

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: August 6, 2016

Auditor Information			
Auditor name: Jeff Kovar			
Address: P.O. Box 552 Richmond, TX 77406			
Email: Jeff@preaauditing.com			
Telephone number: 832-833-9126			
Date of facility visit: May 9-11, 2016			
Facility Information			
Facility name: State Correctional Institution at Cambridge Springs			
Facility physical address: 451 Fullerton Avenue, Cambridge Springs, PA 16403			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 814-398-5400			
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 checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Joanne Torma			
Number of staff assigned to the facility in the last 12 months: 326			
Designed facility capacity: 1071			
Current population of facility: 1173			
Facility security levels/inmate custody levels: Custody Level 2 Institution; Inmate Custody Levels 2 through 4			
Age range of the population: 20 to 90 years old			
Name of PREA Compliance Manager: Dr. Richard Learn		Title: Classification and Program Manager	
Email address: rlearn@pa.gov		Telephone number: 814-398-5400 ext. 5509	
Agency Information			
Name of agency: Pennsylvania Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1920 Technology Parkway, Mechanicsburg, PA17050			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 717-728-2573			
Agency Chief Executive Officer			
Name: John E. Wetzel		Title: Secretary of Corrections	
Email address: ██████████		Telephone number: ██████████	
Agency-Wide PREA Coordinator			
Name: Carol Ann Mattis (in the absence of the PREA Coordinator)		Title: Director of Standards, Audits, and Accreditation	
Email address: cmattis@pa.gov		Telephone number: 717-728-4098	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of the State Correctional Institution at Cambridge Springs was conducted from May 9-11, 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

The auditor wishes to extend its appreciation to Superintendent Torma 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 Director Carole Mattis and PREA Compliance Manager Dr. Richard Learn for their hard work and dedication to ensure the facility is compliant with all PREA standards. Director Mattis is overseeing the agency's PREA compliance, until the agency's recently vacated PREA Coordinator position is filled.

The auditor provided the facility with a Notification of Audit on March 19, 2016. The notification contained information on the upcoming audit and stated that any inmate with pertinent information should mail the auditor at least 10 days prior to the onsite audit date (May 9, 2016). The auditor instructed the facility to post this notification in all housing units and throughout the facility at least six weeks prior to the onsite audit. During the facility tour, the auditor observed the posting in all housing areas and throughout the facility. The auditor was advised by the PREA Compliance Manager that the notification was posted six weeks prior to the onsite audit.

Approximately six weeks prior to the onsite audit, the Agency provided the auditor with access to their Agency data room used for audit purposes. This data room is called AARMS. Approximately three months prior to the onsite audit, the agency and facility uploaded their policies, as well as all other relevant information, into standard specific folders. Approximately three weeks prior to the onsite audit, the facility provided the auditor with a completed pre-audit questionnaire. Over the next three weeks, the auditor reviewed the questionnaire and all relevant documentation. Prior to the onsite audit, the auditor provided the facility with follow-up questions based on his review of the pre-audit questionnaire.

An entrance meeting was held the morning of the onsite audit with the following persons: Superintendent Joanne Torma, Deputy Superintendent of Facility Management-Debra Rich, Major of the Guard- Burt Brocklehurst, Security Lieutenant- Joseph Conticelli, PREA Compliance Manager- Dr. Richard Learn, and Angel Baez-Sprague- Center Director 2/PREA Detached Duty/BCCC Regional PREA Coordinator.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including: all General Population Housing Units, Restrictive Housing Units, Control (CCTV), Warehouse, Outside Grounds Crew Building, Automotive, Outside Storage Building, Visitation, Control Bubble, Parenting Trailer, Nurse's Office, Infirmary, Medical Exam Rooms, Dental, Carpentry, maintenance department shops: plumbing, paint shop, HVAC, electrical, electronics; educational classrooms: Optical Lab, braille, computer lab, ABE class, and cosmetology.

A total of 33 staff interviews were conducted with at least one staff member interviewed from each interview category, with the exception of the interviews related to educational staff who supervise youthful inmates, line staff who supervise youthful inmates, and non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility).

Staff interviews were conducted with staff from all three shifts.

A total of 18 inmates were interviewed with at least one inmate interviewed from each interview category, with the exception of the interviews related to youthful inmates and inmates placed in segregated housing for risk of sexual victimization (these interview types were not applicable to this facility).

All interviews were conducted one at a time in a private and confidential manner.

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

The count on the first day of the audit was 1,193. The count on the final day of the audit was 1,197.

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 Compliance Manager, Dr. Richard Learn.

When the audit was completed, the auditor conducted an exit briefing on May 11, 2016. 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.

After the onsite audit, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance

with each standard, and created a Final Report documenting the facility's compliance. In order to determine compliance, the auditor used the information and documentation provided during the pre-audit, information obtained through inmate and staff interviews, as well as visual observations during the facility tour.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the State Correctional Institution at Cambridge Springs is to protect the citizens of our Commonwealth by managing the facility in a safe, secure, and humane manner. This includes offering treatment services at professionally accepted standards for inmates to prepare them to return to society as contributing and productive members.

SCI-Cambridge Springs opened in March 1992 and was formerly a college known as Polish National Alliance. The existing buildings were built in the 1930's and 1940's. The building frame construction consists of steel and poured concrete with a brick exterior. Housing Units E and F were newly constructed in 2012. Unit E is constructed of steel and concrete while Unit F is constructed of modular units. Unit E has restrooms within each cell and shower areas located outside of the cells. Showers in E block have shower doors with a privacy screen above the door, which prevents staff in the control area from viewing the female inmate's upper torso. Unit F is a dorm style housing unit. Showers in F block have curtains. There is a door leading to the restroom area in F block, which enables privacy from staff viewing; however, there are no doors on the restroom stalls. Unit A, B, C, and D were converted from the original college dorms. Unit A, C, and D have a shower and restroom area within each wing of the housing unit. Unit B has a single shower and restroom within each room. Showers in these areas have curtains and restroom stalls have individual doors.

The facility houses female offenders from ages 20 to 90 years old. The operational bed capacity is 1,433. The facility is a custody level two facility and provides various offender work programs for those incarcerated.

