

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: October 20, 2015

Auditor Information			
Auditor name: Eric S. Pierson			
Address: 17243 Mitchell Pass Lane Humble, Texas			
Email: epierson12@outlook.com			
Telephone number: 713-380-1865			
Date of facility visit: July 27, 2015			
Facility Information			
Facility name: Sharon Community Corrections Center			
Facility physical address: 300 West State Street, Sharon Pennsylvania 16146			
Facility mailing address: (if different from above) Click here to enter text.			
Facility telephone number: 724-983-5135			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center <input checked="" type="checkbox"/>	Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house <input type="checkbox"/> Mental health facility	Other	
	<input type="checkbox"/> Alcohol or drug rehabilitation center <input type="checkbox"/>		
Name of facility's Chief Executive Officer: W. Joel Murray			
Number of staff assigned to the facility in the last 12 months: Two (2)			
Designed facility capacity: Thirty-Four (34)			
Current population of facility: Thirty-One (31)			
Facility security levels/inmate custody levels: State Intermediate Punishment Custody Level 1G/Paroled Residents			
Age range of the population: 18 and Up			
Name of PREA Compliance Manager: Angel Baez Sprague		Title: Center Director 2	
Email address: abaez-spra@pa.gov		Telephone number: 814-456-9131 ext 103	
Agency Information			
Name of agency: Pennsylvania Department of Corrections			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 1920 Technology Parkway, Mechanicsburg PA, 17050			
Mailing address: (if different from above) Click here to enter text.			
Telephone number: 717-728-2573			
Agency Chief Executive Officer			
Name: John E. Wetzel Secretary of Corrections		Title: Secretary of Corrections	
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Agency-Wide PREA Coordinator			
Name: Jennifer L. Feicht		Title: PREA Coordinator	
Email address: c-jefeicht@pa.gov		Telephone number: 724-662-1837 or 724-679-7280	

AUDIT FINDINGS

NARRATIVE

On July 27, 2015 an audit was conducted at the Sharon Community Corrections Center (Sharon CCC) in Sharon, Pennsylvania to determine the facility compliance with the Prison Rape Elimination Act (PREA). An entrance briefing was held with Facility Director W. Joel Murray and Pennsylvania Department of Corrections statewide PREA Coordinator Jennifer Feicht. Present during the afternoon was Pennsylvania Department of Corrections Western Regional Director Morris Richardson.

Following the entrance briefing, the Auditor was taken on a tour of the facility by Director Murray and Ms. Feicht. The facility is contained in one building and the auditor was granted access to all areas of this building. The tour included 1st floor offices, dayrooms, all 2nd floor housing/sleeping areas, restrooms, shower rooms, and the basement kitchen and laundry area. The facility does not have segregation cells.

The facility has a total of thirteen (13) staff. Seven (7) of these staff and one contractor were interviewed. One staff member from each shift was included in those interviewed. It should be noted that many of the staff perform multiple job duties including more than one PREA related area of responsibility. The Auditor also conducted phone interviews with a SAFE/SANE coordinator from UPMC Hospital-Greenville and a coordinator from AWARE, the Community Rape Crisis Center. The facility does not have dedicated Human Resources staff, Investigative Staff, or Mental Health/Medical Staff. The auditor was advised there has never been a report of sexual abuse or sexual harassment at Sharon CCC. Interviewing staff who had acted as First Responders and staff in charge of Monitoring retaliation were not applicable to this audit.

Facility staff reported that currently there are no residents identified as Transgender/Intersex/Homosexual/Bisexual residents. There currently are not any disabled residents or residents with limited English proficiency. Interviews were not conducted for these categories. A total of 10 residents were interviewed by the Auditor. These residents were selected at random from a list provided by the facility. Accommodations were made for those residents with jobs outside the facility and those with medical appointments. Residents from each sleeping room were interviewed.

Director Murray and his staff were extremely cooperative in arranging interviews and obtaining additional documentation for the Auditor. Staff and residents were prompt for the interviews and willingly answered all questions. The facility was prepared for the audit.

At the end of the day an exit briefing was held with Facility Director Murray and Regional Director Richardson. Statewide DOC PREA Coordinator Jennifer Feicht participated by telephone. The auditor conducted an overview of the audit and the area of corrective action was discussed. The Auditor expressed appreciation for the commitment to the Prison Rape Elimination Act displayed by the Sharon CCC staff.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Sharon Community Corrections Center is located in a park-like six and one half acre property at the edge of the city of Sharon. The facility is a large red brick mansion on the grounds of what was once the estate of Sharon steel industrialist Simon Perkins. Built in 1914, the home contains many of the original architectural elements from that period. The building includes original hardwood floors, wood moldings, doors, and glass from the era. The facility is surrounded by a Victorian style wrought iron fence that dates to approximately 1890. The estate is now owned by The United Way, and that organization leases the building to the Pennsylvania Department of Corrections. The facility has been maintained and operated by the Pennsylvania Department of Corrections since 1974. The facility has been continuously accredited by the American Correctional Association since 1987.

The facility is three floors not including the basement. The 3rd floor is an attic used for storage that is not accessible to residents. The door is padlocked. The second floor is divided into seven (7) bedrooms and four (4) bathrooms that serve as the sleeping quarters for thirty-four (34) residents. There are three (3) showers located on the second floor. Administrative offices are located on the 1st floor in addition to a large dayroom used for television watching and a second large room that features a pool table. The basement contains a laundry area and two (2) showers. The basement area serves primarily as the resident kitchen and food storage area. The facility does not prepare meals for residents. Residents purchase, store, and prepare their own food. The basement also includes a large storage area, boiler room and tool room that are not accessible to residents.

