

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

Date of report: November 12, 2015

Auditor Information			
Auditor name: Jeff Kovar			
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Email: jeff@preaauditing.com			
Telephone number: 832-833-9126			
Date of facility visit: October 12-13, 2015			
Facility Information			
Facility name: Wernersville Community Corrections Center			
Facility physical address: 165 Main Street Wernersville, PA 19565			
Facility mailing address: (if different from above) Click here to enter text.			
Facility telephone number: 610-621-5390			
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 type="checkbox"/> Community-based confinement facility
	<input checked="" type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Marlena Seguin (Facility Director)			
Number of staff assigned to the facility in the last 12 months: 89			
Designed facility capacity: 492			
Current population of facility: 314			
Facility security levels/inmate custody levels: State Intermediate Punishment Custody Level 1G/Parole Residents No Custody Level.			
Age range of the population: 18-80			
Name of PREA Compliance Manager: Marlena Seguin		Title: Facility Director/PREA Compliance Manager	
Email address: maseguin@pa.gov		Telephone number: 610-621-1967	
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		Title: Secretary of Corrections	
[REDACTED]		[REDACTED]	
Agency-Wide PREA Coordinator			
Name: Jennifer L. Feicht		Title: PREA Coordinator	
Email address: cjefeicht@pa.gov		Telephone number: 724-662-1837	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of Wernersville Community Corrections Center was conducted on October 12-13, 2015. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

An entrance meeting was held the first morning of the onsite audit with the following persons: Marlana Seguin-Facility Director, Laura Hoffman-Acting Captain, Madeline Quinn-Administrative Officer, Carol Ann Mattis-Director of Standards, Audits and Accreditation.

The auditor wishes to extend his appreciation to Marlana Seguin, and her staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would also like to recognize PREA Coordinator Jennifer Feicht for her hard work and dedication to ensure the facility is compliant with all PREA standards.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including: the lobby, visitation, administrative offices, resident dining area, kitchen, outside courtyard, exercise room, resident laundry, and resident lounge. During the tour, informal interviews were conducted with residents and staff throughout the facility.

A total of 18 staff were interviewed with at least one staff member interviewed from each interview category, with the exception of the interviews related to staff who supervise inmates in segregated housing (this interview type was not applicable to the facility).

Staff from all three shifts were interviewed.

A total of 15 inmates were interviewed with at least one inmate interviewed from each interview category.

Telephone interviews were conducted with the Agency Head, Agency Contract Administrator, PREA Coordinator, and the SAFE/SANE staff.

The count on the first day of the site visit was 223, and the count was 227 on the last day.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed his concerns with PREA Coordinator Jennifer Feicht and Facility Director Marlana Seguin. Through a coordinated effort by these key staff members as well as other staff, all issues were addressed and corrected to the satisfaction of the auditor prior to the completion of the Final Report.

When the audit was completed, the auditor conducted an exit briefing on October 13, 2015. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Campus consists of three buildings located on Wernersville State Hospital Property. There is a combined 164,913 square feet of space between the 3 buildings. The location is more rural than other state operated centers and public transportation is the main means of travel. Each building has a different layout however they each have adequate space for resident dorms, office space, storage, counseling and group meetings as well as recreation.

Building 30 is 47,240 square feet and is the first building located on the right after turning off Sportsman Road. This building provides facilities for the handicapped.

Building 18/19 is 75,655 square feet and is a three floor building with two elevators. This building provides facilities for the handicapped.

Building 27 is 50,098 square feet and is a two story building with no elevator. Although this building does provide facilities for the handicapped it is not an ideal situation as the rear entrances would need to be used.

The security rating of a Community Corrections Center is that of a Level 1 facility. This is community-based housing consisting of residential-type construction with no special security features with the exception of exterior alarms supplemented by 24 hour on-site staff supervision and video cameras located throughout the interior and exterior of the buildings. Building #30 is equipped with a mag lock delayed exit system.

The Wernersville CCC utilizes a variety of community-based programs, as individual resident needs dictate. However, most of the residents participate in substance abuse therapy and integration groups for additive behavior, offered within the community by a private therapist. Drug and alcohol programming services are provided by TASC and Adappt. Berks Advocates Against Violence provide Domestic Violence Counseling and services and Service Access Management is the agency responsible for referring our Mental Health residents for treatment. Residents are also given the opportunity to participate in AA/NA meetings in the community as well as in the centers through which aids them in developing a support network for the recovery process.

In addition, the residents of this facility have in-house programs provided by volunteers, Center Staff, and agencies from the community. The Family Support Alliance provides an in-house Parenting Program for the residents, which assists residents with specific needs and knowledge regarding their reintegration into the family. It is available for those residents who have an interest in re-establishing/strengthening their relationships with their children as well as their roles as responsible parents. Berks Aids Network conducts several groups to include, Healthy Life Choices, Reaching Goals, HIV Education and STD Education. Pennsylvania Board of Probation and Parole conducts a Life Skills class and several trained Correctional Counselors conduct Transitional Issues Program, Violence Prevention Booster, and Violence Prevention Modified. Several volunteer groups are being scheduled to assist with reading skills, English as a second Language, and bible study groups.

The Wernersville Campus also provides services to the State Intermediate Punishment population by providing Level 3 services as well as Level 4 supervision. Building 18 on the Campus has been designated as a Specialized Center for Category 3 residents and serves as a 60 day intensive community based supervision site for Violent Offenders. To meet the guidelines of a Specialized Center a joint effort is made by both DOC staff and PBPP staff to provide these services. PBPP agents are assigned and are onsite on a regular basis to assure compliance and positive reintegration.

