency policy DC-ADM 008, Section 11, page 1 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill staff responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.31 (a) 1-10. The auditor conducted 12 Random staff interviews indicating significant knowledge regarding a zero-tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward prevention, detection, reporting, and response. The auditor reviewed the 44 slide PREA Power Point provided by the PREA Compliance Manager and slide 15-17 includes the discussion regarding the zero-tolerance standard. The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, confined persons rights to be free from sexual abuse and sexual harassment, retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities.

115.31 (b) This auditor reviewed the staff training curriculum to include rosters,

power points, briefing rosters, lesson plans, and the on-line training program. This program is an interactive testing software and specifically designed to provide the PREA training elements listed in 115.31 (a) 1-10. The facility trained all staff members in the last 12 months and provided roll-call training rosters demonstrating PREA training across all shifts. The agency training is tailored to the gender of the confined person at the facility to include male and female confined persons and staff. The auditor was able to interview confined persons that identify as transgender as the facility indicated 32 confined persons at the facility in the past 12 months that identify as either transgender or intersex. None of the interviews with the transgender person confined persons indicated concerns regarding search procedures. The facility reported 32 confined persons at the facility in the past 12 months that identifies as a transgender female or intersex. The auditor interviewed 25 randomly selected confined persons that did not report any concerns with searches.

115.31 (c) The auditor reviewed a total of 20 staff training files. The documentation provided indicated all 20 staff received on-line PREA training. A complete listing of all staff was provided by the PREA Compliance Manager to the auditor, ensuring the training was received by all staff at the end of the on-site review. The on-line program requires a test to be completed at the end of each section to determine satisfactory completion. The PREA Compliance Manager interview confirmed staff receive PREA training on an annual basis in the academy, on-line, during roll call briefings, and in-service. The auditor reviewed the electronic acknowledgement process embedded within the online training format. This verifies from the staff member an acknowledgement that they understand the training received.

115.31 (d) The 12 random staff interviewed during the on-site review and two informal staff interviews indicated no concerns from staff to properly identify the PREA Compliance Manager, PREA Investigator, and the PREA Coordinator.

Conclusion: Based on the review of the facility training policies, staff training curriculum, samples of the training records, and the documentation of the employee signatures signifying comprehension of the training received, the facility meets compliance with this standard. No corrective action is required at this time.

| 115.32 | Volunteer and contractor training |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.32 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> |

Documents:

1. SCI Phoenix Pre-Audit Questionnaire Responses
2. DC-ADM 008, Section 11, Sexual Abuse/Sexual Harassment Prevention - Training and Education
3. Pennsylvania Department of Corrections Contractor/Volunteer PREA Training Pamphlet
4. Volunteer/Contractor/Public Visitor Forms

Interviews:

1. One Contract Medical Staff
2. One Religious Volunteer

Site Review Observations:

1. Reviewed Volunteer/Contractor/ Public Visitor Forms
2. Reviewed the facility Biometric process

Findings by Provision:

115.32 (a) Agency policy DC-ADM 008, Section 11, pages 4-5 explain the zero-tolerance standard, and the facility also provides a volunteer and contractor handout. This auditor reviewed the volunteer and contractor handout, and the information includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training received. The auditor reviewed volunteer/contractor/and public visitor forms acknowledging they understand the training received. This is an electronic version within the online programming.

115.32 (b) The SCI Phoenix identified 100 volunteers and 373 contractors trained in the last 12 months. The level of training provided is based on the services they provide and the level of contact they have with confined persons. A level one contractor or volunteer, who spends at least five hours a week with a confined person, would receive the same training as the staff. Each contractor and volunteer must complete an application and a background check is completed. The application consists of the following information: personal information, current employment information, personal identification information, education, emergency contacts,

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| | <p>criminal history, and previous institutional experience. Each volunteer and contractor are screened through the National Crime Information Center.</p> <p>115.32 (c) The auditor spoke with one contract medical staff that coordinates the medical services interviewed during the onsite review. The information provided relating to the training received included a handbook notification, and background questionnaire. The interview indicated the ability to convey the zero-tolerance policy, preventive actions, notification procedures, and response practices. The contract interview confirmed receipt of the PREA pamphlet. The contractor stated they have received a copy of the PREA pamphlet in the past 12 months. All previously authorized volunteer clearances will have to be renewed by completing a new background screening prior to authorized entrance. The auditor verified this process with one religious volunteer interview.</p> <p>Conclusion: Based on the review of the evidence provided, the facility ensures all volunteers and contractors that have contact with confined persons are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training is provided to volunteers and contractors based on their level of contact with the confined person. The sample of volunteers and contractors interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors understand the training they have received.</p> |
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| 115.33 | Inmate education |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Standard 115.33 Analysis</p> <p>The following evidence analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Policy DC-ADM 008, Section 11 Sexual Abuse/Sexual Harassment Prevention - Training and Education 3. Reviewed the PREA Intake Pamphlet (Spanish/English Format) 4. Reviewed the Sexual Abuse/Sexual Harassment Education Program Facilitator's |

Guide

5. Confined Person Handbook (Spanish/English Format)

6. Confined Person Handbook (Braille Version)

Interviews:

1. PREA Compliance Manager

2. One Intake Staff

3. 25 Randomly Selected Confined Persons

4. One Informally Selected Confined Person

Site Review Observations:

1. Observed the Intake Process and Issue of the PREA Pamphlet

2. Reviewed 25 Confined Person Education Files

3. Reviewed 25 PREA Confined Person Intake Handout Receipts

4. Observed PREA Posters and Materials Posted in All Living Units, Medical, and Programs (English/Spanish)

Findings by Provision:

115.33 (a-f) Policy DC-ADM 008, Section 11, pages 5-6 discuss the confined person education requirements and (a-f) within the policy. The intake officer described the confined persons receive an initial PREA document upon arrival to the intake section. The auditor observed this process during the intake screening and observed confined persons receive the PREA pamphlet and watch the PREA video. This document includes the facility zero tolerance policy, the confined persons right to be free from sexual abuse, sexual assault, and sexual harassment. It also includes instructions on how to report an allegation by mail. The confined persons can write directly to the Office of State Inspector General to report allegations of sexual abuse, sexual assault, or sexual harassment and they can write directly to the Victim Services Center of Montgomery County, Inc., for victim advocacy.

Agency policy DC-ADM 008, Section 11, page 6 indicates within the first 30 days of reception additional PREA information will be provided to the confined person population. This information includes the rights to be free from sexual abuse, sexual harassment, and retaliation. Department policies are introduced, response procedures, and directions on how to report an allegation are explained during the

comprehensive review. A PREA video is shown, and questions asked at the end of the video to ensure the confined person understands the information received. The facility also proudly displays PREA posters, and one is displayed in the intake section regarding zero tolerance. The facility provides a PREA video to the confined person in intake prior to the medical screening, and this auditor reviewed the video for quality. This video training is also provided to the confined person population and the staff are required to play the video daily during a facility wide schedule. The auditor interviewed 25 randomly selected confined persons that indicated the video is played on an ongoing basis. The intake staff are required to print an orientation acknowledgement form and the confined persons sign acknowledging they understand the training they have received. The auditor sampled 25 files indicating receipt of the PREA brochure and viewing the video within 30 days of arrival. The PREA Compliance Manager and the intake officer indicated the video is played to the population immediately upon arrival. The PREA Compliance Manager reported a total of 3337 confined persons admitted during the past 12 months, and 3153 of those length of stay exceeded 30 days. This information was confirmed by the PREA Compliance Manager during the on-site interview.

There are several reporting methods provided to the confined person and this is discussed in the PREA pamphlet. The PREA information, handout, and the Victim Services Center of Montgomery County, Inc., information posted on the wall near the phones in every living unit, in both Spanish and English formats. Posters are visible throughout the facility reminding confined persons regarding zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The auditor interviewed 25 randomly selected confined person interviews indicating PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation monitoring, and pride in the overall sexual safety of the facility. The phones are equipped with a TTY system, the facility provides a language line for numerous languages, a list of certified staff interpreters, and the video is played in both Spanish and English formats. The facility employs staff to provide the information verbally to those that cannot read.

Conclusion: The auditor has determined the agency has a policy governing PREA education for confined persons. The auditor has also determined full compliance with this standard based on a review of the following evidence supplied by the facility: intake records of those entering the facility in the past 12 months, signed documents by the confined persons indicating the understanding of the training received within 30 days of intake, confirmation of all those receiving the PREA information within one year of the effective date of the PREA standards, review of the confined person handbook, PREA pamphlet, PREA video, education materials in formats accessible to those that are limited English proficient, deaf, visually impaired, disabled or limited reading skills, and observations of materials posted throughout the facility in both English and Spanish formats. The facility has demonstrated substantial compliance, and no corrective action is requested currently.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.34 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. SCI Phoenix Pre-Audit Questionnaire Responses
2. Agency Policy DC-ADM 008, Section 11, Sexual Abuse/Sexual Harassment Prevention - Training and Education
3. Reviewed 12 Specialized Investigator Training Power points
4. Reviewed 19 Correctional Investigator Training Files

Interviews:

1. One Facility PREA Investigator

Site Review Observations:

1. Reviewed 12 Specialized Investigator Training Power points
2. Reviewed 19 Correctional Investigator Training Files

Findings by Provision:

115.34 (a-d) Agency policy DC-ADM 008, Section 11, page 3 includes the specialized training requirements for the facility PREA investigators. The required training includes the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The facility utilizes investigators from the Pennsylvania State Police for all criminal investigations and the facility PREA Investigator is assigned to conduct all administrative investigations. The Bureau of Investigation and Intelligence will investigate staff-on-confined person allegations in circumstances usually discovered during investigations of other unauthorized activity. The auditor reviewed 19 training records indicating the facility staff members have received specialized

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| | <p>PREA training for investigators. This was confirmed during the investigator interview, and the auditor reviewed 14 investigative files and confirmed the investigator of each file has received the specialized PREA investigator training.</p> <p>The facility PREA investigators completed training presented by the PREA Grant Project titled, "Sexual Assault Investigator Training". This training provided the necessary elements required within this standard to include the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The auditor reviewed the training outline and 12 power points associated with this learning environment. This training identified the eight PREA standards that apply to investigating sexual abuse of confined persons and demonstrated six critical investigative techniques and protocols of competent investigations. The facility maintains records of all training received and is easily accessible for review. Agency policy DC-ADM 008, Section 11, page 3 indicates training documentation will be maintained by the employee training files and documented on the PREA Training and Understanding Form. Due to the COVID-19 virus all training is documented on the online training transcript.</p> <p>Conclusion: Based on the review of the materials provided by the facility: the agency training policy for investigative staff, the investigator training curriculum, documentation that the agency investigators have completed the required training, and the training records and logs presented by the staff, the auditor finds the facility meets all provisions required within this standard. No further action is required at this time.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
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| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Standard 115.35 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Agency Policy DC-ADM 008, Section 11 Sexual Abuse/Sexual Harassment Prevention - Training and Education |

3. PREA Medical and Mental Health Care Standards Participant Guide
4. Medical Staff Training Files
5. PREA Specialized Training: Medical and Mental Health Care Lesson Plan

Interviews:

1. One Medical Staff
2. One Mental Health Staff
3. Sexual Assault Nurse Examiner (SANE)

Site Review Observations:

1. Reviewed medical staff training files
2. Reviewed PREA Training and Understanding Verification Forms

Findings by Provision:

115.35 (a-d) Agency policy DC-ADM 008, Section 11, page 4 explains the facility policy, procedures, and practice associated with this standard compliance and all medical and mental health care practitioners to receive the required specialized PREA training. There are medical staff that work regularly in the facility and the training records indicate all staff have received the initial PREA orientation and specialized training. The facility provided written documentation demonstrating full compliance that staff have received the specialized medical or mental health training. The auditor reviewed medical staff training files during the onsite review that confirmed the completion of the specialized medical and mental health training.

The auditor reviewed the facility PREA Medical and Mental Healthcare Lesson plan that included the following topics: PREA medical and mental healthcare standards participant guide, lessons on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor observed since 2021 the training was conducted online due to COVID-19 precautions and the staff verification is documented on the training spreadsheets. The auditor interviewed one medical staff, and one mental health staff and both interviews indicated knowledge regarding specialized medical training.

The forensic medical exams are conducted at Abington Memorial Hospital. The facility maintains documentation demonstrating the medical and mental health practitioners

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| | <p>have completed and understand the training received. The two medical staff interviews provided direct knowledge regarding how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, and whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed a Letter of Agreement with the Abington Memorial Hospital to conduct Sexual Assault Nurse Exams (SANE). The auditor was able to interview a Sexual Assault Nurse Examiner that confirmed the presence of the agreement between the two facilities.</p> <p>Conclusion: Based on the review of the following evidence: agency policy governing training of medical and mental health care practitioners, documentation showing the training has been received by all staff, a review of the training curriculum, and confirmation of the medical staff training logs ensuring the staff have received the initial training for employees, contractors, and volunteers dependent upon their status. The auditor finds the facility meets all provisions required within this standard with compliance. No further action is required.</p> |
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| 115.41 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.41 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Agency Policy DC-ADM 008 Prison Rape Elimination Procedures Manual (PREA Manual) 3. PA DOC PREA Risk Assessment Tool (PRAT) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. 25 Random Confined Persons |

3. One Informal Confined Person

4. 12 Random Staff

5. Two Informal Staff

6. PREA Coordinator

7. PREA Compliance Manager

Site Review Observations:

1. Confined Person Risk Screening Process

2. Confined Person Risk Screening Reassessment Process

3. Intake and Classification Housing Assignment Review

4. Confined Person File Reviews =25

5. 25 PREA Risk Assessment Tool (PRAT)

Findings (By Provision):

115.41 (a-I) Agency policy DC-ADM 008, Section 9, page 1 explains the screening procedures for risk of victimization and abusiveness. This policy explains that all confined persons are assessed during an intake screening for their risk of being sexually abused by other confined persons or sexually abusive toward other confined persons. Confined persons will also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other confined persons. The SCI Phoenix utilizes the PREA Risk Assessment Tool (PRAT) to accomplish the risk screening process. This tool is utilized during the intake screening process, 20-30 days after receipt into a State Correctional Institution (SCI), whenever a confined person participates in an incident of sexual abuse, added information is provided within the history, and during the annual review process. The auditor observed this process during the on-site review within the initial receipt of the confined person population within the first two hours of arrival. The review was performed by a medical staff member in a private office space with a secure workstation. The auditor also observed a reassessment being conducted by a facility counselor in a private office space with a secure workstation within the housing unit. The auditor confirmed the reassessment was conducted within 20 days of receiving.