All residents at the facility are state parolees from the Pennsylvania Department of Corrections. They may leave the facility each day to work or utilize community resources. Public transportation is available to attend local literacy programs, medical care, employment assistance programs, and counseling at local agencies. The facility residents must maintain, at a minimum, full-time employment or a combination of employment and attendance at a vocational school or educational training program. Residents are expected to maintain sobriety and actively

participate in community service projects. Fees are assessed for the privilege of residing at the facility and residents are required to pay a portion of their income towards court costs, fines, and restitution. Violation of Sharon CCC or Department rules may result in return to a State Correctional Institution.

SUMMARY OF AUDIT FINDINGS

Sharon CC was prepared for the audit. The Auditor was able to assess compliance through interviews and documents. The facility is committed to maintaining compliance.

During the on-site tour conducted on July 20 2015, the Auditor was provided with documentation showing that Risk Screenings had only been recently implemented at the facility. There were 31 residents on the date of the audit and of those only 20 residents had received an initial PRAT. Of those who had received an initial PRAT, 10 were beyond the 72 hours required by the standard. Only 10 residents had received a 30 day PRAT. Of those 10 who had received the 30 day PRAT only five were within the 30 day window. This resulted in the facility failing to meet the requirements of standard 115.241.

Corrective action was required in order to demonstrate compliance. The facility was asked to document that all current residents received at the facility prior to July 1, 2015 had received a PRAT. In addition the facility was asked to document that all residents received after July 1, 2015 had received a 72 hour PRAT, and a timely 30 day follow up PRAT. Corrective Action was monitored for a 90 day period.

Sharon CCC provided the Auditor with updated tracking forms for August 2015, September 2015, and October 2015. The forms showed that the facility has completed PRATs in a timely manner and is now in full compliance with Standard 115. 241.

Number of standards exceeded: 3 (115.211, 115.215. 115.233)

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 2 (115.234 and 115.235)

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

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

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

Pennsylvania BCC-ADM 008 Section III states that “It is the policy of the Department to prohibit any form of sexual abuse and/or sexual harassment of an offender. The Pennsylvania Department of Corrections has zero tolerance for sexual abuse or sexual harassment of any individual under the supervision of the Department. Anyone who engages in, fails to report, or knowingly condones sexual harassment or sexual abuse of an offender shall be subject to disciplinary action, up to and including termination, and may be subject to criminal prosecution. A resident, employee, contract service provider, visitor, volunteer, intern and/or any individual who has business with or uses the resources of the Department is subject to disciplinary action and/or sanctions, including possible dismissal and termination of contracts and/or services, if he/she is found after an investigation to have engaged in sexual harassment or sexual abuse with resident. A claim of consent will not be accepted as an affirmative defense for engaging in sexual harassment or sexual abuse of a resident. The Department shall prohibit retaliation against a resident or a staff member who reports sexual harassment or sexual contact with a resident, or who cooperates with sexual harassment or sexual abuse investigations.”

Definitions of prohibited behaviors regarding sexual assault and sexual harassment were located in the Glossary of Terms of BCC ADM 008. BCC ADM 008 Section 7 A provides sanctions for employees in sexual abuse and/or sexual harassment.

Pennsylvania BCC-ADM008 Section III further states that “The Department shall designate an agency-wide PREA Coordinator to develop, implement, and oversee the Department’s efforts to comply with the National PREA Standards across all facilities; and each facility shall designate a PREA Compliance Manager to coordinate the facility’s efforts to comply with the Standards. The PREA Coordinator shall report directly to the Secretary of the Department of Corrections and/or the Executive Deputy Secretary of the Department.” BCC ADM 008 Section 2 A 1 outlines the duties of the PREA Coordinator and these are consistent with the PREA Standard. The Facility Director is designated as the Facility PREA Compliance Manager and he is responsible for all on-site PREA related duties.

Interviews with the PREA Coordinator indicates that she is allotted ample time to oversee the agency’s efforts to ensure PREA compliance in all of Pennsylvania facilities. There are 27 PREA Compliance Managers that report to the PREA Coordinator. The PREA Coordinator communicates with the PREA Compliance Managers on a regular basis via telephone and email, and conducts regular site visits at the facilities.

The auditor was advised that the agency sent the PREA Coordinator as well as other staff members to the Department of Justice Auditor Training. The auditor was advised that this is an example of the agency commitment to the Prison Rape Elimination Act.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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BCC-ADM 008 Section 2 H states that “the Department shall include in any new contract or contract renewal for the housing of an inmate (on or after the effective date of this procedure) with a private entity or other entity, including other government agencies, the entity’s obligation to adopt and comply with the PREA Standards and the Department’s policies related to PREA compliance. The contracted entity will undergo regular, mandated audits on a three-year basis, as required by the National PREA Standards. The Department shall provide for contract monitoring to ensure that the contract service provider is complying with the PREA Standards with any new contract or contract renewal.”

There has been only one contract for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012. On August 5, 2013, the Department entered into or renewed an agreement with Lackawanna County for the purpose of providing programming and full custody residential services to technical parole violators under the jurisdiction of the Commonwealth. This agreement included specific language requiring Lackawanna County to agree to adopt and comply with all PREA regulations. This agreement also includes the Department’s right to inspect the facility at any reasonable time. Facilities that the agency contracts with for the confinement of inmates are audited annually. In addition, monthly site visits are conducted at the contracted facility and investigations are monitored to ensure compliance with PREA standards.