SUMMARY OF AUDIT FINDINGS

After reviewing all information provided during the pre-audit and onsite audit, including, staff and inmate interviews, the auditor has determined the following:

Number of standards exceeded: 2

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 1

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual- Section 2- Prevention and training states:

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.

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 Secretary of the Department.

The Agency will take appropriate actions to ensure zero tolerance toward all forms of sexual abuse and sexual harassment in order to promote the safety of residents. The Agency will implement federal PREA Standards to ensure that all aspects of operations work toward preventing, detecting, and responding to such conduct resulting in a safer environment.

All Department and Contract managers shall ensure that employees enforce and comply with the outlined procedures, take corrective action regarding non-compliance, and document appropriately.

Definitions of prohibited behaviors are outlined in BCC-ADM 008.

Interviews with the PREA Coordinator indicates she is allotted ample time to oversee the agency's efforts to ensure PREA compliance in all of its 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.

During the onsite audit, the auditor was advised the agency sent the PREA Coordinator as well as other staff members to the Department of Justice Auditor Training. The auditor was advised this is an example of the agency's 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 0008 Community Corrections PREA Procedures Manual-Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states:

The Department of Corrections shall include in any new contract or contract renewal for the housing of a resident with 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 Department of Corrections shall include in any new contract or contract renewal for the housing of a resident 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 as required by the federal PREA Standards.

The Bureau Director/designee shall provide for contract monitoring to ensure that the contractor is complying with the PREA Standards with any new contract or contract renewal related to community corrections.

Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA Standards have failed, shall the Department enter into a contract with an entity that fails to comply with these standards. All unsuccessful attempts shall be clearly documented.

There have been three contracts 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. The contracted facilities include: Lackawanna County, Columbia County, and York County. These agreements include specific language requiring the counties to agree to adopt and comply with all PREA regulations. These agreements also include the Department's right to inspect the facility at any reasonable time. The agency has existing contracts with approximately 16 other facilities. Through interviews with the PREA Coordinator, it was discovered when these contracts come up for renewal, they will include language specific to PREA requirements.

Interviews with the Agency Contract Administrator indicates the agency contracts, for the confinement of its inmates, would be audited annually. In addition, monthly site visits would be conducted on the facility and investigations would be monitored to ensure compliance with the 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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8.3.1 Community Corrections Security Procedures Manual outlines the agency staffing plan.

The auditor was provided with a staffing plan review for FY 2014, which was provided by the Bureau of Community Corrections (BCC).

Since August 20, 2012, the average daily number of residents was 298. The average daily number of residents in which the staffing plan was predicated was 298.

At least once every year, the facility, reviews the staffing plan to see whether adjustments are needed in 1) the staffing plan, 2) prevailing staffing patterns, 3) the deployment of video monitoring systems and other monitoring technologies, or 4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

Through staff interviews it was determined the facility has a staffing plan. Adequate staffing levels to protect residents against sexual abuse are considered in this plan. The staffing plan ensures there are enough monitors on each floor and that hourly rounds are conducted. Video monitoring is a part of this plan. The staffing plan is documented and outlined in policy.

The staffing plan is checked for compliance by reviewing the case notes and/or the daily log.

The facility would document all instances of non-compliance with the staffing plan; however, there have been no instances where they have deviated from the staffing plan.

Inmates identified to have a "housing concern" would be flagged in the computer and housed separately.

Standard 115.215 Limits to cross-gender viewing and searches

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

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BCC-ADM 008 Community Corrections PREA Procedures Manual- Section 2- Prevention and Training states:

1. Security staff shall be trained to conduct all resident searches in a professional, respectful and least intrusive manner possible, consistent with security needs and as outlined in Department policy 8.3.1 Section 30-Searches.
2. When the status quo of the gender-supervision on the housing unit changes from exclusively same gender, to mixed-gender or cross-gender supervision, staff are required to verbally announce the presence of opposite gender person(s) on the housing unit. The announcement is required for staff (security and non-security), volunteers, visitors, contractors, and interns. (Example: "Female on the unit").
3. Residents 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 dorm room checks.
4. Locations shall be designated throughout the facility that allow residents to shower, perform bodily functions, and change clothing with basic privacy.
5. Staff of the opposite gender shall announce their presence prior to entering a Bathroom area, Shower area, or "Authorized Changing Area." (Example: "Female entering area").

In the past 12 months, there have not been any cross-gender strip or cross-gender visual body cavity searches of residents.

The facility is an all-male housing unit; therefore, 115.215 (b)- 1, 115.215 (b)- 2, 115.215 (b)- 3, 115.215 (b)- 4, and 115.215 (c)- 2 do not apply.

There have not been any searches or physical examinations of a transgender or intersex resident for the sole purpose of determining the resident's genital status within the last 12 months.

The auditor was provided with training logs for staff training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

At the time of the onsite audit, staff interviews indicated 51% of staff have received training on conducting cross-gender pat-down searches and searches of transgender/intersex inmates. The auditor was advised training was conducted at the October 1st staff meeting. During the onsite interviews, many staff were aware of the agency policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining that resident's genital status. Female staff announce their presence when entering a housing unit that houses male residents. Staff acknowledged male residents were allowed to get dressed, shower, and use the restroom without being viewed by female staff.

Prior to the completion of the Final Report, the auditor was provided a copy of training logs for Cross Gender Pat Searches and PREA First Responder Duties. The auditor was advised 100% of all staff have received this training.

Through resident interviews, it was confirmed female staff announce their presence when entering a male resident housing unit. Residents also indicated they are afforded the opportunity to get dressed, shower, and use the restroom without being viewed by female staff.