Agency policy DC-ADM 008, Section 9, page 2 indicates this tool must be completed within the first 72 hours of reception to the Department or upon arrival at another facility. The auditor reviewed 25 confined person files and determined the intake screenings usually take place within the same day of arrival, and usually within the first two hours. This follows the 72-hour mandate required by the standard. None of

the 25 files reviewed indicated major concerns regarding the initial intake screening or the reassessment. The facility utilizes an objective classification screening instrument that includes: an individual points system, yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, a booking risks and needs assessment, and a PREA initial intake screening tool (PRAT). The objective classification screening includes the following criteria for the risk of sexual victimization: mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent behaviors, prior sex convictions, whether the confined person is perceived gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, vulnerability perceptions, or if the person is detained solely for civil immigration purposes. The auditor observed the staff performing the risk screening to document the responses of the confined person and staff indicated the scores also reflected the personal perceptions of the confined person. The auditor reviewed this process with the staff assigned to conduct the screening and monitored the interview being conducted.

The objective classification system questionnaire also assesses confined persons for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff performing the screening and was advised, each person must be carefully screened, and every evaluation should be unbiased, results should be based on the communication between the staff conducting the review and the confined persons own perceptions and responses to the questions.

Agency policy DC-ADM 008, Section 9, page 1 indicates within 20-30 days of intake a confined person's risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the confined person's risk of sexual victimization or abusiveness. Interviews conducted with 25 random confined persons indicated this process was being applied as the confined person could explain the questions being asked by the facility counselors. The confined person identified the medical staff as conducting the initial assessment and the counselors conducting the reassessment. This information is consistent with the agency policy previously discussed.

Agency policy DC-ADM 008, Section 9, page 3 indicates confined person's will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the agency PREA Coordinator must authorize usage on all electronic devices. The evidence provided indicates compliance with this standard as once the counselor uploaded the responses within the system, they were not able to make revisions. The counselor interview advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Coordinator interview indicated limited access to review these documents once they have been uploaded within the system. The PREA Compliance Manager advised medical staff, unit managers, PREA Compliance Manager, and the PREA Coordinator are the current staff designated to

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| | <p>have access to the risk assessment scores.</p> <p>Conclusion: Based on the review and analysis of all available evidence to include agency policy governing the screening of confined persons upon admission to the facility or transfer to another facility, screening instruments to determine risk of victimization or abusiveness, and detainee records, the auditor has determined that the agency is fully compliant with this standard regarding confined person’s risk of victimization and abusiveness.</p> |
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| 115.42 | Use of screening information |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.42 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Agency policy DC-ADM 008 Sexual Abuse/Sexual Assault Risk Screening 3. PREA Accommodation Committee Checklist (PAC) 4. PA DOC PREA Risk Assessment Tool (PRAT) 5. PREA Accommodation Committee Reassessment Checklist (PACRC) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. Six Confined Persons Identifying as Transgender, Five Identifying as Gay 5. Facility Superintendent |

Site Review Observations:

1. Reviewed the PREA Risk Screening Process
2. Reviewed the PREA Risk Screening Reassessment Process
3. Reviewed Confined Person Files = 25
4. Reviewed the PREA Accommodation Committee Checklist (PAC)
5. Reviewed the housing unit cell, shower, restroom, and bunk accommodations

Findings (By Provision):

115.42 (a-g) Agency policy DC-ADM 008, Section 9, page 4-5 indicates the facility utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This information was confirmed during the interview with the agency PREA Coordinator as the PREA Coordinator advised all facility risk screenings are objective, case by case evaluations of the confined person with their own perceptions and views being considered. The views of the confined person are recognized along with the tally provided by the staff on the risk assessment document. The unit managers interview indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignments are carefully reviewed to ensure potential abusers are not interacting with potential victims. The facility maintains a high-risk abuser and a high-risk victim list to keep the two categories separate from each other. The auditor reviewed this process during the on-site review. The auditor spoke with 25 randomly selected confined persons that confirmed confined persons were on-site that identify or perceived to be transgender. The facility reported 32 confined persons in the past 12 months at the facility that identified as a transgender female or intersex. The auditor spoke with six confined persons that identify as transgender, and all agreed their housing was discussed during the classification interview. They agreed to the level of housing recommended by the facility.

Agency policy DC-ADM 008, Section 9, page 5 indicates the facility will make individualized determinations on a case-by-case basis to ensure the residents health and safety and personal views are considered. Reassessments shall be conducted by the assigned counselor between calendar day 20 and 30 of every confined persons arrival in the system. Considerations for single cell housing or double cell housing will be determined using the risk assessment tool. The PREA Compliance Manager confirmed the Unit Management staff will review and recognize an imbalance of power within the cell assignment. This is performed during individual meetings, conversations, group activities, review of the disciplinary actions, and considerations based on the confined persons personal views. This was confirmed during the intake screening staff interview, and all assessments will be documented on the

Pennsylvania Department of Corrections PREA Risk Assessment Tool (PRAT).

The agency policy DC-ADM 008, Section 19, pages 1-9 explain the departments approach to working with transgender and intersex confined persons. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully with this specialized population. Each facility is required to develop a Plan of Action to prepare for reception and housing of transgender and intersex populations. The PREA Accommodation Committee (PAC) is utilized to measure the proper placement toward housing, security, programming, and other needs. The following methods of interaction are described within this policy: Reception and Classification, Prison Rape Elimination Act (PREA) Risk Assessment Tool (PRAT), Mental Health Referral Form, Access to Health Care Procedures Manual, PREA Accommodation Committee Checklist (PAC), PREA Accommodation Committee Review, Administrative PREA Accommodation Committee (APAC), Transfers, Case Management, Searches, Commissary, and Special Accommodations. Each confined person is considered on a case-by-case basis and the final determination is mandated by the Executive Staff as recommended by the Administrative PREA Accommodation Committee (APAC). The A-PAC consists of a representative from each of the following specialties: Psychology office, Bureau of Health Services, Security Division, and a representative from the Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Subject Matter Expert community. The confined person interviews indicated satisfactory compliance with their housing considerations and indicated satisfaction with the commissary program. The confined person advised the commissary at SCI Phoenix allow the purchase of female items. The auditor reviewed one PREA Accommodation Committee Checklist (PAC), indicating satisfaction with housing considerations, and requested treatment and programming. The PAC meetings are conducted every six months and the confined person will be reevaluated at that time.

The video monitoring equipment did not indicate concerns regarding cross-gender viewing during episodes of undress or showering. This is especially important when unit managers are evaluating the housing considerations for transgender and intersex persons as they are provided the opportunity to shower separately from other confined persons. The facility does not place lesbian, gay, bisexual, transgender, or intersex confined persons in a dedicated housing facility, unit, or wing based on their status. This is forbidden in policy DC-ADM 008, Section 9, page 6. The facility Superintendent interview confirmed there are no consent decrees regarding legislative action pertaining to restrictive housing considerations. The onsite review indicated special populations are not assigned to one housing unit as the auditor was able to interview confined persons from all living units.

Conclusion: Based on the review and analysis of the following available evidence: agency policy governing the use of screening information, documentation of the use of screening, documentation of housing decisions, reassessments, and facility housing considerations for the special populations, the auditor has determined that the agency is fully compliant with this standard regarding the risk of victimization and abusiveness.

| 115.43 | Protective Custody |
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| | <p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 624 376">Standard 115.43 Analysis</p> <p data-bbox="256 483 1334 519">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="256 627 432 663">Documents:</p> <ol data-bbox="256 698 1437 990" style="list-style-type: none">1. SCI Phoenix Pre-Audit Questionnaire Responses2. Involuntary Administrative Custody Services Access Restriction Form3. DC-ADM 802, Section 3, Administrative Custody Housing Status4. DC-ADM 008, Section 5, Sexual Abuse/Sexual Harassment Prevention, Protective Custody <p data-bbox="256 1097 416 1133">Interviews:</p> <ol data-bbox="256 1169 1406 1348" style="list-style-type: none">1. Facility Superintendent2. One Staff Supervising Confined Persons in Segregated Housing3. No Confined Persons in Segregated Housing for Risk of Suffering Sexual Abuse <p data-bbox="256 1456 632 1491">Site Review Observations:</p> <ol data-bbox="256 1527 711 1639" style="list-style-type: none">1. Confined Person Case Files2. Segregation Housing Records <p data-bbox="256 1747 584 1783">Findings (By Provision):</p> <p data-bbox="256 1818 1469 2065">115.43 (a-e) Agency policy DC-ADM 008, Section 5, page 1-2 clearly defines the information within this standard. Confined persons at elevated risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The confined person will not be held for more than 24 hours to complete the assessment. This policy was confirmed during the interview</p> |

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| | <p>with the facility Superintendent.</p> <p>This policy allows for programming, privileges, education, and work opportunities to the extent possible. If the facility restricts access to these opportunities, the facility must document it on the Involuntary Administrative Custody Services Access Restriction Form. This auditor reviewed the segregated housing records and spoke with one staff member that supervises the segregated housing area. There were no reports of confined persons in restrictive housing in the past 12 months identified to be housed in segregated housing involuntarily. However, the auditor confirmed the housing status for confined persons in segregation was due to disciplinary concerns and not concerns regarding sexual abuse. The auditor determined when a confined person is housed in segregation, an initial review would be conducted within 24 hours and the reassessment would occur within 7 days.</p> <p>Conclusion: Based on the review and analysis of all available evidence, the auditor has determined that the agency has a policy governing involuntary segregated housing for confined persons at elevated risk for sexual victimization. The facility conducts 30-day reviews and documents accordingly. The auditor reviewed facility records of housing assignments, segregation logs, and verified out of cell activities were not interrupted throughout this review. The auditor has determined the facility is fully compliant with the provisions of this standard.</p> |
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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.51 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Agency Policy DC-ADM 008 Prison Rape Elimination Act Procedures Manual (PREA Manual) 3. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 4. Confined Persons Handbook, 2023 Edition, pages 7-9 5. Facility Issued PREA Pamphlet |

6. PREA Intake Handout
7. PREA Intake Training Video
8. DC-ADM 803, Section 1, Mail Processing Procedure
9. 11.5.1, Records Office Operating Manual, Section 1, Processing of Reception

Interviews:

1. 12 Randomly Selected Staff
2. 25 Randomly Selected Confined Persons
3. Two Informal Staff
4. One Informal Confined Person
5. PREA Compliance Manager
6. Facility Superintendent

Site Review Observations:

1. Reviewed the Victim Services Center of Montgomery County, Inc., victim advocate information posted in the handbook.
2. Reviewed the Intake PREA Video and the Third-Party mailing address.

Findings (By Provision):

115.51 (a-d) SCI Phoenix provides multiple methods to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff, neglect, and contributing factors to these incidents. These factors are described in policy DC-ADM 008, Section 12, pages 2-3, and they include: verbally, in writing, anonymously, third-party reporting, request forms, grievance forms, submitting a written report to the sexual abuse reporting address for the Office of State Inspector General, or report directly to a family member or friend. The agency has a documented Memorandum of Understanding with the Office of State Inspector General to provide one method of anonymous reporting to a public entity that is not part of the agency. This information is posted in all living units, documented on page 9 of the handbook, and available upon the intake PREA pamphlet. The auditor interviewed 25 randomly selected confined persons and conducted one informal interview that concluded knowledge of this process. The SCI Phoenix does not detain solely for civil immigration purposes, and this was confirmed by the PREA Compliance Manager, and the facility Superintendent interviews.

To maintain the confidentiality of all mail being sent to an outside reporting entity, the following statement is discussed in agency policy DC-ADM 803, Section 1, page 5: Privileged correspondence will have the facility mailing address with the name and number as the return address. EXCEPTION: To preserve the confidentiality of those reporting allegations of sexual assault to the Office of State Inspector General. The Office of State Inspector General has asked that reporting an allegation of sexual assault include the confined person's name and number within the body of the letter contained inside the envelope so that they can identify the person making the allegation and communicate with them, as necessary.

Agency policy DC-ADM 008, Section 12, page 3 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against confined persons or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Superintendent also confirmed any allegations reported by another facility or to another facility will be performed from the agency head to the other facilities agency head in writing. This information will then be passed on to the facility PREA investigator promptly.

Conclusion: Based on the review of all documents provided to the auditor in the preaudit questionnaire, interviews conducted during the on-site review, and site review observations, the auditor determines all provisions were met within this standard and no further action is required.

| 115.52 | Exhaustion of administrative remedies |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.52 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 3. DC-ADM 804, Section 1, Grievances, and Initial Review 4. Confined Persons Handbook 5. Rejected Grievances |

6. Intake PREA Pamphlet

Interviews:

1. PREA Compliance Manager
2. 25 Randomly Selected Confined Persons
3. 12 Randomly Selected Staff

Site Review Observations:

1. Grievance forms are readily available to the population in all housing units.

Findings (By Provision):

115.52 (a-g) The Pennsylvania Department of Corrections does not follow a standardized acceptance process for grievance procedures for dealing with confined person grievances regarding sexual abuse. Agency policy DC-ADM 008, Section 12, page 3 explains, "Inmates shall not utilize the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse, as defined in the Glossary of Terms for this procedures manual". However, if a confined person files a grievance related to staff on confined person sexual abuse/sexual harassment or confined persons' sexual abuse, the Facility Grievance Coordinator shall reject the grievance and forward it to the facility Security Office and PREA Compliance Manager (PCM)/designee for tracking and investigation. The confined person shall be notified of this action.

The facility PREA Compliance Manager reports that the Security Office/PCM/designee shall be responsible for notifying the Shift Commander for any allegations requiring the implementation of checklist procedures as outlined in Section four of this procedure's manual. There have been 55 allegations of sexual abuse/sexual harassment submitted through the grievance process in the last 12 months. Interviews with the PREA Compliance Manager revealed that while the grievance process is not set up for reporting of allegations of sexual abuse and sexual harassment, in the instances such allegations are received through this channel, they are forwarded to the investigator and the Security Office for immediate investigation. The auditor reviewed samples of the rejected grievances forwarded to the Security Office. The facility reviewed complaints during the audit year that were found to not meet the PREA standard definitions in 115.6 for sexual abuse or sexual harassment allegations.