Standard 115.213 Supervision and monitoring

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

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The Sharon CCC is a thirty-four (34) bed male facility staffed by thirteen (13) Employees: One (1) Center Director, Ten (10) CCCMs (Security Monitors), One (1) Corrections Counselor, and One (1) Clerk Typist. The facility maintains a compliment of Ten (10) Full Time CCCMs with a daily shift breakdown of 2 on each of the three shifts. The zone of responsibility for the Monitors includes seven (7) resident rooms, two (2) common areas, four (4) resident bathrooms, one (1) resident kitchen/dining area, one (1) laundry room, one (1) staff bathroom, two (2) basement/storage areas, four (4) staff offices, one (1) ingress point, two (2) egress points, one (1) resident smoke area/yard, all staff parking areas and one (1) resident parking lot.

No deviations from the staffing plan were reported by the Facility Director. The position of Correctional Counselor was vacant for several months but has recently been filled. Call-offs or unscheduled absences by Security Monitors are handled through the use of Overtime.

The staffing plan was reviewed for calendar year 2014 by The Pennsylvania Department of Corrections Bureau of Community Corrections. In a memo dated June 23, 2015, the PA BCC determined that there were no adjustments necessary or requests for additional staffing required for Sharon CCC.

Sharon CCC is monitored by (15) cameras and (1) DVR capable of recording (30) days of video. The DVR had been replaced to enhance recording capabilities and quality. Two 19" CCTV monitors were also installed to enhance viewing. The building is 100 years old and is a large family residence converted for use as Community Confinement Facility. As a result there are blind spots and corners that cannot be captured by cameras. The facility has compensated for this by removing doors and installing mirrors where appropriate.

Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)

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

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.

BCC ADM 008 Section 2 K provides direction on Cross Gender searches and Supervision that are in compliance with PREA Standards.

Section 8.3.1 E.4 of the Community Corrections Security Manual states that Community Corrections staff shall not conduct a body cavity search of any offender or “a cross gender strip search of any offender.” BCC ADM 008 SHA-01 is the local PREA Policy for Sharon CCC states in II 2 J that “Sharon CCC does not allow cross- gender strip or pat searches.”

Sharon CCC does not house female residents. There are two (2) female Security Monitors on staff and they are not authorized to conduct pat searches or strip searches on male inmates

On February 23, 2015 the Facility Director at Sharon CCC posted a memorandum to all staff that provided the following guidance;

“Per PREA Community Confinement Standards 28 C.F.R. Part 115.215 Limits to cross-gender viewing and searches (d) The facility shall implement policies and procedures that enable residents 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. All Females will be required to announce “FEMALE ON FLOOR” when entering the second floor and downstairs shower area of this facility (as they meet the definition of the area defined in the above standard) regardless of whether they have been on the floor, or not, throughout the day.

An announcement is required every time a person of opposite gender (in our facility’s case-- Female Presence) come onto the floor. Please understand that even if you have been on the floor all day, and leave for any reason, you must re-announce your presence when you come back on the floor. This is not the case when you enter or exit an office on that floor—ONLY if you leave the floor completely.

Additionally, any time a female is going to enter a resident Restroom (Posted as Authorized Changing Areas) there must be a knock and announce before the door is opened. Residents are not allowed to ever be nude in any area of this facility except for the Authorized Changing Areas (with the Door Closed). The CROSS-GENDER announcement must occur when entering the second and third floor (Housing Unit) - It does not have to occur at each resident’s individual room door (the area is the floor not the individual room) ---

Announcements must still occur at the RESIDENT RESTROOMS POSTED AS “AUTHORIZED CHANGING AREA. “All staff will write a BCCI41.3 for any infraction where a resident has exposed genitalia or buttocks and is not in the posted “Authorized Changing Area” WITH THE DOOR CLOSED. Residents that are changing outer clothing must do so in a timely manner and are never allowed to be nude in their rooms nor are they allowed to lounge or sleep in undergarments. Every resident restroom door will be posted with a small sign designating them as an “Authorized Changing Area.”

FEMALE Staff that are escorting females throughout the building (excluding Female Staff and assigned Female Agents- it is their responsibly) are responsible for making this announcement when entering the second and third floors. MALES in this facility never have to announce their presence as the requirement is for residents to be clear of cross-gender viewing. This procedure is mandatory and must be adhered to at all times. The Bureau of Community Corrections and this facility has a ZERO-TOLERANCE policy against Sexual Harassment & Sexual Abuse of Residents- Any Staff member, Contractor, Intern, volunteer, or State Employee who has offices in the building (this includes Assigned Parole Agents) must be trained and must report suspected/observed Sexual Harassment/Sexual Abuse.”

The Sharon CCC requires that security staff make an announcement over the public address system twice each day. This announcement covers the zero tolerance policy and provides instructions to residents on how to report sexual abuse.

All residents and staff interviewed by the Auditor confirmed that residents have the ability to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their unclothed body. The Auditor made a visual inspection of each restroom and shower area. Appropriate doors and/or curtains were in place. The staff and residents confirmed that there is policy in place that requires female staff to announce themselves when entering an area where residents are likely to be showering, performing bodily functions or changing clothing. "Female on the floor" was the phrase that residents reporting hearing every day.

There were no residents identified as transgender or intersex at Sharon CCC on the date of the audit. None of the staff interviewed could recall ever having a transgender or intersex resident at the facility. The Security Monitors interviewed all agreed that it would not be Policy to strip search a resident to determine genital status. They reported that strip searches must be approved from a higher level authority and would generally be only for dangerous contraband or some other security purpose. The Monitors reported that they did receive some training earlier in 2015 on conducting pat searches of transgender and intersex residents.