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)

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BCC-ADM 008 Community Corrections PREA Procedures Manual- Section 2- Prevention and Training states:

1. As outlined in the BCC-ADM 005, Section 1 Reasonable Accommodations for Residents with Disabilities, the Department shall ensure residents with disabilities have an equal opportunity to participate in or benefit from all aspects of Department effort prevent, detect, and respond to sexual abuse and sexual harassment.

During the pre-audit, the auditor was provided with a copy of a PREA Poster and handouts, which contained PREA information in both English and Spanish.

During the pre-audit, the auditor was provided with a copy of the agency PREA Risk Assessment Tool (PRAT), in Spanish.

BCC-ADM 005 Community Corrections Resident Legal Procedures Manual- Section 1- Reasonable Accommodations states:

1. Written materials and training will be delivered in alternative formats that accommodate the resident's disability or the information will be delivered through alternative methods, such as reading it to the resident or communicating through an interpreter. This is to ensure the resident's understanding of facility rules, regulations and direction as well as information related to sexual abuse prevention, detection, and response.

2. The Facility Director/designee shall ensure only staff members or qualified contractors provide translation for residents. If the translation involves a grievance or abuse investigation, staff involved may not provide translation for the resident.

3. 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.

4. 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.

In the past 12 months, there have not been any instances where resident interpreters, readers, or other types of resident assistants have been used for assisting with sexual abuse related interviews, reporting, etc.

The Agency currently has a contract with Propio Language Services. This contract shows to be valid from September 1, 2014 to June 30, 2016.

The interview with the Agency Head indicates the agency has access to the TTY phone for the hearing impaired, a language line service for non-English speaking inmates, and provides handouts and inmate handbooks in both English and Spanish. In addition, the agency has recently used one of its facilities to transcribe text into braille for the vision impaired.

While onsite, the auditor conducted an interview with a Spanish speaking inmate, utilizing the language line. Using this service, the auditor was able to communicate effectively with the Spanish speaking inmate.

Staff interviews indicate resident interpreters would never be used to assist with translating for sexual abuse investigations.

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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4.1.1 Human Resources and Labor Relations Procedures Manual- Section 40- Conducting Employee Background Investigations states:

1) 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;

a. 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

b. 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.

Background investigations for all candidates for positions in the Department will be in accordance with Management Directive 515.15, Identification, Employment, and Education Verification Checks and M505.5, Commercial Driver License, Drug and Alcohol Testing and Licensing Requirements and processed in the manner listed below.

General Processing:

1. The Facility Human Resource Office will conduct a preliminary background investigation and prepare an appointment package for all new hires that have been separated for more than 60 days and which shall contain the items outlined in the Checklist for Background Check Requests.

2. The Facility Human Resource Office need only conduct a CLEAN/JNET for all rehires that have been separated for less than 60 days. The results must be submitted to the Background Coordinator in the Bureau of Human Resources (BHR), Workforce Management Division.

3. The local criminal history check may be done by CLEAN/JNET, letter, or personal contact, however, appropriate documentation must be attached to verify the CLEAN/JNET inquires on wanted persons and warrants, criminal history in Pennsylvania and all other states outside Pennsylvania, Bureau of Motor Vehicles, and Protection from Abuse (PFA) orders on all names listed by applicant. If the response received is insufficient, contact should be made with local District Magistrates or Clerk of Courts for all counties of residences listed. Verification should also be made for any criminal justice violation disclosed on application, indicated on RAP sheet, or discovered during preliminary background investigation, to include out-of-state charges.

In the past 12 months, there have been 16 staff hired who may have contact with inmates who have had criminal background record checks. This equates to 100% of all staff hired.

In the past 12 months, there have been 7 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. This equates to 100% of all contractors who have contact with residents.

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.

Interviews with the Human Resources staff indicate criminal background checks are conducted on all newly hired employees. Through interviews with Administrative Staff, it was discovered the Agency utilizes "CLEAN/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.

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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Direction related to facility design and upgrades is outlined in department policy 8.3.1, Section 3 Facility Design, Access, and Metal Detector Requirements.

Direction related to video monitoring systems and upgrades is outlined in department policy 8.3.1, Section 42, CCTV Monitoring and Recording Systems.

Wernersville CCC has had no upgrades to technology or had any modifications, expansions, or additions to its facility since August 20, 2012.

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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The agency/facility is responsible for conducting only administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

The Pennsylvania State Police (PSP) is responsible for conducting criminal sexual abuse investigations.

BCC-ADM 008 Community Corrections PREA Procedures Manual- Section 4- Responding to a Report of Sexual Abuse 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.

The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

BCC-ADM 008 Community Corrections PREA Procedures Manual- Section 4- Responding to a Report of Sexual Abuse states:

The PREA Compliance Manager (PCM) shall coordinate medical services related to sexual abuse for their facility and where possible, utilize a hospital that employs a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). The facility shall enter into a letter of agreement with the hospital.

BCC-ADM 008 Community Corrections PREA Procedures Manual- Section 4- Responding to a Report of Sexual abuse states:

All victims of sexual abuse shall be offered access to a forensic medical examination at an outside facility, without financial cost to the victim, using a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners; and documented appropriately.

During the pre-audit, the auditor was provided with a signed agreement for SAFE/SANE services with Reading Hospital. The agreement is dated January 23, 2015.

In the past 12 months, there have not been any forensic medical examinations conducted.