Total Acreage Inside Perimeter: 40
Total Acreage Outside Perimeter: 85

Buildings Names/Numbers:

Building #1	Administration
Building #2	Warehouse
Building #3	Medical/Property/Offices
Building #4	Maintenance/Education
Building #5	Sallyport
Building #6	Dietary
Building #7	Laundry
Buildings#8/#9	Open Pavilions (Not considered buildings, but assigned numbers)
Building #10	Storage (By Pond)
Building #11	Commonwealth Residence
Building #12	Automotive/Outside Grounds
Building #13	Activities Trailer (Scheduled for Removal)
Building #14	Parenting
Building #15	Commonwealth Residence (Uninhabited)
Building #16	Pole Building Storage

Academic and Vocational Education:

Their education program currently consists of three components, academic education, vocational training, and re-entry preparation. They have three full-time academic teachers that focus on GED/ACSD preparation and Adult Basic Education (ABE). They have four vocational programs (Optical, Custodial Maintenance, Business Education and Cosmetology) at the facility. In addition, they also have a Prevocational Skills/Moneysmart class and various re-entry classes that prepare students for their return to society. The Prevocational/Moneysmart class is 70 hours in length and provides students with employment and financial skills. The re-entry classes provide students with OSHA training, custodial maintenance competencies, skills in developing positive relationships and a class in basic computer skills. They currently have 272 students enrolled in educational programs. They have had 86 students (11 with a GED certificate or Adult Commonwealth Secondary Diploma and 75 with a vocational certificate) graduate from educational programs in the past year. All of their vocational programs are now certified with nationally-recognized certifications and a Vocational Advisory Committee with members from local businesses, community organizations and trade schools assists each of their vocational programs. The Optical Program is certified through ABO (American Board of Opticianry), Cosmetology PA State Board testing through Pearson-Vue, Business and Computer Education through ICDL (International Computer Driver's License) and NOCTI (National Occupation Competency Testing Institute), and Custodial Maintenance through NCCER (National Center for Construction and Educational Research) and TPC (Teaching Programming Company). The Education Program at SCI-Cambridge Springs was found to be 100% compliant with all 67 Corrections Education Association Standards in 2014.

Social Services:

Moving on for Women, Seeking Safety, Act 143 Victim Awareness Education, Impact of Crime, Positive Relationships, Abuse Group, Sex Offender Program Evaluation, Sex Offender Program Moderate-High Intensity, Sex Offender Program Booster, Narcotics Anonymous,

Alcoholics Anonymous, Al-Anon, Alcohol and Other Drug Outpatient, Co-Occurring Outpatient, Individual Counseling, AOD Therapeutic Community, AOD (State Intermediate Punishment) Therapeutic Community, Basic Parenting Skills, Pennsylvania Family Support Group, Mom's Story Time, Family Therapy, and Religious Volunteer study groups. Violence Prevention is also offered; however, will be replaced with Living Safely over the next few months.

SUMMARY OF AUDIT FINDINGS

After reviewing all information provided during the pre-audit and onsite audit, staff and inmate interviews, as well as visual observations made by the auditor during the facility tour, the auditor has determined the following:

Number of standards exceeded: 4

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 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.

DC-ADM008 PREA Procedures Manual Section 2 states the Department will take appropriate actions to ensure a zero tolerance toward all forms of sexual abuse and sexual harassment in order to promote the safety of inmates. The Department will implement federal Prison Rape Elimination Act (PREA) Standards to ensure that all aspects of operations work toward preventing, detecting and responding to such conduct resulting in a safer environment.

There is one statewide PREA Coordinator position responsible for PREA compliance across the Department. The statewide PREA Coordinator's sole responsibility is to develop, implement and oversee Department efforts to comply with the federal PREA Standards in all of the Department's facilities. The statewide PREA Coordinator will have the authority to make necessary decisions to ensure compliance and report directly to the Executive Deputy Secretary.

The Corrections Classification and Program Manager (CCPM) has been designated as the PREA Compliance Manager (PCM) at each facility and has been given sufficient time and authority to coordinate that facility's compliance with Department policy and federal PREA Standards. The PREA Compliance Manager reports to the Deputy Superintendent for Centralized Services.

Local Procedure DC-ADM 008-CBS outlines implementation practices that are specific to SCI Cambridge Springs.

The agency PREA Coordinator position was recently vacated, and the agency is currently in the process of filling this position. In the meantime, the Director of Standards, Audits, and Accreditation has assumed the responsibility of the PREA Coordinator. Interviews with the Director indicates she is allotted ample time to oversee the agency's efforts to ensure PREA compliance in all of its facilities. There are 26 PREA Compliance Managers that report to the PREA Coordinator. The PREA Coordinator and Director communicate with the PREA Compliance Managers on a regular basis via telephone and email, and conducts regular site visits at the facilities. In addition, other agency staff who are also Department of Justice Certified PREA Auditors assist with internal audits and inspections of all agency facilities.

The interview with the PREA Compliance Manager indicates he is allotted ample time to oversee the facility's PREA compliance. The auditor was advised leading up to the audit he had to work long hours to ensure his work was complete; however, he advised that once the audit is complete, he feels he will have ample time to oversee and maintain compliance with all PREA standards.

The auditor was advised the agency sent several 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.

During the onsite audit, several staff displayed their pocket cards containing immediate response procedures that was given to all employees. Staff were aware of their responsibilities under the agency's zero-tolerance policy.

Standard 115.12 Contracting with other entities for the confinement of inmates

- 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-ADM008 PREA Procedures Manual Section 2 states the Department shall include in any new contract or contract renewal for the housing of an inmate (on or after the effective date of this procedure) with a private entity or other entity, including other government agencies, the entity's obligation to adopt and comply with the PREA Standards and the Department's policies related to PREA compliance.

The contracted entity will undergo regular, mandated audits on a three-year basis, as required by the National PREA Standards.

The Department shall provide for contract monitoring to ensure that the contract service provider is complying with the PREA Standards with any new contract or contract renewal.

The auditor was advised the agency has 57 contracts (40 CFCs and 17 CCJs) that were entered into or renewed on or after August 20, 2012. The auditor was advised that all of the contracts require contractors to adopt and comply with PREA standards. The auditor reviewed a sample of 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.

Interviews with the Agency Contract Administrator indicates facilities the agency contracts with 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 115.13 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)

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.

6.3.1, Facility Security Procedures Manual Section 15 outlines the agency’s staffing plan and the staffing plan audit process.

The PREA Coordinator/designee shall:

- a. serve as a liaison between Executive Staff and the facility PREA Compliance Manager;
- b. review all completed Corrections Officer Staffing Audits submitted by the Central Office Staffing Audit Team; and
- c. when necessary, meet with the Secretary, the EDS, the respective RDS, Facility Manager, and the Central Office Security Division staff member who chaired the audit team to review the findings of the audit.

The PREA Compliance Manager shall:

- a. have opportunity to provide input by documenting any concerns and/or suggestions they may have and submitting them to the Major-of-the-Guard for review prior to the audit being conducted.
- b. prior to the scheduled audit, management and the PREA Compliance Manager shall meet to discuss Corrections Officer staffing issues and may prepare a joint plan for review by the Central Office Staffing Audit Team.
- c. at the conclusion of the audit process, the Central Office Staffing Audit Team shall meet with the PREA Compliance Manager, and discuss any concerns, questions, and/or suggestions of the PREA Compliance Manager.

DC-ADM008 PREA Procedures Manual Section 2 states one of the Statewide PREA Coordinator’s and PREA Compliance Manager’s duties include; working with each facility on an annual basis to assess, determine, and document whether adjustments are needed to: the staffing plan, deployment of the video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. The statewide PREA Coordinator will also review any documentation for non-compliance with a staffing plan.