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

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

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

The Auditor was advised that there are no residents with disabilities or residents who are limited English proficient.

BCC ADM 005 Community Corrections Resident legal Procedures Manual Section 1 D 3-4 states that "at no time will a resident be permitted to act as a translator or assistant for sexual abuse or physical abuse related interviews, reporting, etc. If a multi-lingual staff member is not available, translation services shall be coordinated by the Facility Director/designee utilizing the Department contracted provider. The Bureau Office will provide direction and contact information to the facility."

The agency maintains a contract with Propio LS LCC to provide telephone interpreter services. The facility also provides access to TTY for any deaf residents. All PREA materials including posters, Risk Screening (PRATs) and PREA announcements are provided in Spanish and copies were provided to the Auditor. The Auditor observed signs for AWARE (the local Rape Crisis Center) in both English and Spanish.

Standard 115.217 Hiring and promotion decisions

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

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Sharon CCC does not have on-site Human Resources Staff. The facility shares an HR staff with Erie CCC. All employment records are kept off-site at another location.

Pennsylvania Policy 4.1.1 Human Resources and Labor Relations Manual Section 40 - Conducting Employee Background Investigations A 4 states that “Consistent with the Prison Rape Elimination Act (PREA)

- a. Prior employment in any type of prison, jail, lockup, community confinement facility, juvenile facility, or other institution will be further investigated to ensure that the candidate has not been found to have any of the following:
- (1) have 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) and
 - (2) have been convicted or civilly or administratively adjudicated for 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.

A PREA Current/Prior Employer Letter is used to solicit specific information from prior employers regarding the applicant’s previous misconduct. The DOC application requires employees to take an oath sworn before a Notary Public that this application and any attachments contain no misrepresentations, falsifications, omissions, or concealment of material fact.

Criminal background checks are conducted on all new hires. Through interviews with Administrative Staff, it was discovered the Agency utilizes “JNET,” which notifies them immediately, anytime a staff member is arrested. This system is real-time; therefore, documented background checks for employees every 5 years is not necessary.

The DOC Human Resources and Labor Relations Manual Section 40- Conducting Employee Background Investigations states that Human Resources Offices will be responsible for ensuring that the PREA Annual Employee Compliance Verification Form is completed in conjunction with each employee’s annual Employee Performance Review.

The DOC Policy further requires that applicants for promotion complete a Position Vacancy Interest Form when submitting materials to job postings. Incidents of sexual harassment would be considered in determining promotional ability.

Standard 115.218 Upgrades to facilities and technologies

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

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BCC ADM 008 and 8.3.1 Community Corrections Security Procedure Manual Section 42 A-C provide policies and procedures for the purchase of video monitoring system that includes a process for review and consideration of PREA Standards

Within the past 12 months there has not been any expansion or modification of Sharon CCC. The facility has 15 video cameras and this number was reviewed for calendar year 2014. No additions were requested. The building is 100 years old and is a large family residence converted for use as Community Confinement Facility. As a result there are blind spots and corners that cannot be captured by cameras. The facility has compensated for this by removing doors and installing mirrors where appropriate.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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BCC ADM 008 Community Corrections PREA Procedures Manual Section 4 B-2 states “In order to maximize the potential for obtaining usable physical evidence, the facility shall secure and protect the potential crime scene, until physical evidence can be collected by law enforcement and/or an outside medical professional. If those entities decline to take possession of the evidence, it shall be handled in accordance with Department policy 8.3.1, Section 24. Policy 8.3.1 includes a uniform evidence protocol for Community Corrections facilities to follow.

Sharon CCC does not have on-site medical staff. The Auditor conducted a phone interview with the Emergency Room Coordinator at the University of Pittsburgh Medical Center (UPMC) Shenango-Greenville. She confirmed that this would be the medical facility utilized by Sharon CCC in the event of a report of sexual abuse. She advised they have six (6) Nurses on staff who are certified as SANE. She advised that all likelihood one of these Nurses would be on duty and if not one of them would be called in to handle any required examination. She remarked that they have a good working relationship with Sharon CCC. The Auditor was provided with a copy of the Letter of Agreement with UPMC.

The Auditor conducted a phone interview with a coordinator at AWARE which is the local Rape Crisis Center in Sharon. She confirmed that her agency has an MOU with Sharon CCC. The coordinator advised that they would receive calls from the hotline number posted in the facility. Services provided by AWARE to any victim of sexual abuse would include providing support and counseling services over the phone and meeting the victim at the hospital to be present for additional support. They would also conduct follow-up sessions. The Auditor was provided with a copy of the MOU with AWARE.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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BCC ADM 008 PREA Community Corrections PREA Procedures Manual Section 5- Investigations and Retaliation Monitoring Section A. 2-3 states that “ the Bureau Major/designee shall assign an administrative investigation for every incident/allegation of sexual abuse and/or sexual harassment and report it to the Department’s Office of Special Investigations and Intelligence The Bureau Major/designee shall refer incidents/allegations of sexual abuse or sexual harassment of a resident for criminal investigation, unless it does not involve potentially criminal behavior; and assign a BCC investigator to track the progress.”

During interviews, staff confirmed that Investigations are assigned by the Department Operations Center. The Pennsylvania Department of Corrections Policy on the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the Department website. Criminal Investigations are conducted by the Pennsylvania State Police. The Auditor was provided with copies of the MOU with the Pennsylvania State Police.