Agency policy DC-ADM 804, Section 1, page 1 states, "The Inmate Grievance System is intended to deal with a wide range of issues, procedures, or events that may be of concern to an inmate. It is not meant to address incidents of an urgent or emergency

nature including allegations of sexual abuse. Any allegation of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual abuse must be addressed through Department policy DC-ADM 008, "Prison Rape Elimination Act (PREA)." When faced with an incident of an urgent or emergency nature, the inmate shall contact the nearest staff member for immediate assistance." The auditor reviewed the handbook, and the grievance system is not listed as an available method of reporting allegations of sexual abuse, sexual assault, or sexual harassment. The auditor conducted 12 interviews with randomly selected staff, and these interviews indicated knowledge of the confined persons not being allowed to submit grievances regarding sexual abuse. The auditor conducted interviews with 25 randomly selected confined persons and several indicated they could submit a grievance to notify the staff of an allegation of sexual abuse. The auditor reviewed rejected grievances indicating allegations of sexual abuse. The auditor confirmed all grievances received will be rejected and forwarded to the facility PREA Investigator.

Conclusion: The Pennsylvania Department of Corrections does not recognize the grievance system as a primary method of reporting for the population. All grievances received relative to sexual abuse will be rejected and forwarded to the facility PREA Investigator for immediate investigation. The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Confined persons are informed of the proper ways to submit allegations in the intake PREA pamphlet, comprehensive education, and handbook. The Auditor determined the facility meets the requirements of this standard as its policy is to reject grievances alleging sexual abuse and sexual harassment and provides other means of reporting.

| 115.53 | Inmate access to outside confidential support services |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.53 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 3. PREA Intake Pamphlet (Spanish/English) |

4. Facility PREA Posters (Spanish/English)

5. 2023 Handbook, page 9

6. DC-ADM 008, Section 15, pages 1-2, Access to Outside Confidential Support Services

7. Letter of Agreement with the Victim Services Center of Montgomery County, Inc., December 6, 2021

8. Letter of Agreement with Pennsylvania Coalition to Advance Respect (PCAR) - 2018

Interviews:

1. 25 Random Confined Persons

2. Nine Confined Persons Who Reported Sexual Abuse

3. Facility Superintendent

4. PREA Compliance Manager

Site Review Observations:

1. Verified all third-party reporting materials, the Victim Services Center of Montgomery County, Inc, and the Pennsylvania Coalition to Advance Respect (PCAR) materials are posted in the living units in both English and Spanish.

2. Verified telephone and mail monitoring notices are posted in the living units in both English and Spanish.

Findings (By Provision):

115.53 (a-c) Agency policy DC-ADM 008, Section 15, pages 1-2 explain the PREA Compliance Manager shall ensure that confined persons are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. During non-working hours, the Shift Commander shall be responsible for ensuring the support services in SCI Phoenix are offered to the alleged victim. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, and/or in writing. The PREA Compliance Manager shall inform confined persons, 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. Each facility shall ensure that if facility phones or public pay phones within the facility are monitored, that the level of monitoring is clearly posted next to the phone. This shall be posted in English and Spanish, and if a CCF

facility monitors re-entrant mail, the level of monitoring must be clearly posted in the facility handbook and re-entrant bulletin boards.

Policy DC-ADM 008, Section 15, pages 1-2 include the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual harassment. SCI Phoenix utilizes Victim Services Center of Montgomery County, Inc., a nonprofit organization providing confidential services to persons through counseling, preventive education, and advocacy. This is accomplished by confined persons writing a letter to access the services and provide notifications.

The Pennsylvania Coalition to Advance Respect (PCAR) is a community-based volunteer program designed to enhance the quality of life for victims of sexual violence and provide survivors of sexual abuse with emotional support. PCAR administers the funds, provides technical assistance and oversight to Victim Services Center of Montgomery County, Inc., and any of the local centers that have agreements with state correctional institutions. SCI Phoenix established a Letter of Agreement with Victim Services Center of Montgomery County, Inc., on December 6, 2021, and the Pennsylvania Coalition to Advance Respect (PCAR) in 2018. The auditor reviewed both documents for clarity and all signatures are current and binding. The Letter of Agreement may be revised at any time by either party, as the terms of the Letter of Agreement do not expire without written notice by both parties. The Victim Services Center of Montgomery County, Inc, program and PCAR information is posted in all living units, near the phones, listed on the website, provided in the handbook, and listed on the initial intake PREA pamphlet provided upon arrival at the facility. The auditor confirmed the facility provides the name and address, at no cost to the confined person and these services are confidential.

The SCI Phoenix does not detain persons solely for civil immigration services. This information was confirmed during the facility Superintendent interview. The 12 random staff interviewed were able to identify the victim advocate program, as an option for confidential support services. A total of 25 random confined person interviews, and interviews of those that have reported sexual assault allegations, indicated knowledge of the victim advocate, identified the address, and the poster. The confined persons reported feeling confident these services would be useful, and the facility provided information on those currently utilizing the services. The PREA Compliance Manager was aware of currently confined persons that utilized the service. The Victim Services Center of Montgomery County, Inc, interview confirmed confined persons at SCI Phoenix have received the services at the facility in the past. Interviews with those that have reported an allegation in the past advised they were offered the PREA pamphlet and have not chosen to use the services.

Conclusion: Based on the review of all evidence supplied by the facility to include agency policy regarding an outside victim advocate for emotional support and services, a policy describing one method for confined persons to report anonymously, a policy regarding confined persons not being detained solely for civil immigration purposes, a policy for staff to privately report, accepting reports in writing, an LOA with the victim advocate program, PCAR, and the handbook, the auditor has determined the facility meets the substantial requirements of this standard. No

further action is required regarding the provisions of this standard.

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.54 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. SCI Phoenix Pre-Audit Questionnaire Responses
2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment
3. Zero-tolerance and third-party reporting poster (English/Spanish)
4. 2023 Confined Person Handbook, page 9

Interviews:

1. PREA Compliance Manager
2. 25 Random Confined Persons
3. One Informal Confined Person

Site Review Observations:

1. Identified the PREA posters in both Spanish/English format indicating the third-party reporting address.
2. Reviewed the agency website for the third-party reporting information.

Findings By Provision:

115.54 (a) The agency has established a procedure to receive third-party reports of sexual abuse and sexual harassment. This is described in agency policy DC-ADM 008,

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| | <p>Section 12, page 4. This information is also published on the agency’s website and the notification process is to write a letter to the third-party reporting agency. There are posters throughout the facility such as: living units, medical, programs, intake, visitation, and reception regarding third-party reporting and the address required to file the complaint. The confined persons are provided an address to contact the Office of State Inspector General, and this information is posted on the PREA intake pamphlet, handbook, PREA video, and signs posted near the phones in the living Units. The 25 random and one informal interview indicated knowledge of the third-party reporting methods and the confined persons advised they felt extremely comfortable reporting all allegations of sexual misconduct.</p> <p>Conclusion: Based on the evidence provided, the auditor was able to determine the facility provides publicly distributed information on how to report sexual abuse or sexual harassment on behalf of the population.</p> |
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| 115.61 | Staff and agency reporting duties |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard 115.61 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 3. DC-121 Allegations of PREA Report Forms 4. 14 Investigative Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Randomly Selected Staff 2. Two Informal Staff 3. Facility Superintendent 4. PREA Compliance Manager |

5. One Medical Staff

6. One Mental Health Staff

Site Review Observations:

1. Reviewed 14 Investigative Files

2. Reviewed 14 Incident Reports

3. Reviewed 14 Allegations of PREA Reports Referred to the PREA Investigator

4. Compared the dates received to the date the investigation began

Findings (By Provision):

115.61 (a-e) Agency policy DC-ADM 008, Section 12, page 1 describes the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against confined persons or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the facility Superintendent and the PREA Compliance Manager. The auditor verified this process during the 12 random staff and one informal staff interview as staff conveyed the directive to notify a supervisor immediately. The staff were able to identify the PREA Investigator and PREA Compliance Manager during the random staff interviews. Policy DC-ADM 008, Section 12, page 1 indicates apart from reporting to designated supervisor or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The auditor interviewed 12 random staff indicating knowledge of this policy and the mandatory reporting requirements.

The SCI Phoenix does not house youthful offenders as confirmed during the census report review. Agency policy DCADM 008, Section 12 states, "If the alleged victim is under the age of 18, the Department shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws as outlined by the Pennsylvania Department of Human Services". The auditor interviewed one medical staff and one mental health worker, and both interviews indicated knowledge regarding mandatory reporting requirements as one medical staff member advised she will always report an allegation to her supervisor and the Shift Commander.

Agency policy DC-ADM 008, Section 12, page 2 explains, reports received by the Sexual Abuse Reporting Address, established for the third-party and anonymous reporting of sexual abuse or sexual harassment to the Office of State Inspector General (OIG), shall be handled as follows: when the OIG receives Prison Rape Elimination Act (PREA)-related complaint correspondence at this address, the letter

shall be scanned and emailed to the Department's PREA Notification email address (CR, DOC PREA Notification) for tracking purposes and dissemination to the appropriate facility, and the PREA Compliance Division (PCD) staff are responsible for monitoring the email box for follow-up and referral purposes. The auditor reviewed DC-121 forms indicating PREA allegations were referred immediately by the OIG. During the on-site review, the auditor reviewed 14 investigative files, 14 incident reports relating to a sexual abuse allegation. The auditor did not find any concerns relating to a delayed investigation. All investigations began either the same day or the next working day.

Conclusion: Based on the evidence provided by the facility, the auditor determined the agency has relevant policies governing the reporting by staff regarding incidents of sexual abuse or sexual harassment, and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to designated investigators. The facility medical staff indicated no limits toward confidentiality regarding the reporting of sexual abuse, sexual assault, or sexual harassment allegations as all staff interviewed confirmed reporting to the Shift Commander immediately. The facility does not house youthful offenders and the agency policy mandates reporting to the designated State and local services for an alleged victim under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute. The auditor reviewed samples of the reports provided by investigators and determined all investigations began immediately. The facility meets the provision requirements of this standard and no further action is required.

| 115.62 | Agency protection duties |
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| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Standard 115.62 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 1, page 4, Sexual Abuse/Sexual Harassment Prevention and Responsibilities 3. DC-ADM 008, Section 14, page 4, Responding to Reports of Sexual Abuse 4. PREA Allegations and Bed Moves Reports |

Interviews:

1. Agency Head
2. Facility Superintendent
3. 12 Random Staff
4. Confined Persons in Segregation for High Risk of Sexual Abuse

Site Review Observations:

1. File reviews to determine elevated risk for sexual victimization
2. Reviewed PREA Allegations and Bed Moves Reports

Findings (By Provision):

115.62 (a) Agency policy DC-ADM 008, Section 1, page 4 ensures that when Department staff learn that a confined person is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect that confined person. Alleged victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the alleged victim. The facility Superintendent indicated segregation may be ordered immediately to protect the confined person or others, but the action must be reviewed within 24 hours by the housing committee.

The Agency Head interview determined the agency takes all allegations seriously and any person subject to imminent sexual abuse will receive immediate action. The facility reported no incidents in the past 12 months that determined a confined person was subject to a substantial risk of imminent sexual abuse. The auditor reviewed PREA Allegation and Bed Move reports indicating housing unit changes performed immediately upon notification of sexual abuse allegations. The classification files revealed no confined persons were being housed in segregation for high-risk of sexual victimization during the on-site review. The informal staff interview indicated the housing would be for less than 24 hours. No program activities would be interrupted due to this housing assignment. The auditor informally interviewed confined persons and they indicated satisfaction regarding their housing placement and did not convey any sexual safety concerns. The auditor confirmed the confined persons being housed in segregation was due to behavior concerns and not due to the sexual safety.

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| | <p>Conclusion: The auditor determined the agency has a policy governing the facilities protection duties when confined persons are subject to a substantial risk of imminent sexual abuse. The auditor reviewed relevant documentation related to the determination of substantial risks and the agency's response. This includes medical requirements, investigator requirements, and the relevant views of the facility leadership toward compliance. Based on the review of all evidence provided the facility meets the provision of this standard and no further action is required.</p> |
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| 115.63 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard 115.63 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, page 5-6, Reporting Sexual Abuse and Sexual Harassment 3. Notification of Sexual Abuse Allegation to Another Facility Form 4. Reviewed one case file for notification to another facility 5. Reviewed one case file for notification received from another facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Facility Superintendent 3. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed one case file including the case history, email notifications from facility |

heads, Notification of Abuse Allegation Forms, and investigation report. Reported to another facility.

2. Reviewed one case file including the case history, email notifications from facility heads, Notification of Abuse Allegation Forms, and investigation report. Received from another facility.

Findings (By Provision):

115.63 (a-d) Agency policy DC-ADM 008, Section 12, pages 5-6 indicate upon receiving an allegation that a confined person was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility Superintendent indicated they would personally contact the Superintendent at the facility where the abuse occurred and would expect the other agency to return the same courtesy. The Superintendent explained, "All allegations are taken seriously and treated with an immediate response".

The agency policy DC-ADM 008, Section 12, pages 5-6 indicate the documented notification will occur within 72 hours and must be documented in the PREA Tracking System (PTS). SCI Phoenix has reported two allegations of sexual abuse to other facilities in the past 12 months. SCI Phoenix has received eight allegations of sexual abuse from other facilities in the past 12 months. The auditor received the PTS number and confirmed the investigative actions. The auditor reviewed email notifications for compliance regarding previously reported incidents and the notification was provided within the mandated 72-hour timeframe to the facility head and documented in an incident report.

The agency head advised all notifications to be received by the agency PREA Coordinator and the Facility Head. The auditor reviewed one case file of allegations reported to another facility. The case file included the following documents: the case history, email notifications from facility heads, Notification of Abuse Allegations Form, and the investigative report. The Pre-Audit questionnaire indicated eight allegations were reported to the facility in the past 12 months. All documents indicated notification between the facility Superintendents within 72 hours. The PREA Compliance Manager interview advised the confined person was taken to medical, offered medical and mental health assistance, offered rape crisis counseling, and followed for retaliation monitoring, The Psychology department conducted an interview with them and then counseling staff follows them for 90 days. All this information is then forwarded to the facility where the allegation occurred.