BCC-ADM 008 Community Corrections PREA Procedures Manual- Section 4- Responding to a Report of Sexual Abuse states:

1. The PCM shall coordinate victim services related to sexual abuse for their facility and work with the Pennsylvania Coalition Against Rape (PCAR) approved local rape crisis center to establish a Rape Crisis Center Letter of Agreement.

a. CCC letters shall be vetted through the Department's Office of Chief Counsel.

b. CCFs may utilize the Rape Crisis Center Letter of Agreement as a template and vet through the Contract Agency's legal department to ensure compliance with the national PREA standards.

c. Each facility shall maintain the signed document for review upon request and provide a copy to the Regional Director/designee and Agency PREA Coordinator.

Notification about available services shall be laminated and posted in facility common areas accessed by residents.

As requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Facility

staff may not serve as victim advocates for Department-funded residents.

During the pre-audit, the auditor was provided with an MOU with Berks Women in Crisis. The MOU is dated January 23, 2015.

During the pre-audit, the auditor was provided with an MOU between the Secretary of Corrections and the Pennsylvania State Police (PSP), dated September 24, 2013. The auditor was provided with documentation from PSP to the agency stating PSP will follow the subject standard of 115.21.

Interviews with a random sample of staff indicate the majority of staff are well aware of how to preserve evidence and to whom they need to forward reports of sexual abuse.

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 Community Corrections PREA Procedures Manual- Section 5- Investigations and Retaliation Monitoring states:

1. 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).
2. 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 the past 12 months, there has been six allegations of sexual abuse and sexual harassment that were received. These allegations were investigated both administratively and criminally.

The agency's policy regarding the referral of allegations or sexual abuse or sexual harassment for criminal investigation is published at: [http://www.cor.pa.gov/Administration/PrisonRapeEliminationAct\(PREA\)/Pages/default.aspx](http://www.cor.pa.gov/Administration/PrisonRapeEliminationAct(PREA)/Pages/default.aspx).

Interviews indicate all Criminal Investigations are conducted by the Pennsylvania State Police (PSP). Administrative Interviews are conducted by trained facility staff and/or the Office of Special Investigation and Intelligence (OSII).

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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BCC-ADM 008 Community Corrections PREA Procedures Manual- Section 2- Prevention and Training states:

1. The Agency will take appropriate actions to ensure zero tolerance toward all forms of sexual abuse and sexual harassment in order to promote the safety of residents. The Agency will implement federal PREA Standards to ensure that all aspects of operations work toward preventing, detecting, and responding to such conduct resulting in a safer environment.
2. All Department and Contract managers shall ensure that employees enforce and comply with the outlined procedures, take corrective action regarding non-compliance and document appropriately.

Basic and refresher training shall include:

1. the agency's zero-tolerance policy for sexual abuse and sexual harassment;
2. how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. resident's right to be free from sexual abuse and sexual harassment;
4. the right of residents 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 to 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 residents;
9. how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and,
10. how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

PREA Basic Training Participant Guide outlines the agency's training curriculum.

During the pre-audit, the auditor was provided with a 58-slide PREA PowerPoint training presentation.

Training is tailored to the gender of residents at the facility (male facility).

Employees who are reassigned from facilities housing the opposite gender are given additional training.

At the time of the audit, there were 89 CCC employees, who were trained or retrained on the PREA requirements enumerated above.

Between trainings the agency provides employees who may have contact with residents, information about current policies regarding sexual abuse and harassment. Staff have access to the BCC 008 and DC-ADM 008 at all times via the State Department of Corrections Network.

Employees receive annual refresher training after initial orientation and mandatory basic training.

1. Every Department and Contract Agency employee, volunteer, and intern who has contact with residents shall be trained on his/her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This shall occur as follows:
 - a. Orientation- Basic information related to PREA shall be provided, by the PCM or Facility Director/designee, and documented during facility orientation via the PREA Orientation Receipt for Department and Contract Employees, Volunteers, and Interns. Individuals shall also be informed of their immediate responsibility for reporting and responding to sexual abuse and sexual harassment allegations/incidents.

b. Basic Training- Initial training shall be provided within three months of hire or execution of contract. This may occur through the Department's Basic Training Academy, the PCM or another approved training source.

c. Refresher Training- Refresher training shall be provided every two years and include current sexual abuse and sexual harassment policies and procedures. In alternate years, refresher information shall be provided on the current sexual abuse and sexual harassment policies.

Each individual who receives any type of training (basic, ongoing, or specialized) shall complete and sign the PREA Training Receipt for Department and Contract Employees, Volunteers, and Interns.

Random staff interviews indicate staff had received the required PREA training.

Standard 115.232 Volunteer and contractor training

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

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

BCC-ADM 008 Community Corrections PREA Procedures Manual- Section 2- Prevention and Training states:

Each individual who receives any type of training (basic, ongoing, or specialized) shall complete and sign the PREA Training Receipt for Department and Contract Employees, Volunteers, and Interns.

Every Department and Contract Agency employee, volunteer, and intern who has contact with residents shall be trained on his/her responsibilities related to sexual abuse and sexual harassment, prevention, detection, and response policies and procedures. This shall occur as follows:

a. Orientation- Basic information related to PREA shall be provided, by the PCM or Facility Director/designee, and documented during facility orientation via the PREA Orientation Receipt for Department and Contract Employees, Volunteers, and Interns. Individuals shall also be informed of their immediate responsibility for reporting and responding to sexual abuse and sexual harassment allegations/incidents.

Individuals not identified above who provide recurring services at the facility and have moderate contact (weekly) with residents shall receive all training, consistent with Subsection M.1. Examples may include facility maintenance staff, contracted food services, contracted medical services, contracted programming facilitators, parole supervision staff assigned to a facility, etc.