Standard 115.231 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)

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

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The Auditor was provided with an array of employee training documents including lesson plans, power point presentations, and other training documents. A review of the materials confirms that employees at the facility receive training on the following required topics:

- 1) The zero tolerance policy against sexual abuse and sexual harassment within the Department;
- 2) How staff are to fulfill their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this policy;
- 3) Inmates' right to be free from sexual abuse and sexual harassment;
- 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- 5) The dynamics of sexual abuse and sexual harassment in confinement;
- 6) The common reactions of sexual abuse and sexual harassment victims;
- 7) How to detect and respond to signs of threatened and actual sexual abuse;
- 8) How to avoid inappropriate relationships with inmates;
- 9) How to communicate effectively and professionally with inmates, including LGBTI or gender nonconforming inmates; and
- 10) How to comply with relevant laws of Pennsylvania related to mandatory reporting of sexual abuse to outside authorities.

The facility maintains records that employees received an initial PREA Training in January of 2015 and received refresher training in July of 2015. PA BCC Policy requires refresher training every two years.

Standard 115.232 Volunteer and contractor training

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

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BCC ADM 008 Community Corrections PREA Procedures Manual Section 2 Prevention and Training states in section M 1 that "Every Department and Contract Agency employee, volunteer, and intern who has contact with residents shall be trained on his or her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response policies and procedures."

On the date of the Audit the facility did not have any Volunteers and had only two (2) Contractors. Documentation was provided that demonstrated that both Contractors received and understood the required PREA Training. The Auditor conducted a telephone interview with one of the Contractors and he confirmed that he had received the training and understood PREA.

Standard 115.233 Resident education

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

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

BCC ADM 008 Community Corrections PREA Procedures Manual Section 2 Prevention and Training states in section N that “Every resident, including transfers and new receptions, will receive information regarding the Agency’s zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding Agency policies and procedures for responding to such incidents. The Facility Director/designee shall ensure resident orientation and education is able to be provided in formats accessible to all residents including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.”

Resident and staff interviews confirmed that each new resident, including transfers and new receptions, receives a copy of the PREA Brochure immediately upon arrival at the facility. The resident signs the Resident PREA Brochure Receipt. Any staff member who received PREA basic training may provide the PREA Brochure to residents. Questions that cannot be answered by the staff member are referred to the Counselor or Facility Director. Within fourteen days a thorough resident education is be provided by the counselor using the Sexual Abuse/Sexual Harassment Education Program. Documentation that sexual abuse and sexual harassment training has occurred, is recorded on the PREA Education Receipt for Residents form and maintained in the resident’s file.

All residents interviewed reported receiving brochures, and handbooks containing PREA information. The residents confirmed that Posters are clearly visible throughout the facility.

Standard 115.234 Specialized training: Investigations

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

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.

This standard is not applicable to Sharon CCC. PA BCC ADM 008 Community Corrections PREA Procedures Manual Section 2 - Sexual Abuse/Sexual Harassment Prevention and Training M 7 “states that Any employee who conducts sexual abuse investigations shall receive specialized training specific to confinement settings through the Department or other approved source. This training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence

collection in confinement settings and the criteria and evidence required to substantiate a case for administrative actions or prosecution referral.

Sharon CCC does not have trained Investigators on-site and does not coordinate investigator training. Trained investigators are assigned to conduct investigations by the PA BCC following a report made to the Operations Center.

Standard 115.235 Specialized training: Medical and mental health care

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

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.

This standard is not applicable to Sharon CCC. Sharon CCC does not employ or contract with on-site Medical or Mental Health Care staff. All medical and mental health services are provided off-site.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

During the Audit, the Auditor was provided with documentation showing that Risk Screenings had only been recently implemented at the facility. There were 31 residents on the date of the audit and of those only 20 residents had received an initial PRAT. Of those who had received an initial PRAT, 10 were beyond the 72 hours required by the standard. Only 10 residents had received a 30 day PRAT. Of those 10 who had received the 30 day PRAT only five were within the 30 day window.

An interview with the Facility Director disclosed that the position of Counselor had been vacant for several months and had only recently been filled. This position is responsible for completing the PRATs. In the absence of the Counselor, the Facility Director had been completing all of the PRATs. On the date of the on-site Audit, the new Counselor was being trained on the PRAT process and would be involved in addressing the backlog.

Pennsylvania BCC-ADM-008 L (1) requires that "every resident shall be assessed for risk of being sexually abused by residents or sexually abusive toward other residents... (a) Within 72 hours of initial reception and (b) between 20-30 days after initial reception."

Corrective action was required in order to demonstrate compliance. The facility was asked to document that all current residents received at the facility prior to July 1, 2015 had received a PRAT. In addition the facility was asked to document that all residents received after July 1, 2015 had received a 72 hour PRAT, and a timely 30 day follow up PRAT. Corrective Action was monitored for a 90 day period. Sharon CCC provided the Auditor with updated tracking forms for August 2015, September 2015, and October

2015. The forms showed that the facility has completed PRATs in a timely manner and is now in full compliance with Standard 115.241.

Standard 115.242 Use of screening information

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

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.

PA BCC ADM 008 Community Corrections PREA Procedures Manual Section 2 - Sexual Abuse/Sexual Harassment Prevention and Training M 7 states that “the information received through the administration of the PRAT shall be used to make individualized determinations regarding housing, work, education, and program assignments with the goal of keeping residents safe and keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.”

On the date of the Audit, the facility only had one resident who had a PRAT score indicating possible risk for victimization. This was due to his age (age 18). This resident was interviewed by the Auditor and advised that he felt safe at the facility. There were no residents identified as potential abusers. The facility has the ability to separate residents by room. The Sharon CCC does not have a segregation unit. The facility does not have any transgender or intersex residents and does not have any known gay or bisexual residents. The facility does not have any protocols or procedures to place any future such residents in a dedicated wing.