Conclusion: The facility has a policy to ensure reporting of allegations of sexual abuse of persons while confined at another facility. The agency policy requires all allegations of sexual abuse received from another facility to be investigated immediately. All investigations and notifications are documented and referred to the investigator within 72 hours of the receipt of the allegation. The auditor reviewed the documentation of allegations that a confined person was abused while in confinement, documentation that the notifications occurred within 72 hours, and the

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| | documentation of the notification from each agency head or appropriate staff person. Based on the evidence provided the facility meets the provisions required within this standard and no further action is required. |
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| 115.64 | Staff first responder duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard 115.64 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Emergency Response Cards 3. DC-ADM 008, Section 14, Responding to Reports of Sexual Abuse 4. Initial Response Checklist - Alleged Victim 5. Initial Response Checklist - Alleged Abuser <p>Interviews:</p> <ol style="list-style-type: none"> 1. One Non-Security Staff First Responder 2. One Security Staff First Responder 3. Nine Confined Persons Who Reported Sexual Abuse 4. 12 Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the Initial Response Checklist for the victim and the abuser 2. Reviewed the Emergency Response Card being utilized by the staff |

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| | <p>Findings (By Provision):</p> <p>115.64 (a-b) Agency policy DC-ADM 008, Section 14, page 2 describes the staff first responder duties. The policy indicates the staff responsibilities for security and non-security employees. The directives for the security staff include the following four step action plan: separate the alleged victim and abuser, preserve, and protect the scene, collect the evidence if time is allotted, and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking, or eating. If the first responder is a non-security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a security staff member immediately. The auditor interviewed confined persons who reported an allegation of sexual abuse, and all interviews indicated a feeling that the staff respected the incident and kept them safe from their abuser.</p> <p>The facility reported 63 allegations of sexual abuse within the past 12 months, five cases reported to security staff that involved the separation of the victim and the abuser, and no cases were reported to a non-security staff member. The facility reported five cases that allowed for the collection of physical evidence to be collected during the SANE evaluation at the hospital. The interview with the PREA Compliance Manager confirmed the alleged victim was told to not make attempts to destroy the physical evidence. The auditor concluded staff knowledge regarding these actions throughout the facility as the auditor interviewed one security staff designated as a first responder, and one non-security staff. The common response was to notify a supervisor immediately and follow the four-step action plan. The action plan was also noted in the staff training curriculum and verified during the Superintendent interview. The auditor interviewed 12 random staff members, and all 12 were able to convey the action plan steps required within the policy to provide an immediate response. The staff also carry emergency response cards that indicate the four-step action plan. The auditor observed the staff carrying these cards throughout the on-site review. The auditor reviewed one Initial Response Checklist for the alleged victim and one Initial Response Checklist for the alleged abuser that included the 4-step action plan.</p> <p>Conclusion: The agency has a policy governing the staff first responder duties to include a security and non-security staff response. The policy mandates the four-step action plan previously mentioned within the body of the narrative. The auditor reviewed documentation and interviews indicating full compliance with this standard. No further action is required by the facility as they have met compliance.</p> |
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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.65 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. SCI Phoenix Pre-Audit Questionnaire Responses
2. Agency Policy DC-ADM 008, Section 14, page 1, Responding to Reports of Sexual Abuse
3. DC- ADM 008, Local Policy, SCI Phoenix 001

Interviews:

1. Facility Superintendent
2. PREA Coordinator
3. 12 Random Staff
4. Two Informal Staff

Site Review Observations:

1. Reviewed the First Responder Duty Cards
2. Reviewed the facility response plan

Findings (By Provision):

115.65 (a) SCI Phoenix has a written plan to coordinate actions for all staff during reported allegations of sexual abuse, sexual assault, and sexual harassment. The action plan describes the procedures for the following participants: support staff, security staff, shift commanders, first responder duties security and non-security, medical and mental health practitioners, investigators, and facility leadership. The facility plan is documented, provides detailed actions for providers, and the staff were able to convey their specific duties during the 12 random and two informal staff interviews. The facility Superintendent and the PREA Coordinator interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.

Conclusion: The SCI Phoenix has a facility institutional response plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders,

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| | <p>medical and mental health practitioners, investigators, and facility leadership. This response plan is separate from the agency response plan, and it is more locally individualized to meet the specific needs of the facility. The auditor reviewed documents and conducted staff interviews to measure the effectiveness of the written plan. Based on the evidence provided by the facility, compliance was indicated, and no further action is required.</p> |
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| <p>115.66</p> | <p>Preservation of ability to protect inmates from contact with abusers</p> |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Standard 115.66</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Policy - 4.1.1 Human Resources and Labor Relations, Section 5 pg. 1-3 3. Memorandum from Secretary of Corrections 4. Pennsylvania Doctors Alliance Agreement 5. American Federation of State, County and Municipal Employees Agreement 6. Correctional Institution Vocational Education Association, Pennsylvania State Education 7. Association, National Education Association Agreement 8. Federation of State Cultural and Educational Professionals Agreement 9. Pennsylvania State Corrections Officers Association Agreement 10. OPEIU Healthcare Pennsylvania Memorandum of Understanding 11. SEIU Agreement 12. Service Employees International Union Healthcare Pennsylvania, CTW, CLC Agreement |

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| | <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. Agency Head <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed a memo provided by the PREA Compliance Manager discussing evidence supported by a previous audit. <p>Findings (By Provision):</p> <p>115.66 (a) The Pennsylvania Department of Corrections has not entered into any agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In deciding to suspend an employee pending investigation, the Department must be able to demonstrate that the “nature of the allegations” is such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offenses. The FLSA regulations, for exempt employees, permit suspensions of less than a full work week for violations of written workplace policies applicable to all employees. This provision applies to applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law. Discipline for these infractions should be consistent with Section 6 of this procedure’s manual.</p> <p>Conclusion: The auditor reviewed the evidence provided by the facility and found no evidence to deny satisfactory compliance toward this standard. These documents do not limit the agency's ability to remove alleged staff sexual abusers from the contact with any confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility Superintendent interview confirmed this process, and the Agency Head interview indicated disciplinary action will be followed by notification to the Pennsylvania State Police for criminal acts and certifying bodies for certification review.</p> |
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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.67 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. SCI Phoenix Pre-Audit Questionnaire Responses
2. Retaliation Monitoring Form
3. DC-ADM 008, Section 13, pages 1-2, Protection Against Retaliation

Interviews:

1. Agency Head
2. Facility Superintendent
3. One Staff Member Assigned to Monitor Retaliation
4. Nine Confined Persons who Reported Sexual Abuse
5. Confined Persons with High Risk of Sexual Victimization
6. 12 Random Staff
7. 25 Random Confined Persons
8. PREA Compliance Manager

Site Review Observations:

1. Reviewed for email transcripts from the facility Superintendent to the compliance monitor extending the 90-day review.
2. Reviewed 14 Investigative files for retaliation monitoring documents.

Findings (By Provision):

115.67 (a-e) The agency has established a policy to protect all confined persons and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation, and this is described in agency policy DC ADM 008, Section 13. The Department shall protect all confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual

abuse or sexual harassment investigations from retaliation by other confined persons or staff.

Department policy states:

1. Any individual, who seeks to deter an inmate or other individual from reporting sexual abuse or sexual harassment, or who in any manner, harasses or intimidates any person who reports the alleged contact is subject to discipline.
2. Staff that require retaliation monitoring due to report of sexual abuse or sexual harassment, or because of an expressed fear of retaliation due to cooperation with an investigation of inmate sexual abuse or sexual harassment shall meet with: a. the Deputy Superintendent for Centralized Services (DSCS) in State Correctional Institutions (SCIs); b. the Facility Director in Community Corrections Centers (CCCs); and c. the District Director/Deputy District Director in Pennsylvania Board of Probation and Parole (PBPP) offices/sub-offices.

The facility PREA Compliance Manager and unit counselors are the designated staff members charged with monitoring retaliation. These positions are provided the necessary support by the Superintendent. The interview process with the facility Superintendent indicated an active role toward retaliation monitoring is an ongoing process. The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for confined persons both victims and abusers, removal of staff through termination, emotional support services, monitoring the confined person and staff performance evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and the confined persons are provided with materials to assist the communication process. Literature is posted in the handbook, posters, and methods of reporting retaliation described in the daily PREA video.

The Superintendent indicated additional reviews may be considered once the 90-day review has concluded. Random interviews with 12 staff members and 25 random confined persons indicated no cause for concern with retaliation. The auditor interviewed the PREA Compliance Manager, those that previously reported sexual abuse, and no interviews indicated retaliation concerns. The facility reported allegations of retaliation were reported in the past 12 months, and the classification files documented the 90-day reviews. The auditor reviewed the Retaliation Monitoring Form and determined an evaluation is conducted on the following days: within 96 hours, within 15 days, within 30 days, within 60 days, and within 90 days. All reviews indicated no concerns regarding retaliation.

Conclusion: The Pennsylvania Department of Corrections has an agency policy protecting all confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. This extends from retaliation from confined persons or staff and includes the monitoring of persons and staff following a report, and the agency response to the suspected retaliation. The auditor reviewed documentation and interviews to support these findings and the auditor finds the facility has met the provisions of this standard with compliance. No further action is required.

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.68 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. DC-ADM 802, Section 2, Administrative Hearing 3. DC-ADM 008, Section 5, page 1, Sexual Abuse/Sexual Harassment Prevention - Protective Custody <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. Staff Supervising Segregated Housing 3. Confined Persons in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed records and documentation of housing assignments of those who alleged to have suffered sexual abuse. 2. Documentation of in-cell and out- of-cell programs, privileges, education, and work opportunities for those in segregated housing. 3. Reviewed if the facility restricts access to programs, privileges, education, or work opportunities. 4. Reviewed records for length of placement in segregated housing for those who alleged to have suffered sexual abuse. 5. Reviewed records indicating confined persons are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days. 6. Reviewed Case files for those who alleged to have suffered sexual abuse held in |

involuntary segregated housing in the past 12 months.

Findings (By Provision):

115.68 (a) Policy DC-ADM 008, Section 5, page 1 clearly defines the information within this standard. Confined persons at high-risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The confined person will not be held for more than 24 hours to complete the assessment. Adherence to the guidelines set forth in Section 1, Subsection A. of this procedures manual shall occur when confined persons at a high-risk for sexual victimization or confined persons who have alleged sexual abuse are involuntarily placed into Protective Custody (PC) after a determination has been made that no other available alternative means of separation exist from abusers. An administrative hearing shall be conducted as outlined below.

1. The hearing shall be conducted by the Program Review Committee (PRC). When an inmate is placed into involuntary Administrative Custody (AC) due to high-risk for sexual victimization or after suffering sexual abuse, the hearing shall take place within 24 hours of placement or the next business day.

2. The reason(s) for the inmate's AC confinement must be explained to the inmate in writing and the inmate must be provided with the DC-141, Part 1, Other Report.

3. When an inmate is placed into involuntary AC due to high-risk for sexual victimization or after suffering sexual abuse, the DC-141, Part 1, must articulate: a. the basis for the staff member's concern for the inmate's safety. b. the other alternative means of separation that were explored, and c. the reason no alternative means of separation can be arranged.

This policy was confirmed during the interview with the facility Superintendent. This policy allows for programming, privileges, education, and work opportunities to the extent possible. This auditor reviewed the segregated housing records and spoke with the staff that supervise confined persons in segregated housing. The facility reported no persons in the past 12 months were identified to be housed in segregated housing involuntarily. The initial review would be conducted within 24 hours. Confined persons would be reassigned to the general population. The facility documents the privileges such as recreation, education, and programming. The confined person may not be authorized work opportunities due to keep separate concerns and this would be documented on the segregation forms. The auditor interviewed confined persons in the restrictive housing unit and determined no concerns with housing considerations. The auditor determined no confined persons were housed in segregation due to high-risk of sexual victimization as the confined persons in restrictive housing were charged with behavior concerns and not concerns for their sexual safety.

Conclusion: The agency has a policy governing the use of segregated housing to protect a confined person who is alleged to have suffered sexual abuse. The auditor reviewed the facility evidence provided, interviews, and on-site compliance

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| | <p>determinations. Based on the evidence provided the facility demonstrates compliance with all provisions within this standard. No further action is required.</p> |
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| 115.71 Criminal and administrative agency investigations | |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard 115.71 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Confined Persons who Reported Sexual Abuse 3. Facility Superintendent 4. PREA Coordinator 5. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports |

Findings (By Provision):

115.71 (a-l) The Pennsylvania State Police conducts all criminal investigations regarding allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment for the Pennsylvania Department of Corrections as required in the agency policy. The Bureau of Investigation and Intelligence will investigate sexual abuse allegations of staff-on-confined persons typically uncovered during investigations into other forms of unauthorized activity. This information was confirmed during the investigator interview. Agency policy requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment.

The facility reported a total of 143 investigations conducted in the past 12 months. The facility reported 63 allegations of sexual abuse and 80 allegations of sexual harassment. The auditor reviewed 14 investigative reports to include reports from the third-party allegations and 92 cases are still active, 51 cases are closed, seven unfounded, 42 unsubstantiated, and two substantiated allegations of sexual abuse or sexual harassment were reported. No cases remain pending with the Pennsylvania State Police for prosecution referral.

Agency policy requires the facility to use investigators who have received specialized training in sexual abuse investigations. This training includes interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Pennsylvania State Police will prepare compelled interviews and communicate all activities with the County Prosecutor. The compelled interviews would be conducted while moving forward throughout the investigative process and truth telling devices, such as a polygraph, would not be utilized strictly to continue the investigation.

The Pennsylvania State Police authorizes investigators to support the SCI Phoenix and the PDOC. The auditor verified investigators have received the specialized PREA investigator training. All investigative records reviewed by the auditor were conducted by trained investigators. The facility spreadsheet used to track the investigations listed the PREA trained investigator as the investigator in administrative investigations. The auditor confirmed the investigator has received the specialized PREA training. The shift supervisors gather the information and the certified PREA investigator conducted all investigations and support was provided by staff interviews, reviewing investigative records, email notifications, and revised spreadsheets. The shift supervisors gathered personal data, secured the scene, and performed first responder duties. The agency performed a joint training session with all agency investigators in September 2021, updated the online training with 12 new power points, and implemented a new checklist for investigation reports.