Individuals not identified above who provide recurring services at the facility and have sporadic contact (monthly) with residents shall only receive orientation consistent with Subsection M. 1.a. Examples may include building owners, vending machine personnel, contracted maintenance and repair persons, parole supervision staff who have intermittent resident contact inside the facility, etc. If the person refuses to sign the document, the staff member should indicate such, sign the form and provide to the PCM. While refusal to sign does not prohibit the person from entering the facility, it also does not absolve responsibility for compliance with the law.

During the pre-audit, the auditor was provided with a signed copy of a PREA Receipt for their contractors/volunteers. There are currently 3 volunteers and 27 contractors at this facility who have been trained and have contact with residents.

Interviews with Volunteers/Contractors indicate Volunteers and Contractors are provided with PREA education including the agency's zero tolerance policy as well as to whom they would forward any sexual abuse reports.

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 states:

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 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.

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.

Resident education is provided at intake via brochures in English and Spanish. Residents sign an acknowledgment, documenting the receipt of the training material.

During the pre-audit, the auditor was advised 1441 residents were admitted during the past 12 months who were given this information at intake.

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. Additional information is outlined in BCC-ADM 005, Section 1 Reasonable Accommodations.

During the pre-audit, the auditor was provided with various forms of PREA resident education. Material was available in both English and Spanish.

Staff interviews indicate when transfers arrive, the Corrections Counselor will give the residents a brochure on PREA education. The Corrections Counselor discusses the PREA brochure with the new transfers and answers any questions they may have. In addition, all the new transfers watch a PREA educational video within 30 days of intake. After the video, a staff member verbally discusses the video with the residents and answers any questions they may have. Residents sign an acknowledgement of the PREA training they receive. In addition, during every count (three times daily), staff read over the PREA brochure over the intercom in

order to reinforce the agency's zero tolerance policy and make residents aware of their rights under PREA.

Resident interviews confirm residents receive a PREA educational brochure immediately upon intake and receive comprehensive PREA education through a video within 1-2 weeks of intake. Residents also confirmed staff read over the PREA brochure three times a day during each count.

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual-Section 2- Prevention and Training states:

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.

Staff may complete training offered by the department or by another source whose curriculum complies with the federal PREA standards.

Each individual who receives any type of training (basic, ongoing, or specialized) shall complete and sign the PREA Training Receipt for Department and Contract Employees, Volunteers, and Interns.

All orientation and training will be maintained by the PCM for non-employees and made part of the Agency's official personnel file for employees.

There are eight investigators currently employed who have completed the required training.

Staff interviews indicate investigate staff received training specific to conducting sexual abuse investigations in confinement settings. The training lasted approximately two and a half days and covered the following training topics: 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 or prosecution referral.

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual-Section 2- Prevention and Training states:

Basic, annual, and specialized training for Department employees shall occur as outlined in Department policy 5.1.1., Staff Development and Training. Specialized training shall be conducted for investigators as well as medical and mental health care practitioners.

There are 4 medical and/or mental health personnel who work within the facility who have received training as required by agency policy. This represents 100% of medical/mental health practitioners who have received this training.

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual-Section 2- Prevention and Training states:

Every resident shall be assessed for risk of being sexually abused by other residents or sexually abusive toward other residents:

- a. within 72 hours of initial reception to the facility;
- b. between 20-30 days after initial reception;
- c. when a resident is involved (victim or abuser) in an incident/allegation of sexual harassment and/or sexual abuse;
- d. when warranted due to referral, request or receipt of additional information that bares on the resident's risk of sexual victimization of abusiveness; and
- e. when admitted to a licensed Mental Health Unit (MHU) at CCF.

There were 568 residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. (PRATs were implemented in May 2015)

The risk assessment tool was reviewed while onsite and is an objective screening instrument consisting of "yes" or "no" questions.

Residents shall not be disciplined for refusing to answer, or for not disclosing, complete information in response to the questions regarding prior victimization, disabilities, their perception of vulnerability or their sexual orientation.

While onsite, the auditor reviewed a sample of PRATs conducted at the facility. The majority of the PRATs sampled were conducted within the required deadlines.

Staff interviews indicate residents are screened upon admission or transfer from another facility for risk of sexual victimization or sexual abusiveness toward other residents. Residents are screened within 72 hours of intake and reassessed 20-30 days after the

initial assessment. The risk screening instrument is a point based system consisting of “yes” or “no” questions. A resident’s risk level would be reassessed as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. Residents are not disciplined in any way for refusing to respond to, or for not disclosing complete information related to the following questions: whether the resident has a mental, physical, or developmental disability, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, and the resident’s own perception of vulnerability.

Resident interviews confirm residents are receiving their initial screening within 72 hours of intake and are screened again 20-30 days after their initial screening.

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual-Section 2- Prevention and Training states:

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.

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether the placement would present management or security problems:

- a. Placement and programming assignments for each transgender or intersex resident shall be reassessed, by the PCM, in consultation with facility staff that regularly interacts with the resident, at least twice each year to review any threats to safety experienced by the resident.
- b. A transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration.
- c. Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The Department shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units or wings solely on the basis of such identification or status, 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 such residents.

Interviews with staff indicate the screening instrument is being used to keep any inmate that scores to be a potential victim from inmates that score to be a potential predator. Transgender inmates would be housed in general population and would be afforded the opportunity to shower separately. A transgender inmate’s own views in respect to his/her safety is given serious consideration in determining placement and programming assignments. A transgender inmate’s placement and programming assignments are reassessed every six months.

There was one transgender inmate and one gay inmate interviewed. Both inmates advised they were housed with the general population residents and had access to all regular privileges.

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual-Section 3- Reporting Incidents and Allegations states: 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; or
- e. to the address identified in Subsection C.

The Crime Victim Centers Poster is posted in both English and Spanish.

During the CCC Daily PREA Announcement, PREA reporting is discussed in the morning and evening hours.