Standard 115.251 Resident reporting

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

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.

PA BCC ADM 008 Community Corrections PREA Procedures Manual Section 3 – Reporting Incidents and Allegations B 1 states “that residents may privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Reports may be made verbally, in writing, anonymously and from third parties to:

- a. any staff member;
- b. the Facility Director/designee;
- c. the facility PREA Compliance Manager;
- d. the PA Department of Corrections PREA Coordinator;
- e. or the address in subsection C (BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110).

Sharon CCC has posters throughout the facility in both Spanish and English that provide a Hotline Number to AWARE, the local Rape Crisis Center in Sharon. An address and e-mail address are also on the AWARE poster. In addition, a hotline number created

for reports of abuse by staff is also posted. This hotline goes to the Pennsylvania Department of Corrections Office of Special Investigations.

Standard 115.252 Exhaustion of administrative remedies

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

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.

PA BCC ADM 003 Community Corrections Resident Grievance Procedures Manual Section 1 Grievance Reporting E 1-6 provides the following:

1. At no time will a resident be required to submit a grievance alleging sexual or about sexual abuse to the staff member who is the subject of the complaint.
2. A third party (fellow residents, staff members, family members, attorneys and outside advocates) may assist a resident in filing a request for an administrative remedy relating to allegations of sexual abuse or file a request on the resident’s behalf. The resident must agree to the assistance in writing and provide a copy of the written agreement to the PREA Compliance Manager.
3. Nothing in this procedures manual shall restrict the Department’s ability to defend against a lawsuit related to sexual abuse, filed by a resident on the ground that the applicable statute of limitations has expired.
4. If a resident is subject to substantial risk of imminent sexual abuse, the nearest staff member should be immediately notified. The staff member shall immediately complete first responder duties as outlined in BCC-ADM 008, Section 4 and document the allegation.
5. Every allegation of sexual abuse shall be responded to and investigated in accordance with BCC-ADM 008 Community Corrections PREA Procedures Manual. All documentation related to sexual abuse allegations will be confidential and securely maintained by the PREA Compliance Manager.
6. A resident shall only be disciplined for filing a grievance related to sexual abuse when it can be proven through investigation the resident filed the grievance in bad faith.

BCC ADM 003 further removes the time limits on filing a grievance for allegations involving sexual abuse /harassment and any requirement that there first be an attempt to resolve the grievance informally.

Standard 115.253 Resident access to outside confidential support services

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

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.

Sharon CCC has an MOU with AWARE, the Rape Crisis Center for Sharon and Mercer County Pennsylvania. This agency provides all of the services required by 115.253. This was further confirmed in a phone interview that the Auditor conducted with an agency representative.

Information provided to the Auditor determined that the facility does not monitor resident mail or telephone calls.

Standard 115.254 Third-party reporting

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

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.

PA BCC ADM 008 Community Corrections PREA Procedures Manual Section 3 – Reporting Incidents and Allegations B 1 states that “anyone may make a private report of an allegation of sexual abuse or sexual harassment on behalf of a resident by writing to the:

BCI/PREA Coordinator 1800
Elmerton Avenue
Harrisburg, PA 17110

or, by submitting a report online at www.tipsubmit.com.

This address and website are not part of the Department or Contract Agency and are able to receive and immediately forward reports of sexual abuse and sexual harassment to Agency officials. The reporter may remain anonymous upon request. This address and website may be used by anyone including employees, residents, friends, family, volunteers, visitors, interns, contractors, vendors and the general public.

These addresses are featured on posters that can be seen throughout the facility.

Standard 115.261 Staff and agency reporting duties

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

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.

PA BCC ADM 008 Community Corrections PREA Procedures Manual Section 3 – Reporting Incidents and Allegations F 1 states that “all staff shall provide an immediate verbal report to the Facility Director/designee of any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility (whether or not it is part of the Agency); retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may

have contributed to an incident or retaliation. If the report involves an incident/allegation of sexual abuse the employee shall also complete first responder duties as outlined in Section 4 of this procedures manual.”

Subsection D 3 adds that “apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone except those specified in this procedures manual, to make treatment, investigation, or other security and management decisions.”

Standard 115.262 Agency protection duties

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

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

The facility applies the sections of the PREA Standards on First Responders to the duty to protect. During the audit, the Auditor interviews with staff confirmed that it was understood that a resident in substantial danger of imminent sexual abuse should be protected by being removed from the area and protected/separated from the potential abuser.

Standard 115.263 Reporting to other confinement facilities

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

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

PA BCC ADM 008 Community Corrections PREA Procedures Manual Section 3 – Reporting Incidents and Allegations requires in section F-2 that “upon receiving an allegation that a resident was sexually abused or sexually harassed while confined at another facility, the Facility Director/designee shall document the receipt of the allegation and verbally notify the BCC Operations Center. The BCC Operations Center will make initial contact with the affected facility and the reporting Facility Director or designee shall make follow-up contact with the affected Facility Manager within 72 hours of report. The affected facility will be provided a copy of the confidential report and contact information for any follow up questions.”

Staff at Sharon CCC reported that within the past 12 months there have been no reports of sexual abuse/harassment that required reporting to another facility.