The Department shall ensure that each facility develops, documents and makes its best efforts to comply on a regular basis, but no less than once a year, with a staffing plan as found in Department policy 6.3.1, Section 15 that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse.

In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- 1) Generally accepted detention and correctional practices;
- 2) Any judicial findings of inadequacy;
- 3) Any findings of inadequacy from Federal investigative agencies;
- 4) Any findings of inadequacy from internal or external oversight bodies;
- 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- 6) The composition of the inmate population;
- 7) The number and placement of supervisory staff;
- 8) Facility programs occurring on a particular shift;
- 9) Any applicable State or local laws, regulations, or standards;
- 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 11) Any other relevant factors.

In circumstances of non-compliance with the staffing plan, the Facility Manager/designee shall document, in writing, and justify all deviations from the plan. This documentation will be forwarded to the Executive Deputy Secretary, Regional Deputy Secretary, PREA Coordinator, and Central Office Security Major.

Whenever necessary, but no less frequently than once a year, each facility shall assess, determine and document whether adjustments are needed to:

- 1) The facility's deployment of video monitoring systems and other monitoring technologies; and
- 2) The resources the facility has available to commit to ensure adherence to the staffing plan.

The annual reviews will be conducted in consultation with the PREA Compliance Manager at that facility and the statewide PREA Coordinator.

There have not been any deviations from the staffing plan within the past 12 months.

6.3.1, Facility Security Procedures Manual Section 15 states unannounced PREA compliance inspections shall be conducted and documented to identify and deter sexual abuse and sexual harassment. These inspections can be incorporated with Administrative/Managerial Visits/Inspections, with the exception that they be documented separately. Staff shall conduct unannounced rounds specific to PREA compliance measures no less than once per month and must

occur on all shifts. These inspections shall be documented utilizing the PREA Administrative Tour Documentation Form.

PREA inspections should occur in any and all areas of the facility where there could be a potential for inmates to become a victim of sexual abuse.

Staff conducting PREA inspections shall pay particular attention to the staff and video monitoring of the facility to detect areas that may need enhancement to ensure the sexual safety of the facility.

Staff conducting PREA inspections shall talk with staff and inquire about any perceived areas of concern related to PREA or relating to any problems inmates have regarding to PREA.

Staff members will not inform anyone that these visits are occurring. Any staff member found to be alerting other staff or inmates to these unannounced visits will be subject to disciplinary action.

During the pre-audit, the auditor viewed a sample of PREA Administrative Tour Forms that show intermediate and upper-level supervisors rounds are conducted consistently on all three shifts.

During the pre-audit, the auditor viewed the most recent staffing plan which was dated December 18, 2015.

During the onsite audit, the auditor viewed log books in various housing units as well as other buildings. Log books indicate intermediate and upper-level unannounced rounds are being conducted regularly on all three shifts in the housing units.

During the onsite tour, the auditor discovered an upstairs area in an outside warehouse that was left unsecured. The auditor raised concerns that this area was unsecured and was a preventable blindspot. This matter was addressed immediately and the auditor was provided with a memo that was sent to the appropriate staff, reminding them that this area is to be secured at all times. In addition, placards were placed on the outside of the door leading into this area which stated "Restrictive Area."

During the onsite tour, the auditor discovered privacy screens that were posted on the top of the shower doors. This was done in an effort to prevent staff from viewing the females while they are in the shower.

Staff interviews indicate the facility has developed a staffing plan based on the requirements under PREA. The staffing plan is reviewed once every three years by the Central Office; however, it is reviewed by the facility annually. The PREA Coordinator is consulted regarding assessments and/or adjustments to the staffing plan. Interviews further indicate unannounced rounds are being conducted by intermediate and higher-level facility staff on a regular basis. Unannounced rounds are documented in the housing unit log book. In addition, one member of the Administrative Staff conducts Administrative Tours on all three shifts at least once per month. The Administrative Tours include conducting rounds in all areas inmates have access to. The auditor was advised administrative staff conduct rounds in the housing units at least once per week. Supervisors stress to staff they are prohibited from alerting other staff of the unannounced rounds being conducted and carry a radio with them in order to ensure staff are not alerted of the rounds being made. Failure to comply with this directive may result in disciplinary action.

Standard 115.14 Youthful inmates

- 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.

XX Not Applicable

DC-ADM 008 PREA Procedures Manual Section 2 states a youthful inmate (under the age of 18) shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters.

In areas outside of housing units, the facility shall either:

- 1) Maintain sight and sound separation between youthful inmates and adult inmates; or
- 2) Provide direct security staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

Upon initial reception to the Department, youthful inmates will enter into an expedited classification process as outlined in Department policy 11.2.1, "Reception and Classification."

- 1) Male youthful inmates will be transferred to SCI Pine Grove within 24 hours of reception by the Department.
- 2) Female youthful inmates, under the age of 18, will immediately be placed into the Youthful Inmate Unit at SCI Muncy.

Due to the extremely low number of female youthful inmates that the Department houses at any given time, there are specific provisions that must be followed.

- 1) Youthful inmates will have a separate housing unit, with sight and sound separation from adult inmates, where they are able to have a separate shower area, separate day room and separate sleeping quarters from adult inmates.
- 2) Any time that the youthful inmate leaves the separate housing unit, they must be accompanied and supervised directly by a staff member.
- 3) The staff member is to ensure that there is no inappropriate contact, physical, or verbal, between the youthful inmate(s) and an adult inmate.

The Department shall make every effort to avoid placing youthful inmates in isolation to comply with

this provision. Absent exigent circumstances, the Department shall not deny youthful inmates daily large muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall have access to other programs and work opportunities to the greatest extent possible.

During the pre-audit, the auditor was advised SCI Cambridge Springs does not house youthful offenders; therefore, PREA standards pertaining to youthful offenders are not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states staff shall not conduct cross-gender strip searches, except in exigent circumstances, in accordance with department policy 6.3.1, Section 30. All cross-gender strip searches shall be documented on the Cross-Gender Strip Search Validation Form. A copy of the Cross-Gender Strip Search Validation Form shall be maintained by the Security Office in an annual file for audit verification purposes. Non-medical staff are prohibited from performing visual body cavity searches. These searches shall only be conducted when performed by medical practitioners in accordance with 6.3.1, Section 30.

As of August 20, 2015, no facility shall permit cross gender pat down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Pat searches beginning August 20, 2015 will be conducted in accordance with Department policy 6.3.1, “Facility Security,” Section 30.

6.3.1 Facility Security Procedures Manual Section 30- Searches states female staff members may search female, male, transgender, or intersex inmates. Male staff members may search male, transgender, or intersex inmates housed at a male facility. Absent exigent circumstances, male staff members shall not search female, transgender, or intersex inmates housed at a female facility.

Every inmate is subject to search at any time. They will be conducted in a professional manner with tact and proper attitude displayed. At no time will a search or physical examination be conducted for the sole purpose of determining the inmate’s genital status.