Anyone may make a private report of an allegation of sexual abuse or sexual harassment on behalf of a resident by writing to the:

- a. BCI/PREA Coordinator
1800 Elmerton Avenue
Harrisburg, PA 17110

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

NOTE: 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.

Upon learning of an allegation of sexual abuse or sexual harassment, including third-party and anonymous reports, the Facility Director/designee shall:

- 1. ensure the safety of the victim;
- 2. verbally notify the BCC-MOC for action and investigation;
- 3. ensure first responder duties are completed in accordance with Section 4 of this procedures manual for every incident of sexual abuse; and
- 4. document the allegations via DC-121, Part 3-BCC.

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. This information shall be documented on a DC-121, Part 3-BCC.

There were no verbal reports made within the past 12 months.

Staff are permitted to make anonymous reports the same way as the inmates are permitted as outlined above.

Staff interviews indicate staff were well aware of the different reporting methods for both staff and residents. Staff indicated they would accept reports verbally, in writing, anonymously, and from third parties. Verbal reports would be documented immediately.

Resident interviews indicate residents were well aware of the different reporting methods available to them.

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.

X Not Applicable

The facility does not have an exhaustion of administrative remedies procedure.

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual-Section 4- Responding to a Report of Sexual Abuse states:

Notification about available services (Attachment 4-C) shall be laminated and posted in facility common areas accessed by residents. The facility shall add the address for local services prior to printing and laminating the attachment. Phone numbers may not be posted without the written consent of the organization providing the service.

Contact information for outside victim services is made available to residents via posters.

During the pre-audit, the auditor was provided with documentation stating the Community Corrections Facilities do not monitor official mailings or phone calls. All Residents have time offsite, have access to unmonitored phone lines, can possess cellphones, and have access to outside mail services.

The agency established an MOU with Berks Women in Crisis for providing advocacy for victims of sexual abuse.

Resident interviews indicate residents would receive services outside of the facility for dealing with sexual abuse, if needed. These services would include; medical and counseling services. Residents advised staff provide them with addresses and phone numbers to contact representatives from these services.

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual-Section 3- Reporting Incidents and Allegations states:

Anyone may make a private report of an allegation of sexual abuse or sexual harassment on behalf of a resident by writing to the:

a. BCI/PREA Coordinator
1800 Elmerton Avenue
Harrisburg, PA 17110

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

NOTE: 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.

1. This address and website may be used by anyone including employees, residents, friends, family, volunteers, visitors, interns, contractors, vendors, and the general public.

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual-Section 3- Reporting Incidents and Allegations states:

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 via DC-121, Part 3-BCC and verbally notify the BCC-MOC without delay.

The BCC-MOC will make initial contact with the affected facility and the reporting Facility Director/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.

Upon receiving an allegation from another facility (CCC, CCF, SCI, CCJ, etc.) about an allegation of sexual abuse or sexual harassment, the Facility Director/designee shall document the receipt of the allegation via DC-121, Part 3-BCC and verbally notify the BCC-MOC without delay.

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. This information shall be documented on a DC-121, Part 3-BCC.

Note: 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.

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.

Staff interviews indicate staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual-Section 3- Reporting Incidents and Allegations states:

When an employee learns that a resident is subject to a substantial risk of imminent sexual abuse, the employee shall take immediate action to protect the resident and verbally contact the Facility Director/designee for additional direction. This information shall be documented on a DC-121, Part 3-BCC.

Within the past 12 months, there has been no time the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse.

Staff interviews indicate when the staff become aware that resident is subject to substantial risk of imminent sexual abuse, staff would immediately separate the alleged victim from the alleged abuser, and refer the allegation to appropriate investigators. Any further action would be based on the circumstances of the individual incident.

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual-Section 3- Reporting Incidents and Allegations states:

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 via DC-121, Part 3-BCC and verbally notify the BCC-MOC without delay.

The BCC-MOC will make initial contact with the affected facility and the reporting Facility Director/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.

Within the past 12 months, there have been two allegations the facility received that a resident was abused while confined at another facility.

Allegations received from other agencies are investigated in accordance with the PREA Standards as outlined below:

The Bureau’s PREA Captain/designee shall provide direction as necessary and:

- a. assign an investigator and request a tracking number in accordance with Department policy 8.3.1., Section 35;
- b. as applicable, forward a copy of the PREA Report to the affected Facility Director/designee, Facility PCM, external agency contact (PBPP, PSP, etc.), CFC, Department PREA Coordinator; and Bureau Major/designee;
- c. complete a WEBTAS EOR as outline in Departmental policy 8.3.1., Section 17;
- d. document all actions.

Staff interviews indicate if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within Wernersville CCC, the facility would immediately document the report and forward to appropriate investigators.

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 states:

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 as outlined in Department policy 8.3.1., Section 24 until appropriate steps can be taken to collect evidence; and
- d. complete the BCC First Responder Checklist (Attachment 4-D) and DC-121, Part 3-BCC.

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.

The BCC-MOC shall complete duties as outlined in Section 4 of this procedures manual to include the coordination of initial medical and mental health services by an external provider.

In the past 12 months, there have been three allegations that a resident was sexually abused and three allegations that a resident was sexually harassed.

Of these allegations, there have not been any instances where the first security staff member to respond to the report separated the alleged victim and abuser. The auditor was advised when these incidents were reported, the alleged victim and alleged abuser were already separated. In addition, these allegations were not reported in a timely manner which would have allowed staff adequate time to collect physical evidence; however, video footage was retained.

Staff interviews indicate staff are aware to separate the victim from the abuser as well as how to preserve evidence. Staff were also aware to keep information related to sexual abuse investigations confidential.