Standard 115.264 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 4 – Responding to a Report of Sexual Abuse subsection B provides the following procedures:

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall take immediate action and:

- a. call “911” if a physical and/or sexual assault is currently in progress;
- b. as soon as safely possible separate the alleged victim and alleged abuser;
- c. escort the victim to a safe location away from others;
- d. notify the Facility Director/designee;
- e. contact the BCC Management Operations Center (BCC-MOC) and follow all direction provided to include preserving and protecting any possible crime scene ; and
- f. complete the BCC First Responder Checklist

In order to maximize the potential for obtaining usable physical evidence, the facility shall secure and protect the potential crime scene, until physical evidence can be collected by law enforcement and/or an outside medical professional.

Sharon CCC Policy BCM 008 SHA 001 Attachments 2 and 3 provide a First Responder Checklist for staff to utilize. In addition, Sharon BCC will be receiving pocket cards for staff to carry that list the steps in responding to reports of sexual abuse. The staff interviewed by the Auditor had been trained on First Responder duties and were able to describe the required steps to be taken.

Standard 115.265 Coordinated response

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

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

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 4 – Responding to a Report of Sexual Abuse states that “the facility shall develop a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.” Sharon CCC Policy BCM 008 SHA 001 is the local policy that identifies the facility and local resources that will respond.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The Pennsylvania Department of Corrections operates within the confines of collective bargaining agreements with eight (8) different unions. None of these collective bargaining agreements contain language that limit the ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. In addition, the collective bargaining agreements are silent regarding suspensions pending investigation. When the contract is silent on issues, policy then governs.

A memo from the Secretary of Corrections dated January 12, 2015, states the Department does not need to demonstrate that the employee committed the suspected offenses; but rather, that the “nature of the allegations” are such that there is just cause to remove the employee from the institution pending the outcome of the investigation.

Standard 115.267 Agency protection against retaliation

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

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

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 5 – Investigations and Retaliation Monitoring subsection B provides the procedures for monitoring retaliation:

1. The Department shall protect all residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Action may include:
 - a. administrative and/or criminal investigation;
 - b. housing changes or transfers for resident victims or abusers;
 - c. removal of alleged abusers from contact with victims; and/or
 - d. emotional support services for residents or staff.
2. For at least 90 days, and longer if deemed necessary, following a report of sexual abuse, the PREA Compliance Manager (PCM) shall monitor the conduct and treatment of:
 - a. residents who reported sexual abuse;
 - b. residents who were reported to have suffered sexual abuse;
 - c. staff who reported sexual abuse; and
 - d. any other individual who cooperates with a sexual abuse or sexual harassment investigation and expresses a fear of retaliation
3. The PREA Compliance Manager (PCM) shall monitor these individuals to see if there are changes that may suggest retaliation by residents or staff by:

- a. reviewing the resident’s infraction reports, program reports and housing assignment ;
- b. reviewing negative staff performance reviews or staff reassignment;
- c. negative interactions with other staff or other residents;
- d. meeting with the resident bi-weekly to discuss their progress; and
- e. document on the Retaliation Monitoring Form.

4. When retaliation is suspected, the PCM shall immediately notify the Facility Director/designee and Regional Director/designee so that appropriate steps may be taken to protect the individual and remedy any such retaliation.

5. The facility’s obligation to monitor retaliation shall terminate if the allegation is unfounded.

Interviews with the Facility Director indicated that within the last 12 months there have been no incidents of retaliation that needed monitoring.

Standard 115.271 Criminal and administrative agency investigations

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

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

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 5 – Investigations and Retaliation Monitoring provide the procedures that meet this standard:

The Bureau Director/designee shall ensure every reported incident/allegation of sexual abuse and/or sexual harassment of a resident is investigated promptly, thoroughly and objectively and a confidential report compiled as outlined in Department policy 8.3.1, Section 35, BCC Investigations.

The Bureau Major/designee shall assign an administrative investigation for every incident/allegation of sexual abuse and/or sexual harassment and report it to the Department’s Office of Special Investigations and Intelligence (OSII).

The Bureau Major/designee shall refer incidents/allegations of sexual abuse or sexual harassment of a resident for criminal investigation, unless it does not involve potentially criminal behavior; and assign a BCC investigator to track the progress.

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by a person’s status as resident or staff. The Department shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Completed investigations are forwarded to the Bureau Major/designee for review, processing and final approval by the Bureau Director/designee.

The completed investigation packet (including supporting documentation) shall be forwarded to the Department PREA Coordinator and OSII by the due date assigned by OSII.

OSII shall provide notification to the Bureau Director/designee by OSII, Bureau Director/designee regarding the case review. Upon receipt of this notification, the Bureau Director/designee shall direct and document necessary administrative action. The victim shall be notified of the outcome of the investigation as outlined in Section 8 of this procedures manual.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 5- Investigating Allegations of Sexual Harassment 4 and/or Sexual Abuse states in states in section A 4 that “the Department shall impose a standard of preponderance of the evidence in determining whether allegations of sexual harassment/sexual abuse are substantiated.”

The Draft of PA BCC Policy 8.3.1 Community Corrections Security Procedures Manual includes in Section 35 Investigations subsection B 6 the statement that “no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

Standard 115.273 Reporting to residents

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

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

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 8 – Notification to Residents B 1-5 provides the Policy and Procedure for notifying the resident victim of the outcome of an investigation conducted into reported allegations of sexual abuse. The requirement mirrors those of PREA standard 115.273.

Sharon CCC has not had any reported incidents of sexual abuse and to date no investigations have been conducted. Victim notifications have therefore not been required.

Standard 115.276 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 7 – Disciplinary and Administrative Section A 1-6 states the following:

1. Any Department or Contract employee, volunteer or intern who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of a resident shall be subject to appropriate disciplinary or administrative action.
2. Department employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Discipline shall occur in accordance with Department policy 4.1.1.
3. All terminations for violations of Department sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.
4. Any Contract employee or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
5. The department shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of department sexual abuse or sexual harassment policies by a contractor or volunteer.
6. Contract agency hiring, firing and promotional practices must comply with the National PREA standards.