In the past 12 months, there has been one cross-gender strip or cross-gender visual body cavity searches of inmates. This instance involved a non-compliant inmate. The team performing the search consisted of all females; however, the officer overseeing the search was male. There were no female

commissioned officers on shift at the time of the search. The auditor was provided with a copy of the facility's Cross-Gender Strip Search Validation Form, which was used to document the exigent circumstances.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states inmates shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This limitation not only applies to in-person viewing, but also to all forms of remote viewing as well.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states staff of the opposite gender shall announce their presence when entering an inmate housing unit in accordance with the following:

- 1) When the status quo of the gender supervision on a housing unit changes from exclusively same gender, to mixed- or cross-gender supervision, the opposite gender staff is required to verbally announce their arrival on the unit. The announcement is required for both custody and non-custody staff, and may include, for example, a clinician or case worker who spends time on the unit, or senior staff making supervisory rounds.
- 2) When an opposite gender staff member is entering a housing unit and it is unknown to him/her whether any other opposite gender staff are present, the entering staff member will announce their presence; and
- 3) This announcement may be made by the officer working the control desk via the intercom system; and
- 4) This announcement may also be made via a specific tone system that is utilized only for the purpose of announcing a member of the opposite gender entering the housing unit. Inmates will be educated on the tone system utilization.

DC-ADM 008 PREA Procedures Manual Section 9- Working with Transgender/Intersex Inmates states the facility shall not search or physically examine a transgender/intersex inmate for the sole purpose of determining the inmate's status. If the inmate's genital status is unknown, it may be determined by conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention Training states staff shall be trained in how to conduct cross-gender pat searches, and in searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive means possible, consistent with security needs and Departmental policy 6.3.1, Section 30.

Local Policy DC-ADM 008 –CBS states male staff members shall announce their presence in the housing units in accordance with DC-ADM 008, "Prison Rape Elimination Act", Section 2.A.8.e of the Department policy. Most housing units in the institution are not structured in a way that provides for a high level of privacy for changing space within the room/cubicle where the inmate's beds are located. For these units (A, B, C, D, and F) inmates have been assigned designated changing areas that provide appropriate privacy. Male staff should keep in mind that the layout of many housing units makes it difficult for inmates in all sections of the unit to hear an announcement that is made at the

entrance point of the unit, and it is appropriate for a male staff member to announce his presence in multiple areas of the unit.

During the pre-audit, the auditor received a memo from the Superintendent stating that effective August 20, 2015, male staff at SCI Cambridge Springs have not conducted any pat-down searches of female inmates.

During the pre-audit, the auditor was provided with a PowerPoint presentation and training logs of the facility's training for offender searches. Absent exigent circumstances, a female staff member shall search a female inmate and a male staff member shall search a male inmate. Transgender or intersex inmates shall be searched by the gender staff member consistent with the gender of offenders housed at that facility.

The auditor was advised that 99.5% of all security staff have received training in conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. There is only one staff member that has not received the training, and this staff member is on extended leave.

Many staff interviewed indicated they have not received any formal training in conducting searches of transgender/intersex inmates. This was discussed with the staff during the close out meeting. Prior to the conclusion of the Final Report, the auditor was provided with documentation showing all staff received refresher information on this topic. The auditor was advised formal training will occur during inservice training. Interviews with random staff indicate staff were well aware of the prohibition of conducting strip searches on transgender inmates for the sole purpose of determining their genital status. Interviews with both staff and inmates indicate when male staff enter the female housing units, an announcement is made of their presence and female inmates are rarely naked in full view of the male staff (when this occurs it appears to be accidental and extremely rare).

During the onsite tour, the auditor entered two housing units and an announcement was never made of "male on the floor." In addition, in other housing units the auditor noted that a verbal announcement would be difficult to hear without being announced over the intercom. This was discussed with facility staff during the close out meeting on the last day of the onsite audit. Prior to the conclusion of the Final Report, the auditor was provided with a refresher training memo that was sent to all staff advising staff of the agency policy requiring the announcement of any male who enters a female housing unit. In addition, the memo states that announcements should be made over the PA anytime a female staff member is supervising the housing unit. Such announcements over the PA are not required during 10p-6am.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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

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

DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities Manual Section 1-General Procedures, DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities Manual Section 2- Accommodations, and DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities Manual Section 3- Specific Disabilities outlines the agencies approach to providing services to inmates with disabilities.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states:

1) Pursuant to Department policy DC-ADM 006, "Reasonable Accommodations for Inmates with Disabilities," the Department shall ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

2) Written materials will either be delivered in alternative formats that accommodate the inmate's disability or the information will be delivered through alternative methods, such as reading it to the inmate or communicating through an interpreter, which ensures the understanding of the PREA related material.

3) The Department shall take reasonable steps to ensure meaningful access to all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide qualified interpreters. The PREA Compliance Manager will ensure that only staff members or qualified contractors who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, provide translation for inmates. If a multi-lingual staff member is not available, then the "AT&T Language Line" or equivalent service must be utilized.

4) The Department shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety, the performance of first response duties under PREA Standard, or the investigation of the inmate's allegations. Justification for any use of an inmate assistant shall be documented accordingly.

Management Directive 205.32 outlines the procedure for communicating with inmates who are deaf or hard of hearing.

In the past 12 months, there have been no instances where inmate interpreters, readers, or other types of inmate assistants have been used.

During the pre-audit, the auditor was provided with a copy of a contract with Propio Language Services. This contract shows to be valid from September 1, 2014 to June 30, 2016.

During the pre-audit, the auditor was provided with a list of four staff at SCI Cambridge Springs that were identified as being fluent in the Spanish Language. These staff could be utilized to translate for any inmate who alleges sexual abuse, who speaks Spanish as their primary language.

During the onsite audit, the auditor observed PREA posters posted in the housing units that contained

information in both English and Spanish.

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.

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, SCI Cambridge Springs transcribes printed text into braille for the vision impaired, and it provides these materials for all other facilities within the Department as well.

Standard 115.17 Hiring and promotion decisions

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

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

4.1.1 Human Resources and Labor Relations Manual Section 41- Employment of Job Applicants Having Prior Adverse Contacts with Criminal Justice Agencies states:

Consistent with the Prison Rape Elimination Act (PREA), the Department shall not hire or promote anyone who:

- a. has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other correctional institution;
- b. has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- c. has been civilly or administratively adjudicated to have engaged in the activity described above; and/or
- d. the Department will consider any incidents of sexual harassment in determining whether to hire or promote anyone.

Centralized Clearances 1.1.4 states prior employment of contractors will be further investigated to ensure that the Department does not enlist the services of any contractor(s) who may have contact with inmates who:

- a. have engaged in sexual abuse in a prison, jail, lockup, community facility, juvenile facility, or other institution (as defined as 42 U.S.C. 1997); and/or
- 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 or refuse.

The Department shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates.

The PREA Current/Prior Employer Letter is used to solicit specific information from prior employers regarding the applicant’s previous misconduct.

In the past 12 months, there were 41 out of 41 staff who may have contact with inmates that were hired, who have had criminal background record checks conducted by the facility.