The Pennsylvania State Police will review the evidence provided throughout the investigation to determine if the case will be deemed criminal or administrative. A criminal case will be consulted with the local prosecutor and the administrative case

will be directed back to the facility Superintendent for administrative action. The Superintendent will consult with the investigator to determine if staff actions or failures to act contributed to the incident. All cases will be reviewed, and determinations made based on the following: written reports, physical and testimonial evidence, credibility assessments, and the investigative facts and findings. All investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter. Agency policy explains the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating the investigation. All parties will cooperate with the investigation and outside licensing bodies will be notified. This was confirmed during the investigator and Superintendent interviews. The auditor noted a documented credibility assessment within the 14 investigative reports reviewed. This was supported by the review conducted on the management level by the regional supervisor. In addition, agency policy states the BII has 30 days to review the results of the investigation and notify the facility. The auditor noted during the onsite review a discrepancy with the BII returning the investigations to the facility within the 30-day period. The auditor spoke with the Superintendent during the onsite review regarding this observation.

Conclusion: The Pennsylvania Department of Corrections has an agency policy related to the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. The auditor reviewed all evidence provided, reviewed case files, conducted interviews, and reviewed a sample of the retained investigations; the auditor finds SCI Phoenix meets the provisions of this standard with compliance.

| 115.72 | Evidentiary standard for administrative investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.72 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records |

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| | <p>5. Sample of Cases Referred for Prosecution</p> <p>Interviews:</p> <p>1. Investigative Staff</p> <p>Site Review Observations:</p> <p>1. Reviewed Case Files</p> <p>2. Reviewed Investigative Reports</p> <p>Findings (By Provision):</p> <p>115.72 (a) Agency policy requires the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the facility PREA investigator revealed the facility standard is preponderance of the evidence. This evidence was verified through monitoring the results of 14 total investigations conducted.</p> <p>The facility reported a total of 143 investigations conducted in the past 12 months. The facility reported 63 allegations of sexual abuse and 80 allegations of sexual harassment. The auditor reviewed 14 investigative reports to include reports from the third-party allegations and 92 cases are still active, 51 cases are closed, seven unfounded, 42 unsubstantiated, and two substantiated allegations of sexual abuse or sexual harassment were reported. No cases remain pending with the Pennsylvania State Police for prosecution referral.</p> <p>The agency policy states, in administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Conclusion: The agency has a policy imposing a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment is substantiated. Based on the evidence provided, the auditor has determined compliance with the provisions of this standard. No further action is required.</p> |
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| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.73 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. SCI Phoenix Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Confined Person Notification

Interviews:

1. Investigative Staff
2. Facility Superintendent
3. Confined Persons who Reported Sexual Abuse

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Notifications

Findings (By Provision):

115.73 (a-e) Agency policy requires, following an investigation into a confined person's allegation of sexual abuse, the agency must inform the confined person as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed a documented investigation and written notification to the confined person was provided as an unfounded complaint.

The facility reported a total of 143 investigations conducted in the past 12 months. The facility reported 63 allegations of sexual abuse and 80 allegations of sexual

harassment. The auditor reviewed 14 investigative reports to include reports from the third-party allegations and 92 cases are still active, 51 cases are closed, seven unfounded, 42 unsubstantiated, and two substantiated allegations of sexual abuse or sexual harassment were reported. No cases remain pending with the Pennsylvania State Police for prosecution referral.

The agency policy states, in administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated. Agency policy requires if the allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate whenever the staff member is no longer posted in the inmate's unit, no longer employed at the facility, indicted on a charge, or have been convicted on a charge related to sexual abuse. The policy reflects that these steps are not required if the results of the allegation are unfounded. The facility reported two substantiated allegations of sexual abuse/sexual harassment documented within the last 12 months. The auditor reviewed documentation indicating all notices were provided to the alleged victims of closed cases.

Agency policy requires when the allegation is the result of sexual abuse by another confined person, the facility must notify the victim when the agency learns that the alleged abuser has been indicted on a charge, or convicted on a charge, and these steps are not required if the result of the allegation is unfounded. The facility Superintendent and the PREA investigator confirmed this communication process during the on-site review. The PREA Coordinator indicated knowledge of this occurring throughout the investigative process. This auditor reviewed documentation of this notification process occurring during the on-site review.

Conclusion: The agency has a policy requiring that any confined person who makes an allegation of suffering sexual abuse in an agency or facility is informed, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the evidence provided, the SCI Phoenix meets the provisions of this standard with compliance and no further action is required.

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Standard 115.76 Analysis |
| | The following evidence was analyzed in making compliance determinations: |

Documents:

1. SCI Phoenix Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies
8. DC-ADM 008, Section 17, Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation
9. 4.1.1 Human Resource and Labor Relations Bulletin (Effective 02-17-15)

Interviews:

1. Facility Superintendent
2. Human Resources Staff

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Notifications
4. Reviewed the MOU between the PSP and the PDOC

Findings (By Provision):

115.76 (a-d) The presumptive disciplinary sanction for staff who has engaged in sexual abuse at the SCI Phoenix is termination and this is explained in agency policy. This policy was confirmed by the facility Superintendent during the interview process. Staff shall be subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies. The disciplinary

action is commensurate with the acts committed; staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The auditor reviewed documentation in attempts to determine if other staff actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused a confined person. One finding of this nature was reported within the 14 investigative reports reviewed. The facility reported one incident in the past 12 months for staff who has been disciplined for and the auditor searched for samples of staff terminated for violation of the agency sexual abuse or sexual harassment policies. The auditor reviewed the disciplinary action of staff with the facility Superintendent and the sanction imposed for violation of sexual abuse or sexual harassment was termination. The facility reported no staff substantiated allegations of sexual harassment. The auditor verified the staff member was not eligible for rehire. The allegation did not involve sexual penetration and the case was reported to the PSP without further investigation as they declined to pursue the allegations.

The facility Superintendent confirmed all incidents of abuse will be referred to law enforcement for prosecution and notifying the applicable licensing board such as the Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. Agency policy 4.1.1 Human Resource and Labor Relations Bulletin effective February 17, 2015, requires this standard. The Pennsylvania State Police conducts all criminal investigations, and the auditor reviewed the Memorandum of Understanding provided by the facility. The Pennsylvania Department of Corrections has a system in place to monitor hiring practices and reference checks during formal background checks.

Conclusion: The Pennsylvania Department of Corrections has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. The auditor reviewed the agency policy and determined the facility requires no further action as the presumptive expectation of disciplinary action is termination when there are substantiated violations of sexual abuse allegations. The facility provided documentation supporting this practice and no further action is required for compliance.

| 115.77 | Corrective action for contractors and volunteers |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Standard 115.77 Analysis |

The following evidence was analyzed in making compliance determinations:

Documents:

1. SCI Phoenix Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies
8. DC-ADM 008, Section 17, Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation
9. 4.1.1 Human Resource and Labor Relations Bulletin (Effective 02-17-15)

Interviews:

1. Facility Superintendent
2. Contract Staff - Medical
3. One Religious Volunteer

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Notifications
4. Reviewed the MOU between the PSP and the PDOC

Findings (By Provision):

115.77 (a-b) Agency policy requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with confined persons and shall be

reported to law enforcement agencies. This procedure is not enforced if the activity is clearly not criminal, or the allegation is unfounded. Notifications will also be made to relevant licensing bodies and the facility shall take appropriate remedial measures to determine further contact with confined persons in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment. This was confirmed during the facility Superintendent interview and informal interviews with the command staff.

The auditor reviewed documentation in attempts to determine if other volunteer or contractor actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused a confined person. No findings of this nature were reported within the 14 investigative reports reviewed.

Conclusion: The Pennsylvania Department of Corrections has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the review of evidence provided by the facility, the auditor has determined the SCI Phoenix meets the provisions required within this standard. No further action is required, and the presumptive expectation of disciplinary action is termination.

| 115.78 | Disciplinary sanctions for inmates |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.78 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution |

6. Investigation Summary with Notification

7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies

8. DC-ADM 008, Section 17, Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation

9. 4.1.1 Human Resource and Labor Relations Bulletin (Effective 02-17-15)

10. Classification Files

11. Disciplinary Files

12. Medical Files

Interviews:

1. Facility Superintendent

2. One Medical Staff

3. One Mental Health Staff

Site Review Observations:

1. Reviewed Case Files

2. Reviewed Investigative Reports

3. Reviewed Notifications

4. Reviewed the MOU between the PSP and the PDOC

Findings (By Provision):

115.78 (a-g) Agency policy states confined persons shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the confined person engaged in sexual abuse or following a criminal finding of guilt for sexual abuse. The facility reported no administrative findings of sexual abuse or criminal findings in the past 12 months. There were no substantiated confined person abuse allegations reported by the facility in the past 12 months. This was confirmed by the facility Superintendent, one Mental Health staff, one medical staff member, and medical files were reviewed. The Mental Health staff indicated screenings to address or correct the underlying reasons or motivations for abuse. The facility utilizes medical staff for assistance and for counseling services. No substantiated allegations were referred to law enforcement and no criminal charges

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| | <p>were filed. The auditor reviewed the investigative files and determined no concerns were associated with the findings. The medical file was reviewed, and the offenders were currently participating in the sex offender program with the facility.</p> <p>Agency policy explains the facility may discipline a confined person for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish enough evidence to substantiate the allegation. The facility prohibits all sexual activity between confined persons and may be disciplined for such activity.</p> <p>Conclusion: The agency has a policy which states confined persons are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the confined person engaged in sexual abuse. The auditor reviewed all records and findings associated with the provisions of this standard and no further action is required. The SCI Phoenix meets the compliance required within this standard.</p> |
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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.81 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Medical Files 3. Policy - DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1 4. Classification Records 5. Mental Health Confidential Disclosure Statement 6. Medical and Mental Health Records |

Interviews:

1. Facility Superintendent
2. One Medical Staff
3. One Mental Health Staff
4. Confined Person Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.81 (a-e) The auditor reviewed randomly selected electronic medical files and reviewed the facility policy regarding confined persons experiencing prior victimization and abusiveness. Agency policy provides this information and verifies staff shall ensure that the confined person is offered a follow-up meeting with a mental health practitioner within 14 days of the intake process. This was also confirmed during the interview with the Mental Health staff. Agency policy DC-ADM 008 indicates that "If the screening pursuant to PREA standard 115.41 indicates that a prison or jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening or sooner, if clinically indicated". This information is documented in the medical incident injury report, as well as the DC-121. Interviews with one confined person who disclosed sexual victimization during a PREA Risk Assessment Tool (PRAT), and review of corresponding documentation is consistent with the policy requirement and adhere to this standard. The auditor interviewed a confined person that reported prior sexual victimization during the risk screening and the person confirmed being offered a follow up referral with mental health. The confined person advised this was conducted within a few days and the inspection of the medical file indicated 2 days.

The auditor did not identify any concerns with the tracking mechanism presented by the medical staff regarding the 14-day reviews. The staff member from intake will generate the referral request based on the information received during the risk screening (PRAT). The medical staff and authorized staff are provided with a username and password to access the medical records. This information is strictly for treatment plans, housing decisions, bed assignments, signed by confined persons to provide consent for professional health care services and to receive instructions regarding access to medical, dental, and mental health care. Interviews with medical and mental health staff revealed that a consent form is signed by the confined persons regarding the limits to confidentiality.

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| | <p>Conclusion: The Pennsylvania Department of Corrections has a policy governing the facility response to medical and mental health services in correlation with the review of the risk assessment screenings. The policy stresses confidentiality within the medical environment and manages the immediate health needs, security risks, and the determination for further treatment. A review of all evidence provided by the facility indicates compliance with the provisions of this standard. No further action is required.</p> |
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| 115.82 | Access to emergency medical and mental health services |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard 115.82 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Medical Files 3. Policy - DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1 4. Classification Records 5. Mental Health Confidential Disclosure Statement 6. Medical and Mental Health Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. One Medical Staff 3. One Mental Health Staff 4. Confined Persons Reporting Prior Sexual Victimization <p>Site Review Observations:</p> |

1. Reviewed files and records logs

Findings (By Provision):

115.82 (a-d) Agency policy requires victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility offers 24-hour medical care and 24-hour crisis intervention services. The facility provides offsite emergency room care and utilizes the Abington Memorial Hospital for SAFE/SANE exams. Victim Services Center of Montgomery County Inc. provides 24-hour counseling and crisis intervention services, and the facility supports its own crisis stabilization and transitional care units. The Abington Memorial Hospital performs all sexual assault examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE provides the notification to the Victim Services Center of Montgomery County for onsite advocacy during the exam. The volunteers will be notified to provide crisis intervention services and advocacy. The facility reported five incidents of sexual abuse requiring a SANE exam within the past 12 months. The facility confirmed a victim advocate provider was utilized throughout the process of the exam. The staff indicated the level of care at the SCI Phoenix is consistent with the level of care demonstrated within the community. The auditor was able to speak with the SANE staff and confirmed on-site exams were conducted with the presence of a volunteer advocate. The auditor reviewed the LOA for the victim advocate and the LOA with the hospital. The facility has been successful in entering into an agreement with the hospital as they do enter into those agreements with facilities. They agree to provide regular services upon request as the same within the community.

This auditor reviewed the handbook provided by the facility to ensure compliance. The treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident. This was confirmed by the Health Services Administrator and no concerns were present during the informal interviews. The auditor interviewed confined persons who have reported sexual abuse, and they did not indicate any concerns within this standard. The interview with the victim advocate volunteer provided insight into the relationship with the provider and the facility. The PREA Coordinator confirmed a new grant project is being developed to document and study the cultural impact of PREA within all the facilities.

Conclusion: Based on the auditor's review of the evidence provided by the facility to include policies regarding access to treatment services, samples of secondary materials relating to forms, logs, and immediate notification documents, SCI Phoenix is fully compliant with this standard. No further action is required.