Sharon CCC has not had any incidents within the past 12 months that have required staff disciplinary action.

Standard 115.277 Corrective action for contractors and volunteers

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

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

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 7 – Disciplinary and Administrative Section A 1. 4 and 5 states the following:

1. Any Department or Contract employee, volunteer or intern who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of a resident shall be subject to appropriate disciplinary or administrative action.
4. Any Contract employee or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. (§115.277[a])
5. The department shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of department sexual abuse or sexual harassment policies by a contractor or volunteer. (§115.277[b])

Standard 115.278 Disciplinary sanctions for residents

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

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

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 7 – Disciplinary and Administrative Action Resident Discipline – General Section C provides the following instruction:

1. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, resident-on-resident sexual harassment or following a criminal finding of guilt for resident-on-resident sexual abuse.
2. Sanctions shall be commensurate with the nature and circumstances of the abuse or harassment committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.
3. The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
4. If the allegation of sexual abuse has been substantiated, the resident abuser will be discharged from the facility where the abuse occurred.
5. For the purpose of disciplinary action, a report of sexual abuse or sexual harassment made in good faith, based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
6. The facility may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
7. The Agency prohibits all sexual activity between residents and disciplines residents for such activity. The Agency will not deem such activity to constitute sexual abuse if the Agency determines that the activity is not coerced (meaning it is consensual).

During the past 12 months, there have not been any administrative or criminal findings of inmate-on-inmate sexual abuse that have occurred at the facility.

Standard 115.282 Access to emergency medical and mental health services

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

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

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 4 – Responding to a Report of Sexual Abuse sets out the policy and procedures that comply with this standard. This section includes:

“Resident 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.

Services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This financial obligation ends when the resident is released from the facility. Any financial obligation incurred by the facility shall be reported to the Bureau Director/designee. “

Sharon CCC staff do not conduct Mental Health evaluations nor does the Bureau have any Medical staff. All Medical and Mental health services are handled by outside agencies. All Medical services are handled by outside agencies and the Bureau would not impede on the rights of the victims to receive any medical care, contraception, or prophylaxis offered to the victim. Sharon CCC does not have on-site medical staff. The Auditor conducted a phone interview with the Emergency Room Coordinator at the University of Pittsburgh Medical Center (UPMC) Shenango-Greenville. She confirmed that this would be the medical facility utilized by Sharon CCC in the event of a report of sexual abuse. She advised they have six (6) Nurses on staff who are certified as SANE. She advised that all likelihood one of these Nurses would be on duty and if not one of them would be called in to handle any required examination. She remarked that they have a good working relationship with Sharon CCC. The Auditor was provided with a copy of the Letter of Agreement with UPMC.

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

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

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

Sharon CCC does not have on-site medical or mental health staff. The Auditor was provided with a copy of the Letter of Agreement with UPMC Greenville-Shenango. Follow-up care for any resident would be provided by that facility.

The Auditor conducted a phone interview with a coordinator at AWARE; the local Rape Crisis Center in Sharon. She confirmed that her agency has an MOU with Sharon CCC. The coordinator advised that they would also conduct follow-up sessions and after care. The Auditor was provided with a copy of the MOU with AWARE.

Treatment is not provided with any financial cost to the resident.

Standard 115.286 Sexual abuse incident reviews

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

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

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 6 – Sexual Abuse Incident Review states that a Sexual Abuse Incident Review shall be conducted at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated. No review will be conducted if the allegation has been determined to be unfounded. The review shall occur within 30 working days of notice of satisfactory completion of the investigation. These reviews must take place for ALL sexual abuse investigations, whether they are conducted by the Bureau Security Division or OSII.

The PREA Compliance Manager (PCM) will chair the Sexual Abuse Incident Review committee. The PCM, in collaboration with the Regional Director/designee, will determine the exact composition of the team based on the nature of the incident. Sharon CCC has not had incidents of sexual abuse. The Facility Director confirmed that the process is in place for a review should one be necessary.

Standard 115.287 Data collection

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

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

DC-ADM 008 PREA Procedures Manual Section 1- Data Collection and Retention states The Bureau of Planning, Research and Statistics shall collect accurate, uniform data for every allegation of sexual abuse at facilities under the Department’s direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The agency aggregates the incident-based sexual abuse data annually.

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinements of its inmates.

The data from private facilities complies with the SSV reporting regarding content.

The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

Standard 115.288 Data review for corrective action

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

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

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 1 – Data Collection states that the “the Bureau of Planning, Research and Statistics shall review data collected and aggregated annually pursuant to PREA Auditing Standard in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training by:

- 1) Identifying problem areas;
 - 2) Taking corrective action on an ongoing basis; and
 - 3) Preparing an annual report of its finding and corrective actions for each facility, as well as the Department as a whole.
- The report shall include a comparison of the current year’s data and corrective actions taken to reduce the incident of sexual abuse, sexual harassment, and retaliation with those from prior years, and shall provide an assessment of the Department’s progress in addressing sexual abuse.

The Annual PREA Report shall be approved by the Secretary and posted on the Department website by June 30 of each year.

Standard 115.289 Data storage, publication, and destruction

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

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

BCC-ADM 008, Community Corrections PREA Procedures Manual Section 1 – Data Collection states:

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.

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

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.

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.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

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

Eric S. Pierson

October 20, 2015

Auditor Signature

Date