In the past 12 months, there were 43 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

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

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 “JNET,” which notifies them immediately, any time a staff member is arrested. This system is real-time; therefore, documented background checks for employees every 5 years is not necessary.

Standard 115.18 Upgrades to facilities and technologies

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

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

DC-ADM008 PREA Procedures Manual Section 2 states:

- 1) When designing or acquiring any new facility and in planning any substantial expansion or

modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion or modification upon the Department's ability to protect inmates from sexual abuse.

2) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department's ability to protect inmates from sexual abuse.

During the pre-audit, the auditor was provided with documentation of meetings that discussed future camera installation plans to areas of concern that were identified. The auditor was advised the facility has been approved for \$39,000 for this equipment and will be installing these cameras in the near future.

During the pre-audit, the auditor was advised the facility is currently planning for a substantial modification to their dietary building. The auditor was advised staff reviewed the blue prints for the modifications, and discussed where cameras will be located, and looked to be sure that the plans would allow for the institution to be able to protect inmates from sexual abuse. Immediately after the onsite audit, the auditor was provided with notes for future camera upgrades, which include areas such as: Building 3, Building 4, E Unit & Dietary Building, Laundry & Activities-Yard, as well as Outside Buildings.

Staff indicated that whenever there is a need to make modifications to the facility and/or the facility's camera technology, the facility would consider how the modification would enhance the facility's ability to protect inmates from sexual abuse.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The facility is responsible for conducting only administrative investigations. Criminal investigations are conducted by the Pennsylvania State Police.

DC-ADM 008 PREA Procedures Manual Section 5- Investigating Allegations of Sexual Harassment and/or Sexual Abuse states to the extent the Department is responsible for investigating allegations of sexual abuse, the Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, in accordance with the Response to Allegation of Sexual Abuse Checklists (Shift Commander Cover Sheet [Attachment 4-A], Initial Response – Victim [Attachment 4-B], Initial Response – Abuser [Attachment 4-C], the Instructions for PREA Evidence Retention [Attachment 4-E] and as well as Department policy 6.3.1, "Facility Security," Section 15.

The uniform evidence 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.

The protocol established for evidentiary purposes shall be developmentally appropriate for youth, where applicable, in accordance with PREA Standard 115.21.

DC-ADM 008 PREA Procedures Manual Section 4- Responding to Reports of Sexual Abuse states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During the pre-audit, the auditor was provided a Letter of Agreement with Meadville Medical Center for forensic examination services. These services are provided by SANEs working at the hospital. The auditor was provided with documentation showing that nine nurses are certified SANEs.

Within the last 12 months, there have been two forensic medical examinations conducted. These examinations were conducted by SANEs/SAFEs at Meadville Medical Center.

During the pre-audit, the auditor was provided with a documented MOU for victim advocate services; Women's Services, Inc. in Crawford County. These services are available 24 hours a day, 7 days a week. The auditor was provided medical notes from Meadville Medical Center which documented a victim advocate from Women's Services, Inc. evaluated an inmate from SCI Cambridge Springs that was an alleged victim of sexual abuse while incarcerated.

The auditor reviewed a sample of training records from a victim advocate with Meadville Medical Center and confirmed this victim advocate received several hours of training in sexual abuse crisis intervention and counseling.

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 115.22 Policies to ensure referrals of allegations for investigations

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

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

corrective actions taken by the facility.

DC-ADM 008 PREA Procedures Manual Section 5- Investigation Allegations of Sexual Harassment and/or Sexual Abuse states every report, complaint or allegation of sexual harassment/sexual abuse, including third party and anonymous reports, shall be investigated promptly, thoroughly, and objectively.

During the past 12 months, there have been 45 allegations of sexual abuse and sexual harassment. Of these, 44 were investigated administratively and 1 was investigated criminally.

DC-ADM 008 PREA Procedures Manual Section 5- Investigation Allegations of Sexual Harassment and/or Sexual Abuse states sexual abuse/sexual harassment investigations are conducted by the Office of Special Intelligence and Investigations (OSII) and/or the Pennsylvania State Police (PSP).

The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. This policy is located on the Agency website.

A review of a sample of investigations indicate allegations of sexual harassment/sexual abuse are investigated promptly, thoroughly, and objectively.

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 115.31 Employee training

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

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

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states the PREA Compliance Manager, in conjunction with the Training Coordinator at each facility, shall ensure that all staff members are: informed that sexual contact with an inmate is prohibited and that an inmate has a right to report if sexual contact occurs, through the basic PREA training. This training will include, at a minimum, the following information:

- 1) The zero tolerance policy against sexual abuse and sexual harassment within the Department;
- 2) How staff are to fulfill their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this policy;

- 3) Inmates' right to be free from sexual abuse and sexual harassment;
- 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- 5) The dynamics of sexual abuse and sexual harassment in confinement;
- 6) The common reactions of sexual abuse and sexual harassment victims;
- 7) How to detect and respond to signs of threatened and actual sexual abuse;
- 8) How to avoid inappropriate relationships with inmates;
- 9) How to communicate effectively and professionally with inmates, including LGBTI or gender nonconforming inmates; and
- 10) How to comply with relevant laws of Pennsylvania related to mandatory reporting of sexual abuse to outside authorities.

Staff shall receive training in accordance with Department policy 5.1.1, "Staff Development and Training." Such training shall be tailored to the gender of the inmate's at the employees facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to facility that houses only female inmates, or visa versa.

Beginning in 2016 and every even numbered year thereafter, the annual PREA education will be provided in the form of an update to this procedure manual for all staff members. Staff will be required to verify that they have received the information and understand and include items on the PREA Training and Understanding Verification Form. This information will be kept in the staff member's training file in accordance with Section 1 of this procedures manual.

A review of the 2015 PREA Course Lesson Plan and PREA Basic Training Powerpoint indicates all topics mentioned above are covered during training.

During the pre-audit, the auditor was advised all staff, who may have contact with inmates, were trained or retrained on the PREA requirements enumerated above. The auditor was advised that 314 of 326 staff have received training in 2016. The auditor was provided with sample training logs documenting staff PREA training.

Between trainings the agency provides employees who may have contact with inmates with information about current policies regarding sexual abuse and sexual harassment. Policy updates are provided during even numbered years and basic refresher training is offered on odd numbered years. The auditor was provided with a PREA policy update powerpoint training that is used for refresher training.

At the conclusion of the training, all staff, contractors, and volunteers are required to sign the PREA Training and Understanding Verification Form.

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

Standard 115.32 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.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states contractors and volunteers (to include interns, contract service providers, public visitors, or Non-Department Employees) will receive training on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They will be trained during orientation sessions and annual training reflective of the level of contact that they have with inmates.

All contractors and volunteers will be required to sign and acknowledge the PREA Training and Understanding Verification Form. The Volunteer Coordinator at each facility will be responsible for documenting the PREA training that each volunteer has received and maintain the documentation in the volunteer file in accordance with Section 1 of this procedures manual. PCMs will be responsible for maintaining PREA Training and Understanding Verification Forms for all contractors. PREA Training will be effective for a period of one year.