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:

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.

BCC-ADM 008 WRN Local PREA Procedures Manual states:

In addition to the DC-14 and DC-15, the PREA Compliance Manager will ensure that Inmate Cumulative Adjustment Records, DC-14 Case notes, and PREA Risk Assessment Tool Reports are available for review at the Sexual Abuse Incident Review committee meeting.

Staff interviews indicate the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

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 Department operates within the confines of collective bargaining agreements with eight 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.

During the Agency Head interview, the Agency Head confirmed the Department operations with collective bargaining agreements; however, these agreements do not restrict the Agency from removing the staff abuser from contact with inmates under these terms.

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 states:

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.

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.

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 assignments;
- 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 (Attachment 5-A) form.

The Agency utilizes the Bureau of Community Corrections Retaliation Monitoring form when monitoring retaliation.

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.

During the past 12 months, there were no incidents of retaliation reported.

Staff interviews indicate the Director would be the designated staff member tasked with monitoring retaliation. Retaliation monitoring would consist of tracking ICAR notes and speaking with the staff and residents involved, making sure lines of communication were open. The Director would monitor behavior changes, hygiene changes, and whether or not the resident appears depressed. The conduct and treatment of residents and staff who report sexual abuse of an inmate or were reported to have suffered sexual abuse would be monitored for 90 days. If there is concern that potential retaliation might occur, retaliation could be monitored indefinitely.

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 states: 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.

There have not been any substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012. At the time of the audit, there was one criminal investigation pending.

Staff interviews indicate the security office, PREA Coordinator, and investigator assigned to the investigation would be informed on the progress of any investigations conducted by the Pennsylvania State Police. Investigators have received specialized training for conducting sexual abuse investigations in confinement settings. Training topics included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. Investigations into allegations of sexual abuse or sexual harassment occur immediately upon receipt of such information. If the sexual abuse occurred within 96 hours, the alleged victim would be transported to the local hospital for a SAFE/SANE examination. Investigations continue, even if the staff member terminates employment or the inmate transfers to another facility. Both administrative and criminal investigations are documented in investigation reports. Investigators advised substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

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 states:

No standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Staff interviews indicate the preponderance of evidence standards 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 states:

Following the investigation into a resident's allegation that he or she suffered sexual abuse or sexual harassment in a facility operated/contracted by the Department of Corrections, the PREA Compliance Manager (PCM) at the facility where the resident is housed shall inform the resident, in writing, as to whether the allegation has been determined to be:

- a. Substantiated- an allegation that was investigated and determined to have occurred.
- b. Unsubstantiated- an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.
- c. Unfounded- an allegation that was investigated and determined not to have occurred.

If another agency conducted the investigation, the BCC PREA investigator will request the relevant information from the investigative agency and forward it to the PCM, who will inform the resident.

During the pre-audit, the auditor was provided with documentation stating the facility has had six reports of sexual abuse or harassment. Of these, five investigations were concluded and notifications were given to these residents as described under this standard. The remaining one investigation is still pending conclusion.

Following a resident's allegation that a staff member has committed sexual abuse or sexual harassment against the resident, the PCM shall subsequently inform the resident when any of the following occur:

- a. the staff member is no longer posted within the resident's unit.
- b. the staff member is no longer employed at the facility.
- c. the agency learns the staff member has been criminally charged related to sexual abuse or sexual harassment within the facility; or
- d. the agency learns that the staff member has been convicted on a charge related to sexual abuse or sexual harassment within the facility.

Following a resident's allegation that he or she has been sexually abused or sexually harassed by another resident, the PCM shall subsequently inform the alleged victim whenever:

- a. the agency learns that the alleged abuser has been criminally charged related to sexual abuse or sexual harassment within the facility; or
- b. the agency learns that the abuser has been convicted on a charge related to sexual abuse or sexual harassment within the facility.

The PCM shall document all notifications or attempted notifications via the Resident Notification-PREA (Attachment 8-A) form.

In the past 12 months, there were five notifications to residents that were provided pursuant to this standard. A sample of these notifications were provided to the auditor during the pre-audit.

Staff interviews indicate that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

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 Action states:

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.

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.

4.1.1. Human Resources and Labor Relations Procedures Manual- Section 7- Standardization of Pre-Disciplinary Conferences outlines the agency's disciplinary process for staff.

In the past 12 months, there was one staff found to have violated agency sexual abuse or sexual harassment policies. This staff member attempted to resign; however, the agency rejected her resignation. This investigation is still under investigation with OSII. Upon conclusion of the investigation, the agency will make the determination on whether or not to allow the staff member to resign, or terminate the staff member's employment.

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 Action states:

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.

The department shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in case of any other violation of department sexual abuse or sexual harassment policies by a contractor or volunteer.

Contract agency hiring, firing, and promotional practices must comply with National PREA standards.

In the past 12 months, there have not been any contractors or volunteers who have been reported to law enforcement agencies and to relevant licensing bodies for engaging in sexual abuse of residents.

Staff interviews indicate that if a contractor/volunteer violated agency sexual abuse and sexual harassment policies, the contractor/volunteer would be prohibited from further contact with residents pending the outcome of the investigation.

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 states:

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.

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.

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.

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).

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

Staff interviews indicate disciplinary sanctions residents are subject to, following an administrative or criminal finding that the resident engaged in inmate-on-inmate sexual abuse are regulated by policy. Any resident alleged to have engaged in inmate-on-inmate sexual abuse would be transferred to another facility in order to separate them from the alleged victim. Mental disability and mental illness are both considered when determining sanctions.

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 states:

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.

All medical and mental health services are handled by outside agencies.