115.83

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.83 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. SCI Phoenix Pre-Audit Questionnaire Responses
2. Medical Files
3. Policy - DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records

Interviews:

1. Facility Superintendent
2. One Medical Staff
3. One Mental Health Staff
4. Confined Person Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.83 (a-h) The facility Mental Health Director indicated the facility offers medical and mental health evaluation and treatment to all confined persons who have been victimized by sexual abuse. The Mental Health Director explained the evaluation and treatment plans are consistent with the level of care demonstrated within the community. At times, the confined person may qualify for additional services due to

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| | <p>their status. The treatment plans may consist of referrals for continued care, medications, transfers to other facilities, or accommodations upon release.</p> <p>SCI Phoenix does not house female confined persons and no female persons were observed during the on-site review. This was confirmed during the population analysis. Agency policy explains victims will be offered tests for sexually transmitted infections and all treatment services will be provided at no cost to the victim. The Victim Services Center of Montgomery County, Inc. will also provide outside emotional support services and their volunteers are supportive of the facility programs. This information was confirmed during the Health Services interview and the informal staff interviews. The informal confined person interviews expressed knowledge regarding the free medical, mental health, and emotional support services offered at the facility. The Victim Services Center of Montgomery County, Inc. information was posted near every phone in the living units. Several random confined person interviews confirmed knowledge of this service. The Mental Health Director confirmed the 60-day mental health assessments are conducted for abusers. The auditor reviewed documents for two confined persons experiencing this process.</p> <p>Conclusion: Based on the auditor's review of the following evidence provided by the facility: policy governing ongoing medical and mental health care for sexual abuse victims and abusers, medical records indicating timely access to treatment plans, referrals, and sexually transmitted infections testing as medically appropriate. The auditor determined the facility was found in compliance with the provisions of this standard and the level of care is consistent with the level of care within the community. No further action is required.</p> |
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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.86 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Policy - DC-ADM 008 Prison Rape Elimination Act |

Interviews:

1. Facility Superintendent
2. PREA Coordinator
3. Incident Review Team Member

Site Review Observations:

1. Discussed the Incident Review Team Process

Findings (By Provision):

115.86 (a-e) Agency policy mandates the facility to conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30 days of the conclusion of the investigation. This process was confirmed by the Superintendent and PREA Compliance Manager interviews.

The incident review team consists of the following: Superintendent, Command Staff, Classification Supervisor, and the team receives input from line supervisors, investigators, and medical and mental health staff. The facility presents a report of its findings from the sexual abuse incident reviews and makes a final recommendation for improvement or documents the reasons for not performing improvements. The criteria included within the reviews consists of the following: policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and confined persons, appropriate supervision, notifications, and operational considerations. The auditor reviewed five incident review documents and noted the information was provided within the form. The Superintendent confirmed review of 19 reported facility incident reviews during this audit cycle. There are a total of 37 sexual abuse investigations that remain pending review by the BII. The auditor spoke with the command staff regarding the policy requirement of BII reviews must be completed within 30 days. The facility reported 21 investigations have been completed by BII during the post audit review period.

Conclusion: The auditor determined the facility met this standard with compliance based on the review of the following documentation: policies on conducting sexual abuse incident reviews, sample documentation or completed investigations, documentation of review team minutes, and recommended findings. No further action is required.

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| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Audited at Agency Level |
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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.401 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Phoenix Pre-Audit Questionnaire Responses 2. Policy - DC-ADM 008 Prison Rape Elimination Act 3. PREA Audit Notice Verification 4. Postal Communications from Confined Persons <p>Interviews:</p> |

1. Facility Superintendent
2. PREA Coordinator
3. Confined Person Providing Correspondence

Site Review Observations:

1. Reviewed the Agency Website and Facility Data

Findings (By Provision):

115.401(a-n) The SCI Phoenix was not in operation during the first cycle PREA audit. The facility was put into operation on July 9, 2018. The first facility audit did not occur until the second cycle on August 4, 2019.

The SCI Phoenix conducted its second cycle PREA audit on August 4, 2019, and the facility was found in compliance on 45 standards, no standards exceeded expectation, 45 were evaluated with a meet's determination, and no standards were documented as not applicable. This data was confirmed by the facility PREA Compliance Manager during the on-site review.

The SCI Phoenix conducted its third cycle PREA audit on December 15, 2021, and the facility was found in compliance on 45 standards. Two standards were found to exceed the requirements (115.11, and 115.16), 43 standards were found to meet the requirements, and no standards were found to be does not meet or not applicable. This data was confirmed by the facility PREA Compliance Manager during the on-site review.

The auditor was authorized complete access to the entire facility and provided this access during the on-site review. No restrictions were placed on the auditor during the Pre-Audit, onsite review, and post audit phases. The auditor received all documents requested and was provided electronic viewing upon request. The on-site review provided the auditor the opportunity to conduct private interviews with confined persons, staff, and contractors without limitations. The facility PREA Compliance Manager provided photographic evidence regarding the posting of the PREA Audit Notification in all living units on August 29, 2023. This posting provided the confined persons and staff a name and mailing address for the auditor. The auditor confirmed this posting during the on-site review as staff and confined person interviews validated the posting at least six weeks prior to the on-site review. The auditor received nine postal communications from a confined person at SCI Phoenix and no correspondence from staff. The interviews with staff and confined persons indicated knowledge of the posting and the address to write to the auditor.

Conclusion: The auditor has determined based on the evidence provided by the facility and review of the facility website; SCI Phoenix meets compliance with the provisions of the standard. No additional action is required.

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| Appendix: Provision Findings | | |
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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | 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 |
| | 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 |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | 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 |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional | yes |

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| | practices? | |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |

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| | 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 |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |
| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |

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| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | na |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | na |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | na |
| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or | yes |

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| | genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? | yes |

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| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |

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| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |
| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to | yes |

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| | consent or refuse? | |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) Hiring and promotion decisions | | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |
| 115.17 (c) Hiring and promotion decisions | | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) Hiring and promotion decisions | | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) Hiring and promotion decisions | | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.17 (f) Hiring and promotion decisions | | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have | yes |

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| | 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? | |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | 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 |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | 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 |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | 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 |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the | yes |

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| | agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | na |

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| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
| | 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 |

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| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | yes |
| 115.31 (a) | Employee training | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |

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| | 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 |
| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |
| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | 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 |
| 115.32 (b) | Volunteer and contractor training | |
| | 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 |
| 115.32 (c) | Volunteer and contractor training | |

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| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |
| 115.33 (d) | Inmate education | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |

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| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |
| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | 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 |
| 115.34 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (b) | Specialized training: Investigations | |
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (c) | Specialized training: Investigations | |

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| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental | yes |

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| | health care practitioners who work regularly in its facilities.) | |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.41 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following | yes |

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| | criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? | yes |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |

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| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.41 (g) Screening for risk of victimization and abusiveness | | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) Screening for risk of victimization and abusiveness | | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) Screening for risk of victimization and abusiveness | | |
| | 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 |
| 115.42 (a) Use of screening information | | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of | yes |

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| | being sexually abusive, to inform: Work Assignments? | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? | yes |
| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to | yes |

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| | shower separately from other inmates? | |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.43 (a) | Protective Custody | |
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |
| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they | yes |

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| | are at high risk of sexual victimization have access to: Programs to the extent possible? | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| 115.43 (c) | Protective Custody | |
| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) | Protective Custody | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation | yes |

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| | can be arranged? | |
| 115.43 (e) | Protective Custody | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) | Inmate reporting | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.51 (b) | Inmate reporting | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |

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| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, | yes |

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| | 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.) | |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? | yes |

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| | (N/A if agency is exempt from this standard.) | |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | na |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of | yes |

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| | understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.61 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of | yes |

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| | confidentiality, at the initiation of services? | |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | 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 |
| 115.62 (a) | Agency protection duties | |
| | 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 |
| 115.63 (a) | Reporting to other confinement facilities | |
| | 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 |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report | yes |

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| | required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate | yes |

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| | with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| 115.67 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |

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| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (e) | Agency protection against retaliation | |
| | 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 |
| 115.68 (a) | Post-allegation protective custody | |
| | 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 |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| 115.71 (b) | Criminal and administrative agency investigations | |
| | 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 |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial | yes |

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| | evidence, including any available physical and DNA evidence and any available electronic monitoring data? | |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |

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| | 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 |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | 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 |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | 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 |
| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | 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 |
| 115.73 (a) | Reporting to inmates | |
| | 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 |
| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has | yes |

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| | committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) Reporting to inmates | | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (e) Reporting to inmates | | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) Disciplinary sanctions for staff | | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) Disciplinary sanctions for staff | | |
| | Is termination the presumptive disciplinary sanction for staff who | yes |

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| | have engaged in sexual abuse? | |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | 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 |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |

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| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (f) | Disciplinary sanctions for inmates | |
| | 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 |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | 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 |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |

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| | 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 |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | na |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | 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 |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | 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 |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |

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| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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 |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § | na |

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| | 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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 |
| 115.86 (a) | Sexual abuse incident reviews | |
| | 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 |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.86 (d) | Sexual abuse incident reviews | |

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| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |

| 115.401 (n) | Frequency and scope of audits | |
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| | 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 |

PREA Agency Audit Report: Final

Name of Agency: Pennsylvania Department of Corrections

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/10/2023

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Brian Sutherland | Date of Signature: 08/10/ 2023 |

| AUDITOR INFORMATION | |
|-------------------------------------|--------------------|
| Auditor name: | Sutherland, Brian |
| Email: | bcsuther@gmail.com |
| Start Date of On-Site Audit: | |
| End Date of On-Site Audit: | |

| AGENCY INFORMATION | |
|--|--|
| Name of agency: | Pennsylvania Department of Corrections |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 1921 Technology Parkway, Mechanicsburg, Pennsylvania - 17050 |
| Mailing Address: | |

| | |
|--------------------------|------------|
| Telephone number: | 7177282573 |
|--------------------------|------------|

| Agency Chief Executive Officer Information: | |
|--|---------------|
| Name: | Laurel Harry |
| Email Address: | lharry@pa.gov |
| Telephone Number: | 717-728-2573 |

| Agency-Wide PREA Coordinator Information | | | |
|---|-----------------|-----------------------|--------------------|
| Name: | Dave Radziewicz | Email Address: | dradziewicz@pa.gov |

| Agency AUDIT FINDINGS | |
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| Summary of Audit Findings | |
| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> | |
| Number of standards exceeded: | |
| 1 | <ul style="list-style-type: none"> 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| Number of standards met: | |
| 8 | |
| Number of standards not met: | |
| 0 | |

| Standards | |
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| Auditor Overall Determination Definitions | |
| <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) | |
| Auditor Discussion Instructions | |
| <p>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.</p> | |

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Standard 115.11 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pennsylvania Department of Corrections Pre-Audit Questionnaire responses 2. DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual 3. Department of Corrections Secretary’s Office: Areas of Responsibility Document, March 7, 2023 4. Agency PREA Coordinator Position Description, September 21, 2021 |

Interviews:

1. PREA Coordinator

Site Review Observations:

1. Reviewed the test version of the new agency risk screening process
2. Reviewed the agency data collection improvement process
3. Reviewed the agency contract monitoring process

Findings (By Provision):

115.11 (b) - Policy DC-ADM 008, Section 1A, pages 1-2, explains the agency employs an upper-level, agency wide PREA Coordinator and designates a PREA Compliance Manager for each facility. The PREA Coordinator position reports directly to the Chief of Standards, Audits, Assessments, and Compliance, and this position is documented in the agency organizational chart as an upper-level Chief position. The auditor reviewed a signed position description by the Statewide PREA Coordinator, and this document was certified on September 21, 2021. The position description emphasized the importance of regulated duties and requirements. The interview with the PREA Coordinator indicated sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Coordinator explained the duties and responsibilities associated with the position, direct communication with leadership staff, and confirmed the agency support toward improving the sexual safety of the facilities. There is a total of 34 agency wide PREA Compliance Managers that communicate with the agency wide PREA Coordinator for support and PREA audit compliance. There are three total staff that provide support for the Agency PREA Compliance Unit.

Conclusion: The interview conducted with the PREA Coordinator confirmed sufficient time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor and the PREA Coordinator was professional, timely, and truly knowledgeable. The interview with the PREA Coordinator indicated knowledge regarding the agency zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator was always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment. The agency has a documented implementation plan outlining the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency PREA Coordinator continues to enhance efforts toward PREA compliance by attending collaborative meetings with other states, obtaining grant funding for additional data collection options, creating innovative

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| | <p>options for the confined persons such as bookmarks and cards, and continuously developing new methods of documentation and electronic processing for data collection. Based on the evidence provided the auditor has determined the agency exceeds this standard and no corrective action is required.</p> |
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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.12 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pennsylvania Department of Corrections Pre-Audit Questionnaire responses 2. DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual 3. Statement of Work-Residential Housing and Treatment Initiation to Qualify (ITQ) Contract enacted June 28, 2018 4. PREA Contract Compliance Monitoring Report, pages 1-3, April 22, 2019 5. PREA Contract Compliance Monitoring Worksheet, pages 1-3, PREA Policy, and PREA Audit Final Report 6. PDOC, PREA Contract Compliance Monitoring report, pages 1-3, Columbia County Prison, and Butler County Prison, October 21, 2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator 2. Agency PREA Coordinator <p>Findings by Provision:</p> <p>115.12 (a-b) Agency policy DC-ADM 008, Section 2, page 1 describes, the Department shall include in any new contract or contract renewal for the housing of a reentrant</p> |

with a private entity or other entities, including other government agencies, the entity's obligation to adopt and comply with the Prison Rape Elimination Act (PREA) Standards and the Department's policies related to PREA compliance. The agency PREA Coordinator serves as the agency contract administrator and the interview indicated all community confinement contracts renewed on April 1, 2019, will remain in effect until January 31, 2024. The auditor confirmed this statement during the Agency's Contract Administrator interview. The PADOc facilities do not have any responsibility, separate from that on the agency level, to enter into or maintain contracts for confinement of reentrants with other agencies or jurisdictions. This process is performed on the Pennsylvania Department of Corrections agency level.