In the past 12 months, all volunteers and individual contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

During the pre-audit, the auditor was provided with a sample of documentation confirming that volunteers/contractors/interns understand the training they have received.

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 115.33 Inmate 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.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states each facility shall provide inmate education explaining the zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse, sexual harassment or retaliation, and what to do if he/she is the victim of such. This information shall be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

During the intake process, all inmates, including Parole Violators (PVs), shall receive information explaining the zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse, sexual harassment or retaliation, and what to do if he/she is the victim of sexual abuse, sexual harassment, or retaliation. Medical will provide a copy of the Sexual Abuse Awareness Informational Brochure to the inmate immediately upon intake and document.

Within the first 30 days of reception, additional information will be provided to all inmates, including Parole Violators, either during orientation at the Diagnostic and Classification Center (DCC) and reception sites or upon return to Department custody. All inmates will be shown a video regarding their rights to be free from sexual abuse, sexual harassment, and retaliation. They will also be provided information regarding Department policies and procedures for responding to such incidents. Inmate education may be provided to inmates individually or in groups. A staff member must be present at all times to facilitate discussion, in conjunction with the Facilitator's Guide (Attachment 2-J) and to answer questions.

The PREA video, "PREA: What You Need to Know" is available for use. Each facility shall have access to this video in Spanish and English, with subtitles.

- 1) An Intake Counselor shall remain in the room during the playing of the video to observe inmates, looking for reactions.
- 2) Additionally, the Intake Counselor shall ask questions, as outlined in the Facilitator's Guide, at the end of the video to determine comprehension on the materials.
- 3) As equally important, the Intake Counselor shall offer to meet privately with any of the inmates if they request, to discuss issues related to the video.

An inmate who did not receive the education at the DCC shall receive this training within one year of the effective date of the PREA standards. This education may be provided as a group presentation or individually during the inmate's annual/semi-annual case review, as needed.

Any inmate that is transferred must receive education upon transfer, only to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility.

- 1) The PREA video is to be played a minimum of two times each month over the inmate television channel.
- 2) During the inmate's annual review, the Counselor will discuss issues related to sexual abuse in

prison and offer the inmate an opportunity to discuss related concerns. The counselor will provide a Sexual Abuse Awareness Informational Brochure at the time of his/her annual review.

3) Sexual abuse, sexual harassment and retaliation training shall be documented by the inmate signing the PREA Inmate Education Verification Form (Attachment 2-K). This form will be filed in the DC-14. Provision of PREA Inmate Education shall be documented in an Inmate Cumulative Adjustment Record (ICAR) entry.

During the past 12 months, 813 inmates were admitted and 813 received such information at intake. Of these, 795 inmates had a length of stay of 30 days or more and received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. All current inmates were educated by September 2015.

Additional information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, and other written formats. During the pre-audit, the auditor was provided with a copy of a PREA pamphlet (English/Spanish), PREA posters (English/Spanish), and documentation of use of the PREA inmate channel which is played the first Thursday of each month at 8am and the third Thursday of each month at 1pm. The auditor was also provided with a sample of PREA Inmate Education and Verification Forms and ICAR notes that document inmate PREA education.

During the onsite tour, the auditor discovered PREA educational information taped to each cell window in the RHU.

During an interview with a member of the intake staff, it was discovered inmates receive PREA education as soon as they arrive at the facility, as part of their orientation. This education consists of a brochure containing information on their rights under PREA as well as how to report information related to sexual abuse. All inmates are given a separate brochure that contains victim services information. During intake, the inmates watch a PREA educational video. The intake staff member discusses this information with the inmates and answers any questions the inmates may have. Inmates are required to sign an acknowledgement that they have received this education.

During interviews with inmates it was confirmed all inmates are given a PREA brochure at intake. The inmates advised that once a week, the new intakes receive comprehensive PREA education through a PREA educational video. The PREA educational video is also played periodically on the inmate movie channel. Inmates have access to this information at least twice per month.

Standard 115.34 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.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states Investigations - In addition to the Basic PREA Training provided to all staff, any staff designated to conduct sexual abuse investigations shall receive additional training in accordance with PREA Standard 115.31 and Specialized training: Investigations.

- 1) This specialized training will include, but is not limited to: interviewing sexual abuse victims, proper use of Miranda warnings, the Garrity rule, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.
- 2) This training will be facilitated by specially trained "PREA Specialized Security Training Teams." An updated list of these "PREA Specialized Security Training Teams" will be kept on file by the statewide PREA Coordinator/designee.
- 3) Training will be offered to outside law enforcement through mutual agreements facilitated by the Department.
- 4) Once all Security Office staff members and members of the Office of Special Investigations and Intelligence (OSII) have received this specialized training, it will take place on an annual basis unless it is deemed necessary to be held more frequently by the statewide PREA Coordinator or Facility Manager.
- 5) Staff will be required to sign off that they have received the information and understand the included items on the PREA Training and Understanding Verification Form. This information will be kept in the staff member's official personnel file.
- 6) The Training Coordinator at each facility shall ensure that all current security office staff receives this training within six months of the effective date of this policy.
- 7) The Department, any state entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

During the pre-audit, the auditor was advised the facility has ten staff who have received the required training in conducting sexual abuse investigations in confinement settings. The auditor was provided with documentation showing all ten staff members have completed both the initial classroom training as well as the refresher web based training for investigators..

During the pre-audit, the auditor was provided with training curriculum for investigators. This curriculum was developed by the PREA Resource Center.

During interviews with a facility investigator, the investigator acknowledged receiving the training specific to PREA requirements. The investigator was knowledgeable that any case that appeared to be criminal would be referred for criminal prosecution. Investigators also acknowledged using a preponderance of evidence as the standard of evidence used to substantiate allegations of sexual abuse and sexual harassment.

Standard 115.35 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.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states Medical/Mental Health Practitioners - In addition to the Basic PREA Training, any staff providing medical/mental health services, whether on a full or part-time status, shall receive additional training on working with victims of sexual abuse and sexual harassment. For the purposes of this training requirement, Medical staff will include all licensed medical staff, as well as non-licensed contact medical staff such as dental assistants, CHCAs and contracted provider staff.

- 1) This specialized training will include, but is not limited to: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- 2) This training will be coordinated by the statewide PREA Coordinator/designee.
- 3) The PREA Compliance Manager, in coordination with the Training Coordinator at each facility, shall ensure that all current medical/mental health staff receives this training within six months of the effective date of this policy.
- 4) All new medical/mental health staff shall receive this training within the first three months of employment with the Department.
- 5) Staff will be required to sign off that they have received the information and understand the included items on the PREA Training and Understanding Verification Form. This information will be kept in the staff member’s official personnel file in accordance with Section 1 of this procedures manual.

During the pre-audit, the auditor was provided with a staff In-Service PREA Training roster for medical and mental health staff, documenting the understanding of the material. The auditor was also provided with a PowerPoint presentation, participant guide, and draft quiz for medical and mental health.