Resident victims of sexual abuse while incarcerated are 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.

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.

BCC-ADM 008 Community Corrections PREA Procedures Manual-Section 4- Responding to a Report of Sexual Abuse states:

The PCM shall coordinate medical and mental health evaluations and, as appropriate, treatment for all residents who have been victimized by sexual abuse in any prison, jail, lockup, juvenile facility or community confinement facility. This includes follow-up services, treatment plans and referrals for continued care following their release from the facility.

The PCM shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards, to include: pregnancy tests for resident victims of sexually abusive vaginal penetration during incarceration; timely and comprehensive information about and timely access to emergency contraception; lawful pregnancy-related services; Sexually Transmitted Infections (STI) testing and follow-up treatment.

Medical and mental health referrals shall occur to locations providing services consistent with the community level care.

The facility shall attempt to coordinate a mental health evaluation for all known resident-on-resident abusers within 60 days of learning of such abuse history and coordinate treatment when deemed appropriate by mental health practitioners.

There are no females at this facility; therefore, 115.283 (d)- 1 and 115.283 (e)- 1 would not apply.

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:

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.

In the past 12 months, has been one criminal and/or administrative investigations of alleged sexual abuse completed by the facility, excluding only "unfounded" incidents. This facility conducted a sexual abuse incident review at the conclusion of this investigation. In addition, one investigation was still pending and another investigation was determined to be unfounded.

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. At a minimum, the Sexual Abuse Incident Review Team may involve the:

- a. Facility Director/designee;
- b. Other designated manager or supervisor;
- c. BCC Investigator;
- d. Facility Counselor (presence not authorized for staff on resident accusations);
- e. Facility medical/mental health practitioner (only if directly involved); and
- f. Agency PREA Coordinator (when necessary)

The Sexual Abuse Incident Review Committee shall utilize all available information and reports to:

- a. consider whether the incident or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- b. 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 was motivated or otherwise caused by other group dynamics at the facility;
- c. examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. assess the adequacy of staffing levels in that area during different shifts.

- e. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
- f. take action necessary to address immediate safety concerns;
- g. utilize the PREA Sexual Abuse Incident Review to prepare a confidential report of findings and recommendations; and
- h. forward the completed report with attachments via email, to the BCC Investigator and Facility Director/designee within 5 working days of the incident review.

The Facility Director/designee shall implement the recommendations for improvement, or shall document reasons for not doing so. The PCM will provide a copy of the documentation to the Bureau/designee.

Staff interviews confirmed the facility conducts incident reviews at the conclusion of sexual abuse investigations, excluding only “unfounded” incidents. The incident reviews include upper-level management officials, and allows for input from line supervisors, investigators, and medical/mental health practitioners. The review team looks to see if there are changes that need to be made to policy or procedure. The review team; considers any possible motivations for the abuse, considers whether physical barriers may have enabled the abuse, accesses the adequacy of staffing levels during different shifts in that area, access whether monitoring technology should be deployed or augmented to supplement supervision by staff. At the conclusion of the facility incident review, the PREA Compliance Manager would submit a report of their findings to the PREA Coordinator. If there were any deficiencies notated, there would also be documentation outlining the steps the facility plans to take to correct the problem.

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.

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

The Department’s Bureau of Planning, Research, and Statistics (BPRS) 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.

Incident-based aggregate data will also be collected from every private facility the Department contracts with for the confinement of residents.

The BPRS shall review data collected and aggregated annually pursuant to PREA Auditing Standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by:

- a. identifying problem areas;
- b. taking corrective action on an ongoing basis; and
- c. preparing an annual report of its finding and corrective actions for each facility, as well as the Department as a whole.

Information collective will be related to incidents involving Department-Funded Residents (DFR) as either victim or abuser.

The Department will produce an annual PREA report, capturing data from January 1 to December 31, and will provide the following information:

- a. the number of allegations made at each facility.
- b. the number of substantiated, unsubstantiated, and unfounded investigations completed as of December 31 each year;
- c. the number of ongoing investigations as of December 31 for each facility;
- d. the report shall compare the rates of incidents for each facility from the preceding year to the current report year;
- e. any additional information that is required by the Survey of Sexual Violence required by Department of Justice; and
- f. 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, provided to the Department of Justice, and posted on the Department website by June 30 of each year.

BCC-ADM 008 Community Corrections PREA Procedures Manual Glossary of Terms lists definitions for terms related to sexual abuse.

The auditor was provided with documentation stating OSII has an Access database established for collecting statistics regarding investigations and the State also uses the WebTAS system to collect information.

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:

The BPRS shall review data collected and aggregated annually pursuant to PREA Auditing Standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by:

- a. identifying problem areas;
- b. taking corrective action on an ongoing basis, and
- c. preparing an annual report of its finding and corrective actions for each facility, as well as the Department as a whole.

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

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.

During the pre-audit, the auditor was provided with data collected from 2012, 2013, and 2014.

Through various staff interviews, it was determined that sexual abuse data is submitted to the agency monthly. If a problem or trend is noticed, a plan of action would be drafted to rectify the problem. Data is retained on secure servers that are backed up. Annual reports are typically broad and are intended to capture statistical numbers. Inmate's names and specific information related to the allegations are redacted.

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 listed in Subsection A.4, of this procedure, from facilities under its direct control and contracted facilities, readily available to the public through the Department website, at least annually.

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.

Staff interviews indicate sexual abuse data is submitted to the agency monthly. If a problem or trend is noticed, a plan of action would be drafted to rectify the problem. Data is retained on secure servers that are backed up.

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.

Jeff Kovar

November 12, 2015

Auditor Signature

Date