The Pennsylvania Department of Corrections currently has 13 contracts for confinement of its reentrants with 24 community confinement facilities. These contracts include: Gaudenzia (multiple sites), GEO Group (multiple sites), Kintock Inc., Self Help Movement Inc., Transitional Living Centers (multiple sites), Firetree (multiple sites), Hogar Crea (multiple sites), Keystone Correctional Services, Lehigh County Work Release (has not been utilized since March of 2020), Luzerne County Work Release (has not be utilized since March of 2020), Gateway (also known as CTC) (multiple sites) Renewal Inc. (multiple sites), and Tomorrow's Hope Inc.

The Pennsylvania Department of Corrections entered into a contract with the Columbia County and Butler County Prison systems for temporary housing of parole violators. The auditor reviewed the PREA Contract Compliance Monitoring Report for both agencies and confirmed PREA compliance is required within the contract. The document indicated both facilities have been audited during the previous audit cycle. The Auditor reviewed the PREA Contract Compliance Monitoring Report and Monitoring Worksheet of each agency. The contract monitoring activity was conducted within the dates required by agency policy. The agency performs status checks regarding the contract policy toward PREA and the current PREA Audit Report. The PREA Coordinator explained all contracts require agency monitoring and are currently completed twice per year. Once in the form of document reviews in the Fall of the year. Starting in the spring of 2023, the agency's PREA Compliance Division began conducting onsite inspections of contracted sites. The agency contract monitoring process is very impressive, and the requirements are documented in agency policy DC-ADM 008.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the agency is fully compliant with this standard. The agency level does require all contract participants to comply with the PREA standards. The agency level of compliance monitoring meets the overall expectations of the standard as the agency has developed policy, procedure, and practice documentation and forms. The PAQ documentation provided an extensive amount of contract monitoring as the agency includes the PREA Audit Report, contract policies, and a biannual monitoring practice toward compliance. No corrective action is required for this standard.

| 115.17 | Hiring and promotion decisions |
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| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 624 378">Standard 115.17 Analysis</p> <p data-bbox="256 490 1334 524">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="256 636 429 669">Documents:</p> <ol data-bbox="256 703 1458 1420" style="list-style-type: none"><li data-bbox="256 703 1362 736">1. Pennsylvania Department of Corrections Pre-Audit Questionnaire responses<li data-bbox="256 770 1378 848">2. Policy 1.1.4 Centralized Clearances Procedure Manual, Section 4, Centralized Clearance Check Procedures<li data-bbox="256 882 751 916">3. 31 Random Staff Personnel Files<li data-bbox="256 949 1410 1072">4. 4.1.1 Human Resources and Labor Relations Procedure Manual, Section 41, Employment of Job Applicants having Prior Adverse Contacts with Criminal Justice Agencies (CJA)<li data-bbox="256 1106 1422 1184">5. DC-ADM 008, Section 20, page 4, PREA Procedures Manual, Data Collection and Retention<li data-bbox="256 1218 1453 1296">6. 4.1.1 Human Resources and Labor Relations Procedure Manual, Section 40, pages 1-3, Conducting Pre-Employment Background Investigations<li data-bbox="256 1330 1458 1420">7. 4.1.1 Employee Arrests - Felony, Misdemeanor, and Summary Offenses, Section 3, page 1 <p data-bbox="256 1532 416 1565">Interviews:</p> <ol data-bbox="256 1599 724 1778" style="list-style-type: none"><li data-bbox="256 1599 724 1632">1. Agency Human Resource Staff<li data-bbox="256 1666 544 1700">2. PREA Coordinator<li data-bbox="256 1733 724 1767">3. Background Investigation Staff <p data-bbox="256 1890 628 1924">Site Review Observations:</p> <ol data-bbox="256 1957 1406 2036" style="list-style-type: none"><li data-bbox="256 1957 1406 2036">1. 31 Random Staff Personnel Files - One File from Each Facility - Two Community Corrections Centers did not have new hires for the past 12-months. |

2. Biometric Screening Equipment and Identification

3. 33 Contractor Background Screenings Confirmed

Findings by Provision:

115.17 (a) Policy 1.1.4, Section 4, page 3 prohibits hiring or promoting anyone who may have contact with confined persons and prohibits enlisting the services of any contractor who may have contact with confined persons who has engaged in, been convicted of, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with one agency Human Resource staff member. Each staff member must provide responses to specific questions relative to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed 31 agency staff personnel files that indicated a response to these PREA related questions. This included one facility staff person file from each facility - Two Community Corrections Centers did not have new hires for the past 12-months.

115.17 (b) Policy 1.1.4, Section 4, page 4 requires the agency to 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 confined persons. This was confirmed during the interview with one Human Resource staff member. The auditor reviewed 31 staff personnel files indicating their signatures on the background release forms. All background checks were completed prior to offering employment.

115.17 (c) The Pennsylvania Department of Corrections agency policy 4.1.1, Section 40, pages 1-3 indicate a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with confined persons, criminal background records checks and 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 is completed. The auditor spoke with the PREA Coordinator and determined 3015 agency criminal background checks were completed in the past 12 months. These record checks were through the National Crime Information Center, and all current staff background checks are performed prior to employment. The background checks include the following: Biometric information, driving records, investigation files, licensure, military records, and drug related convictions. The Preaudit questionnaire explained the agency performed 3015 background checks in the past 12 months. The agency approved 1856 background checks for hiring purposes and this determined the agency hired 62% of the background checks completed in the past 12 months.

115.17 (d) The Pre-Audit questionnaire indicated 2194 background checks were completed for staff covered under contracts for services that may have contact with

confined persons. This number was confirmed during the PREA Coordinator interview. The auditor reviewed 33 background checks that were conducted for contracted services.

115.17 (e) Policy 1.1.4, Section 4, pages 1-8 indicate criminal background checks conducted on all current employees, volunteers, and contractors, at least every 2 years. This was confirmed during the human resource staff interview. This is captured within the agency reporting mechanism and discussed during the human resource interview. The system that captures this information is the Pennsylvania Justice Network (JNET). A centralized clearance check form is submitted, and the system consistently captures clearance information that includes driver license information, Pennsylvania rap sheets, Interstate Identification Rap Sheets, visitor tracking information, confined persons telephone calls, email and money transactions, and prior employment information.

115.17 (f) All applicants and employees, who may have contact with confined persons, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the agency human resource staff member. The auditor reviewed 31 staff files and confirmed the signed document was present asking the specific questions relative to sexual abuse, sexual assault, and sexual misconduct.

115.17 (g) Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The policy DC-ADM 008, Section 20, page 4 explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. In addition, 31 staff personnel files were reviewed, and no issues were determined regarding this practice.

115.17 (h) The agency tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid driver's license, personal interview, proper documentation provided, social security number compliance, certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The PREA Coordinator provided documentation demonstrating a criminal history and a driver history inspection was previously conducted for staff. The PREA Coordinator confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file reviews.

Conclusion: Based on the evidence reviewed by the auditor to include 31 staff personnel files, interviews with one agency human resource staff, agency policy, and 33 contractor reviews, the auditor finds no discrepancies within this standard required for corrective action. The steps considered by the agency to ensure the safety of the confined persons with qualified staff are impressive.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.42 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Pennsylvania Department of Corrections Pre-Audit Questionnaire responses
2. Agency Policy DC-ADM 008 Sexual Abuse/Sexual Assault Risk Screening
3. PREA Accommodation Committee Checklist (PAC)
4. PA DOC PREA Risk Assessment Tool (PRAT)
5. PREA Accommodation Committee Reassessment Checklist (PACR)
6. Agency Policy 13.8.1, Access to Mental Health Care Procedures Manual, Section 1, Psychological Services, pages 1-13
7. SCI Coal Township PREA Accommodation Committee Referral Packet
8. SCI Somerset PREA Accommodation Committee Referral Packet
9. SCI Greene PREA Accommodation Committee Referral Packet

Interviews:

1. PREA Coordinator
2. Transgender Review Committee Member

Site Review Observations:

1. Reviewed the PREA Risk Screening Process
2. Reviewed the PREA Risk Screening Reassessment Process
3. Reviewed Confined Person Files
4. Reviewed the PREA Accommodation Committee Checklist (PAC)

Findings (By Provision):

115.42 (c) Agency policy DC-ADM 008, Section 9, page 4-5 indicates the agency utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This information was confirmed during the interview with the agency PREA Coordinator as the PREA Coordinator advised all agency risk screenings are objective, case by case evaluations of the confined person with their own perceptions and views being considered. The views of the confined person are recognized along with the tally provided by the staff on the risk assessment document. The PREA Coordinator interview indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignments are carefully reviewed to ensure potential abusers are not interacting with potential victims.

Agency policy DC-ADM 008, Section 9, page 5 indicates the agency will make individualized determinations on a case-by-case basis to ensure the residents health and safety and personal views are considered. Reassessments shall be conducted by the assigned counselor between calendar day 20 and 30 of every confined persons arrival in the system. Considerations for single cell housing or double cell housing will be determined using the risk assessment tool. The PREA Coordinator confirmed the Unit Management staff will review and recognize an imbalance of power within the cell assignment. This is performed during individual meetings, conversations, group activities, review of the disciplinary actions, and considerations based on the confined persons personal views.

The agency policy DC-ADM 008, Section 19, pages 1-9 explain the departments approach to working with transgender and intersex confined persons. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully with this specialized population. Each facility is required to develop a Plan of Action to prepare for reception and housing of transgender and intersex populations. The PREA Accommodation Committee (PAC) is utilized to measure the proper placement toward housing, security, programming, and other needs. The following methods of interaction are described within this policy: Reception and Classification, Prison Rape Elimination Act (PREA) Risk Assessment Tool (PRAT), Mental Health Referral Form, Access to Health Care Procedures Manual, PREA Accommodation Committee Checklist (PAC), PREA Accommodation Committee Review, Administrative PREA Accommodation Committee (APAC), Transfers, Case Management, Searches, Commissary, and Special Accommodations. Each confined person is considered on a case-by-case basis and the final determination is mandated by the Executive Staff as recommended by the Administrative PREA Accommodation Committee (APAC). The A-PAC consists of a representative from each of the following specialties: Psychology office, Bureau of Health Services, Security Division, and a representative from the Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Subject Matter Expert community. The auditor reviewed five PREA Accommodation Committee Checklist (PAC) decisions submitted by the PREA Coordinator for three separate facilities. PAC meetings are

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| | <p>conducted every six months and the confined person will be reevaluated at that time.</p> <p>Conclusion: Based on the review and analysis of the following available evidence: agency policy governing the use of screening information, documentation of the use of screening, documentation of housing decisions, reassessments, and agency housing considerations for the special populations, the auditor has determined that the agency is fully compliant with this standard regarding the risk of victimization and abusiveness.</p> |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard 115.66 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pennsylvania Department of Corrections Pre-Audit Questionnaire Responses 2. Policy - 4.1.1 Human Resources and Labor Relations, Section 5 pg. 1-3 3. Memorandum from the Secretary of Corrections 4. Pennsylvania Doctors Alliance Agreement 5. American Federation of State, County and Municipal Employees Agreement 6. Correctional Institution Vocational Education Association, Pennsylvania State Education 7. Association, National Education Association Agreement 8. Federation of State Cultural and Educational Professionals Agreement 9. Pennsylvania State Corrections Officers Association Agreement 10. OPEIU Healthcare Pennsylvania Memorandum of Understanding 11. SEIU Agreement 12. Service Employees International Union Healthcare Pennsylvania, CTW, CLC |

Agreement

Interviews:

1. Agency Head
2. Agency PREA Coordinator

Site Review Observations:

1. Reviewed a memo provided by the PREA Coordinator discussing evidence supported by a previous audit.

Findings (By Provision):

115.66 (a-b) The Pennsylvania Department of Corrections has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In deciding to suspend an employee pending investigation, the Department must be able to demonstrate that the "nature of the allegations" is such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offenses. The FLSA regulations, for exempt employees, permit suspensions of less than a full work week for violations of written workplace policies applicable to all employees. This provision applies to applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law.

Discipline for these infractions should be consistent with Section 6 of this procedure's manual. The Agency Head and the PREA Coordinator interviews explained all labor contracts expired on June 30, 2023, and remain in negotiations at this time. The current agreements will remain in effect until the new agreements are reached.

Conclusion: The auditor reviewed the evidence provided by the agency and found no evidence to deny satisfactory compliance toward this standard. These documents do not limit the agency's ability to remove alleged staff sexual abusers from contact with any confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The agency PREA Coordinator interview confirmed this process, and the Agency Head interview indicated disciplinary action will be followed by notification to the Pennsylvania State Police for criminal acts and certifying bodies for certification review.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.87 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Pennsylvania Department of Corrections Pre-Audit Questionnaire Responses
2. DC-ADM 008, Section 2, PREA Procedures Manual, Contracting
3. DC-ADM 008, Section 17, PREA Procedures Manual, Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation
4. DC-ADM 008, Section 18, PREA Procedures Manual, Investigating Allegations of Sexual Abuse, Sexual Harassment, and Retaliation
3. DC-ADM 008, Section 20, PREA Procedures Manual, Data Collection and Retention

Interviews:

1. Agency Head
2. Agency PREA Coordinator
3. Contract Administrator

Site Review Observations:

1. Discussed the Incident Review Team Process
2. Reviewed the PREA Tracking System
3. Reviewed six allegations documented in the PREA Tracking System from contracted facilities

Findings (By Provision):

115.87 (a-f) The auditor reviewed the agency uniform data for every allegation of sexual abuse/sexual harassment and compared the data to the most recent version of

the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency aggregates incident-based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence. The auditor reviewed the data collected in 2017 to 2022 as the data is compiled for a one-year (calendar) period after December.

The agency operates facilities and contracts with other agencies for the confinement of its confined persons. The PREA Compliance Managers at each facility securely maintain all documentation used to compile the information and the Pennsylvania State Police maintains the investigative data and records. Approved data is posted on the Agency website and available upon request by the Department of Justice. The Agency Head interview confirmed the use of all facility data relative to this standard. Agency policy explains the Community Corrections facilities request a PREA tracking number through the BCC-Management Operation Center (MOC). This information is entered into the Department’s PREA Tracking System by the BCC PREA Captain/designee for data collection purposes. The auditor reviewed six allegations documented in the PREA Tracking System from contracted facilities. The auditor reviewed agency data collection system improvements, contract monitoring procedures, the 2022 agency PREA annual report, and the test version of the new risk screening process during the onsite review.