During the pre-audit, the auditor was advised all 26 medical and mental health care practitioners who work regularly within the facility have received the training required by agency policy.

Agency medical staff at this facility do not conduct forensic medical examinations. Such examinations

are conducted at Meadville Medical Center.

Interviews with the medical and mental health staff indicate they have received PREA training.

Standard 115.41 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.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states all inmates shall be assessed during the intake screening process, upon receipt into another facility, whenever an inmate is involved in an incident of sexual abuse and at their annual review, for risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Both medical and mental health practitioners shall ask inmates, during the intake screening, about any history of victimization or perpetration of sexual abuse, either in a correctional setting or in the community.

The initial assessment (within 72 hours of reception) shall consider prior acts of abuse, prior convictions for violent offenses, and history of prior facility violence or sexual abuse, as known to the Department, in order to assess inmates for the risk of being sexually abusive.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training a reassessment will be conducted between day 20 and 30 of the inmate’s arrival in the system or receipt into another facility utilizing the PRAT. Additionally, the Counselor will reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility staff since the intake screening. An inmate’s risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of victimization or abusiveness utilizing the PRAT. Inmates 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.

During the past 12 months, 768 of 813 inmates entering the facility whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other inmate. The auditor was advised the facility rescreened 294 of these inmates within 30 days of intake. The auditor was provided with sample documentation of initial 72 hour screenings, 30 day screenings, and screenings conducted after an allegation of sexual abuse. The auditor spoke with the PREA Compliance Manager about their risk screening process and was advised the facility began to closely scrutinize their screening process in mid-February. The auditor requested the facility

continue tracking the screenings and provide the auditor with an updated tracking spreadsheet at the end of a three week period. The auditor was provided with an updated tracking spreadsheet on June 2, 2016. A review of this spreadsheet indicates risk screenings have been conducted consistently since February 2016.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states the PREA risk assessments shall be conducted utilizing the PRAT. The tool will be an objective instrument that shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization or abusiveness.

During the pre-audit, the auditor was provided with a copy of the PRAT. A review of the instrument shows all the required questions are being asked and the tool is an objective point based screening instrument.

Interviews with the PREA Coordinator and PREA Compliance Manager indicates any inmate scoring affirmatively as a potential victim and/or potential predator would initiate a "housing concern" in the computer. Staff would have access to see the "housing concern" in the computer; however, they would not have any access to the actual results of the screenings.

Standard 115.42 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.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states the information received through the administration of the PRAT questions shall be used to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. The sensitive information collected through these tools shall be kept as confidential as possible so as not to be used to the inmate's detriment by staff or other inmates. The Department shall make individualized determinations about how to ensure the safety of each inmate.

DC-ADM 008 PREA Procedures Manual Section 9- Working with Transgender/Intersex Inmates states when deciding whether to assign a transgender/intersex inmate to a facility for male/female inmates, and in making other housing and programming assignments, the Department shall consider, on a case by case basis, whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. A transgender/intersex inmate's own views, with respect to his/her own safety shall be given serious consideration. All pertinent information regarding the transgender/intersex individual should be discussed on a need-to-know basis and shared only with the appropriate staff to provide necessary services.

During the pre-audit, the auditor was provided with sample documentation from the Gender Review Committee's review of transgender inmates at SCI Cambridge Springs. The reviews show the agency consciously reviews each transgender and intersex inmate twice a year and strongly considers the inmate's own view of his/her own safety when determining programming and placement assignments. The auditor was provided with documentation showing that at least one inmate that was born male, but has gone through gender reassignment procedures, was housed at SCI Cambridge Springs. This inmate identified as female and requested to be housed with female offenders.

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 views in respect to their own safety is given serious consideration in determining placement and program assignments. A transgender inmate's placement and programming assignments are reassessed every six months by the gender review committee.

Showers consist of single showers with doors that help to ensure privacy.

Standard 115.43 Protective custody

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

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

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states Inmates at a high risk for sexual victimization or inmates that have alleged abuse shall not be placed involuntarily in Administrative Custody (AC) as a means of protection unless an assessment of all available alternatives has been made by Psychology and Security staff in conjunction with the PREA Compliance Manager, and a determination has been made that there is no other available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the inmate in involuntary AC for less than 24 hours while completing the assessment.

If an involuntary AC housing assignment is made in accordance with this standard, the Shift Commander shall clearly document on the DC-121, Part 1- Duty Officer Report (Other), the following information:

- 1) the basis for the staff member's concern for the inmate's safety;
- 2) the other alternative means of separation that were explored; and
- 3) the reason why no alternative means of separation can be arranged.

If the Shift Commander assigns an inmate to involuntary AC for the purpose of protection from sexual victimization, access to programs, privileges, education, or work opportunities shall be afforded to the extent possible. If the facility restricts access to these opportunities, the facility shall document in the Involuntary Administrative Custody Services Access Restriction Form:

- 1) the opportunities that have been limited;
- 2) the duration of the limitation; and
- 3) the reasons for such limitations.

Within the last 12 months, there have not been any inmates placed in involuntary segregated housing for risk of sexual victimization.

In accordance with Department policy DC-ADM 802, Administrative Custody Procedures, at least every 30 days, the Program Review Committee (PRC) shall ensure each inmate is reviewed to determine whether there is a continuing need for separation from the general population. This review shall be documented on the DC-141, Part 3, Program Review Committee Action.

During the pre-audit, the auditor was provided with a list of inmates who reported sexual abuse and their housing locations. None of these inmates were housed in involuntary segregated housing.

Through staff interviews it was determined inmates at high risk of sexual victimization are not placed in segregated housing. The auditor was advised these inmates would be placed in other housing units, if at all possible. In the event an inmate at high risk of sexual victimization was placed in segregated housing, the inmate would have access to privileges and programs when at all possible. If these privileges and programs had to be restricted, the facility would document the activities restricted and the reason for the restriction.

Standard 115.51 Inmate 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.

DC-ADM 008 PREA Procedures Manual Section 3- Reporting Sexual Abuse and Sexual Harassment states any inmate who is the victim of any of the following should report the abuse to a staff member as soon as possible:

- 1) Sexual abuse;
- 2) Sexual harassment;

- 3) Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment;
- 4) Staff neglect or violation of responsibilities that may have contributed to such incidents.

A report may be made to any staff member in the facility, including but not limited to, Medical staff, Psychology staff, Corrections Officers, and Counselors.

Methods of reporting include the following:

- 1) Verbal report to a staff member;
- 2) Submitting a DC-135A, Inmate Request to Staff Member; or
- 3) Submitting a written report to the Sexual Abuse Reporting Address: BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110.

Every inmate must be provided with immediate access to at least one of the methods indicated above through which he/she may file a report of sexual abuse, sexual harassment, or retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Staff shall accept and document reports made verbally, in writing, anonymously, and from third-parties and promptly forward to the facility's designated investigators.

The Sexual Abuse Reporting Address is an option for employee, contract service provider, volunteer, or intern to privately report an allegation of sexual abuse, sexual harassment, or retaliation.