Conclusion: The auditor reviewed the agency policies for collecting data on sexual abuse allegations, the instrument used for collecting the data, the set of definitions applied, the agency website, and a sample of the historical data used to determine the agency is fully compliant with the provisions of this standard. No corrective action is required.

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.88 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pennsylvania Department of Corrections Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 2, PREA Procedures Manual, Contracting 3. DC-ADM 008, Section 17, PREA Procedures Manual, Discipline Related to Sexual |

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| | <p>Abuse, Sexual Harassment, and Retaliation</p> <p>4. DC-ADM 008, Section 18, PREA Procedures Manual, Investigating Allegations of Sexual Abuse, Sexual Harassment, and Retaliation</p> <p>5. DC-ADM 008, Section 20, PREA Procedures Manual, Data Collection and Retention</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Agency PREA Coordinator 3. Agency Contract Administrator <p>Findings (By Provision):</p> <p>115.88 (a-d) Agency policy requires each facility to review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the agency website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual misconduct by confined persons and staff from 2017 to 2022. This information is approved by the Agency Secretary of Corrections and posted on the agency website for review. The agency PREA Coordinator explained this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The Agency Head confirmed the use and data associated with this report during the interview. No facility data was redacted from the annual report for publication, and this was verified by the agency PREA Coordinator.</p> <p>Conclusion: The auditor reviewed evidence provided by the agency such as corrective action plans, an annual report of findings, website materials, and found the agency is fully compliant with the provisions of this standard. No further action is required.</p> |
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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Standard 115.89 Analysis |
| | The following evidence was analyzed in making compliance determinations: |

Documents:

1. Pennsylvania Department of Corrections Pre-Audit Questionnaire Responses
2. DC-ADM 008, Section 2, PREA Procedures Manual, Contracting
3. DC-ADM 008, Section 17, PREA Procedures Manual, Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation
4. DC-ADM 008, Section 18, PREA Procedures Manual, Investigating Allegations of Sexual Abuse, Sexual Harassment, and Retaliation
5. DC-ADM 008, Section 20, PREA Procedures Manual, Data Collection and Retention

Interviews:

1. Agency Head
2. PREA Coordinator
3. Agency Contract Administrator

Findings (By Provision):

115.89 (a-d) Agency policy DC-ADM 008 Section 20, PREA Procedures Manual, Data Collection and Retention explains:

1. The Department shall make all aggregated sexual abuse data information from facilities under its direct control and contracted facilities, readily available to the public through the Department website, at least annually.
2. The Annual PREA Report shall be approved by the Secretary and posted on the Department's website by June 30 of each year.
3. The Department shall securely retain all aggregate PREA data, on the Department's secure servers, collected for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise.

Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. In addition, the Department may redact specific material from the reports when publication would present a clear and specific danger to a facility but must indicate the nature of the material redacted.

Agency policy is very specific regarding contracted facility contract monitoring. Each Contract Agency shall be responsible for site specific data collection required by this procedure's manual and the PREA Standards. Contract Agencies shall comply with

the reporting and publication requirements of aggregate data specific to the Contracted Agency. The Department collects aggregate data for Department-Funded Reentrants (DFR) at each of its contracted sites through its PREA Tracking System; however, requires aggregate data for incidents involving only Non-Department-Funded Reentrants (NDFR) at each site to fulfill its data collection obligations.

Examples include:

- a. NDFR is the alleged victim, and a Contract Employee is the alleged abuser; or
- b. NDFR is the alleged victim and a NDFR is the alleged abuser.

Each Contract Agency shall be responsible for reporting the information specified to the Department PREA Coordinator/designee for inclusion in the Department’s annual report within 15 business days of request.

The PREA Coordinator interview confirmed all documentation utilized for data collection is maintained by the facilities PREA Compliance Managers. The PREA Compliance Manager collects the data and maintains electronic files on a secure server. The data report is approved by the Agency Secretary of Corrections and the annual report is posted on the Agency website annually. The auditor reviewed the report and did not observe any personally identifying information. Agency policy requires the facility shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Conclusion: Based on the auditor's review of the agency policy, agency website, interviews, and historical data, the Pennsylvania Department of Corrections is fully compliant with the provisions of this standard. No further action is required.

| 115.401 | Frequency and scope of audits |
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| | Auditor Overall Determination: |
| | Auditor Discussion |
| | <p>Standard 115.401 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pennsylvania Department of Corrections Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 2, PREA Procedures Manual, Contracting |

3. DC-ADM 008, Section 17, PREA Procedures Manual, Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation
4. DC-ADM 008, Section 18, PREA Procedures Manual, Investigating Allegations of Sexual Abuse, Sexual Harassment, and Retaliation
5. DC-ADM 008, Section 20, PREA Procedures Manual, Data Collection and Retention

Interviews:

1. Agency Head
2. PREA Coordinator
3. Agency Contract Administrator

Site Review Observations:

1. Reviewed the Agency Website and Facility Data
2. Reviewed the Agency PREA audit reports for the previous audit cycles

Findings (By Provision):

115.401(a-b) The Pennsylvania Department of Corrections ensured all agency PREA audits were conducted during the previous audit cycle PREA audit periods. The auditor verified all facility reports were posted on the agency website and the auditor reviewed audit reports for the following cycle periods:

Audit Cycle 4 - Year 1 - 2022/2023 - Erie CCC - Progress CCC - SCI Albion - SCI Cambridge Springs - SCI Greene - SCI Laurel Highlands - SCI Mercer - SCI Rockview - SCI Somerset - SCI Waymart - Scranton CCC

Audit Cycle 3 - 2022 - Johnstown CCC - SCI Fayette - SCI Houtzdale - SCI Huntingdon - SCI Pine Grove - SCI Quehanna Boot Camp - SCI Smithfield - Wernersville CCC

Audit Cycle 3 - 2021 - Harrisburg CCC - Philadelphia CCC - Pittsburgh CCC - SCI Camp Hill - SCI Chester - SCI Coal Township - SCI Dallas - SCI Forest - SCI Frackville - SCI Mahanoy - SCI Muncy - SCI Phoenix - York CCC

Audit Cycle 3 - 2020 - Progress CCC - SCI Cambridge Springs - SCI Greene - SCI Laurel Highlands - SCI Mercer - SCI Somerset

Audit Cycle 3 - 2019 - Erie CCC - SCI Albion - SCI Benner Township - SCI Rockview - SCI Waymart - Scranton CCC

Audit Cycle 2 - 2019 - Philadelphia CCC - Pittsburgh CCC - Progress CCC - SCI Camp

Hill - SCI Forest - SCI Muncy - SCI Phoenix - SCI Pine Grove - Sharon CCC - Wernersville CCC

Audit Cycle 2 – 2018 - Harrisburg CCC - Johnstown CCC - Philadelphia CCC - SCI Chester - SCI Dallas - SCI Retreat - SCI-Waymart - Scranton CCC - York CCC

Audit Cycle 2 – 2017 - Erie CCC - SCI Albion - SCI Benner Township - SCI Cambridge Springs - SCI Coal Township - SCI Fayette - SCI Frackville - SCI Greene - SCI Houtzdale - SCI Huntingdon - SCI Laurel Highlands - SCI Quehanna Boot Camp - SCI Rockview - SCI Smithfield - SCI Somerset

Audit Cycle 2 – 2016 - SCI Mahanoy - SCI Mercer

Audit Cycle 1 – 2016 Allentown CCC - Harrisburg CCC - Johnstown CCC - Pittsburgh CCC - Progress CCC - Quehanna Motivational Boot Camp - SCI Albion - SCI Benner Township - SCI Cambridge Springs - SCI Chester - SCI Forest - SCI Frackville - SCI Graterford - SCI Greene - SCI Waymart - Scranton CCC - York CCC

Audit Cycle 1 – 2015 - CCC2 - CCC4 - Erie CCC - Riverside CCC - SCI Camp Hill - SCI Coal Township - SCI Dallas - SCI Fayette - SCI Houtzdale - SCI Huntingdon - SCI Laurel Highlands - SCI Mahanoy - SCI Mercer - SCI Pine Grove - SCI Retreat - SCI Rockview - SCI Smithfield - SCI Somerset - Sharon CCC - Wernersville CCC

Audit Cycle 1 – 2014 - SCI Muncy

This data was confirmed by the agency PREA Coordinator during the on-site review. The auditor was authorized complete access to the entire agency and provided this access during the on-site review. No restrictions were placed on the auditor during the Pre-Audit, onsite review, and the post audit phases. The auditor received all documents requested and was provided electronic viewing upon request. The onsite review provided the auditor the opportunity to conduct private interviews with the PREA Coordinator, Contract Administrator, Human Resource Staff, Secretary of Corrections, Background Check Staff, and a member of the Transgender Committee Review Team. The agency PREA Coordinator provided photographic evidence regarding the posting of the PREA Audit Notification at the Pennsylvania Department of Corrections headquarters building. This posting provided the public and staff with a name and mailing address for the auditor. The auditor confirmed this posting during the onsite review as staff interviews validated the posting at least 6 weeks prior to the onsite review. The auditor did not receive correspondence from staff or the public. The interviews with staff indicated knowledge of the posting and the address to write to the auditor.

Conclusion: The auditor has determined based on the evidence provided by the agency and review of the agency website; the Pennsylvania Department of Corrections meets compliance with the provisions of this standard. No additional action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.403 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. Pennsylvania Department of Corrections Pre-Audit Questionnaire Responses
2. DC-ADM 008, Section 2, PREA Procedures Manual, Contracting
3. DC-ADM 008, Section 17, PREA Procedures Manual, Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation
4. DC-ADM 008, Section 18, PREA Procedures Manual, Investigating Allegations of Sexual Abuse, Sexual Harassment, and Retaliation
5. DC-ADM 008, Section 20, PREA Procedures Manual, Data Collection and Retention

Interviews:

1. Agency Head
2. PREA Coordinator
3. Agency Contract Administrator

Site Review Observations:

1. Reviewed the Agency Website and Facility Data

Findings (By Provision):

115.403 (a-f) The auditor verified that the final audit reports were published on the agency website, and the auditor reviewed all documentation and compliance efforts. The auditor attempted to confirm all prior recommendations were completed from the previous audit. The agency has received prior PREA audit reports and the auditor confirmed the audit reports are published on the agency website.

Audit Cycle 4 - Year 1 - 2022/2023 - Erie CCC - Progress CCC - SCI Albion - SCI

Cambridge Springs - SCI Greene - SCI Laurel Highlands - SCI Mercer - SCI Rockview - SCI Somerset - SCI Waymart - Scranton CCC

Audit Cycle 3 – 2022 - Johnstown CCC - SCI Fayette - SCI Houtzdale - SCI Huntingdon - SCI Pine Grove - SCI Quehanna Boot Camp - SCI Smithfield - Wernersville CCC

Audit Cycle 3 – 2021 - Harrisburg CCC - Philadelphia CCC - Pittsburgh CCC -SCI Camp Hill - SCI Chester - SCI Coal Township - SCI Dallas - SCI Forest - SCI Frackville - SCI Mahanoy - SCI Muncy - SCI Phoenix - York CCC

Audit Cycle 3 – 2020 - Progress CCC - SCI Cambridge Springs -SCI Greene - SCI Laurel Highlands - SCI Mercer - SCI Somerset

Audit Cycle 3 – 2019 - Erie CCC - SCI Albion - SCI Benner Township - SCI Rockview - SCI Waymart - Scranton CCC

Audit Cycle 2 – 2019 - Philadelphia CCC - Pittsburgh CCC - Progress CCC - SCI Camp Hill - SCI Forest - SCI Muncy - SCI Phoenix - SCI Pine Grove - Sharon CCC - Wernersville CCC

Audit Cycle 2 – 2018 - Harrisburg CCC - Johnstown CCC - Philadelphia CCC - SCI Chester - SCI Dallas - SCI Retreat - SCI-Waymart - Scranton CCC - York CCC

Audit Cycle 2 – 2017 - Erie CCC - SCI Albion - SCI Benner Township - SCI Cambridge Springs - SCI Coal Township - SCI Fayette - SCI Frackville - SCI Greene - SCI Houtzdale - SCI Huntingdon - SCI Laurel Highlands - SCI Quehanna Boot Camp - SCI Rockview - SCI Smithfield - SCI Somerset

Audit Cycle 2 – 2016 - SCI Mahanoy - SCI Mercer

Audit Cycle 1 – 2016 Allentown CCC - Harrisburg CCC - Johnstown CCC - Pittsburgh CCC - Progress CCC - Quehanna Motivational Boot Camp - SCI Albion - SCI Benner Township - SCI Cambridge Springs - SCI Chester - SCI Forest - SCI Frackville - SCI Graterford - SCI Greene - SCI Waymart - Scranton CCC - York CCC

Audit Cycle 1 – 2015 - CCC2 - CCC4 - Erie CCC - Riverside CCC - SCI Camp Hill - SCI Coal Township - SCI Dallas - SCI Fayette - SCI Houtzdale - SCI Huntingdon - SCI Laurel Highlands - SCI Mahanoy - SCI Mercer - SCI Pine Grove - SCI Retreat - SCI Rockview - SCI Smithfield - SCI Somerset - Sharon CCC - Wernersville CCC

Audit Cycle 1 – 2014 - SCI Muncy

Conclusion: Based on the evidence provided by the agency, the Pennsylvania Department of Corrections meets substantial compliance with the provisions of this standard, and no further action is required.

| Appendix: Provision Findings | | |
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| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | 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 |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity | yes |

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| | described in the two bullets immediately above? | |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |
| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) | Hiring and promotion decisions | |

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| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | 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 |
| 115.42 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a | yes |

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| | 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? | |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | 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 |
| 115.87 (d) | Data collection | |
| | 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 |
| 115.87 (e) | Data collection | |
| | 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 |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than | yes |

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| | June 30? (N/A if DOJ has not requested agency data.) | |
| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.88 (b) | Data review for corrective action | |
| | 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 |
| 115.88 (c) | Data review for corrective action | |
| | 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 |
| 115.88 (d) | Data review for corrective action | |
| | 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 |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it | yes |

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| | contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | 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 |
| 115.401 (a) | Frequency and scope of audits | |
| | 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 |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final | yes |

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| | Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | |
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