- a. A Sexual Abuse Reporting Address has been established for staff as outlined on the PREA Reporting Poster or on the Department website to anonymously report sexual abuse, sexual harassment, or retaliation to the PSP.
- b. The address for making a written report is: BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110.
- c. A writer may choose to include his/her name and contact information, but is not necessary in order to make the report. Reports may also be submitted at www.tipsubmit.com.

During the pre-audit, the auditor was provided with reporting posters in English and Spanish containing information on inmate, staff, contractor, and volunteer reporting procedures. The auditor also viewed reporting information on the agency's website.

During the pre-audit, the auditor was provided with documentation of a verbal report that was received by staff. This report was documented in a written report and forwarded for investigation. The auditor also received a copy of a report that was filed as a grievance. Once the grievance was received, the grievance was rejected and the report was forwarded to facility investigators for their review and investigation.

Through staff and inmate interviews it was determined inmates and staff may make a private report to any supervisor or the PREA Compliance Manager. Inmates are also provided with the mailing address to the Pennsylvania State Police Bureau of Criminal Investigation and are permitted to make a report directly to this agency. Some staff also acknowledged that they could privately report by

sending a letter to the Pennsylvania State Police Bureau of Criminal Investigation. The auditor was advised by random staff that all reports; including verbal, written, anonymous, and third-party reports would be investigated. Verbal reports would be documented by the staff immediately upon receipt of such information.

Standard 115.52 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.

XX Not Applicable

DC-ADM 008 PREA Procedures Manual Section 3- Reporting Sexual Abuse and Sexual Harassment states inmates shall not utilize the inmate grievance system to report sexual abuse by a staff member or inmate-on-inmate sexual contact, as defined in the Glossary. However, if an inmate files a grievance related to sexual abuse, the Grievance Officer shall reject the grievance and forward to the facility Security Office for tracking and investigation. The inmate will be notified of this action. This would be considered an exhaustion of administrative remedies.

DC-ADM 004 Inmate Grievance System Procedures Manual Section 1- Grievances and Initial Review states: a grievance regarding an allegation of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual contact will not be addressed through the Inmate Grievance System and must be addressed through Department policy DC-ADM 008. These allegations are taken seriously by the Department and must and will be investigated to make sure that inmates are safe in the facilities. If a grievance is filed regarding an allegation of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual contact, while it will not be addressed through the inmate Grievance System, the grievance will be immediately forwarded to the Security Department as well as PREA Compliance Manager in accordance with Department policy DC-ADM 008 to start an investigation.

Standard 115.53 Inmate 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.

DC-ADM 008 PREA Procedures Manual Section 4- Responding to Reports of Sexual Abuse the Department works in collaboration with the Pennsylvania Coalition against Rape (PCAR) and its member centers. The facility PREA Compliance Manager, in conjunction with the statewide PREA Coordinator, has worked to establish mutual agreements with local rape crisis centers where all Department facilities are located. Copies of these agreements shall be maintained by the Department.

The PREA Compliance Manager shall ensure that inmates are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. During non-working hours, the Shift Commander will be responsible to ensure the aforementioned support services. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call and/or in writing. The preferred service delivery method is in person in a confidential setting.

The PREA Compliance Manager shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

An inmate will be offered the opportunity to talk with a victim advocate and receive continued care when they have been a victim of facility sexual abuse, no matter if they reported the facility sexual abuse immediately or made a delayed disclosure.

During the pre-audit, the auditor was provided with a brochure that is given to all inmates as part of the intake education. This flier contains a mailing address to Pennsylvania Coalition Against Rape.

Local Policy DC-ADM 008- CBS states an inmate involved in a sexual abuse incident will be informed during the response process of the availability of support services through Women's Services in Meadville, PA.

Ongoing meetings with a counselor from the agency are coordinated by the institutions' Social Worker. In preparation of these meetings, the Social Worker will present inmates with and explain to them a notice from the Classification and Program Manager. The notice informs the inmates of the following:

- a. That no audio recordings will be made of any in-person meetings, but such meetings will typically be conducted in an area with video surveillance.
- b. That any telephone conversations with the counselor will not be monitored.
- c. That under certain conditions the counselor will be required to convey abuse information to authorities and that these conditions will be explained by the counselor before she begins any counseling.

During the pre-audit, the auditor was provided with a documented MOU for victim advocate services; Women's Services, Inc. in Crawford County. The auditor contacted Women Services, Inc. and spoke with a representative who confirmed victim advocates would be provided to inmates housed at SCI Cambridge Springs who report sexual abuse. The auditor was advised these services would be available 24 hours a day, 7 days a week. The auditor was provided with a brochure containing the

address and phone number to Women's Services, Inc. This brochure would be given to any inmate that reported sexual abuse.

During the pre-audit, the auditor was provided with a memo that was sent to all inmates receiving services from Women's Services, Inc. The memo stated Women's Services, Inc., the local rape crisis center, offers counseling and related services to SCI Cambridge Springs inmates who have suffered sexual abuse. Such counselings will be provided in a confidential setting, although in person counseling will typically be monitored by video surveillance. (This will be video only; no audio recording will be done). Also, any counseling done by telephone will not be monitored.

Information that is shared with the counselor is confidential, but there are a few conditions where the counselor will be required to forward abuse information to authorities. The counselor will explain these to all clients in detail before the counseling sessions begin.

The auditor verified the facility is providing inmates with victim advocate services brochures during intake. During the onsite visit, the auditor discovered victim advocates with Women's Services, Inc. come to the facility twice per week to speak with any inmate requesting victim services. These visits are conducted on a regular basis. Inmates and staff acknowledged these services are ongoing. Due to the ongoing victim advocate services provided, the auditor has determined the facility exceeds this standard and commends the facility on making these services available.

Standard 115.54 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.

DC-ADM 008 PREA Procedures Manual Section 3- Reporting Sexual Abuse and Sexual Harassment states the Sexual Abuse Reporting Address is an option for the general public to report an allegation of sexual contact.

- 1) A sexual abuse reporting address has been established for the general public, as listed on the Department website to anonymously report sexual abuse, sexual harassment, or retaliation to the PSP.
- 2) The address for making a written report is: BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110.
- 3) A writer may choose to include their name and contact information, but it is not necessary in order to make the report.
- 4) Reports may also be submitted online at www.tipsubmit.com.

The information listed above is available on the agency website.

Standard 115.61 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.

DC-ADM 008 PREA Procedures Manual Section 3- Reporting Sexual Abuse and Sexual Harassment states any staff member, contract service provider, volunteer or intern, shall immediately report to the Shift Commander if he/she has knowledge, suspicion, or information regarding any of the following:

- 1) Sexual abuse of an inmate;
- 2) Sexual harassment of an inmate that occurred in a facility;
- 3) Retaliation against inmates or staff who reported such an incident; and/or
- 4) Staff neglect or violation of responsibilities that may have contributed to an incident or retaliation

The incidents listed above may have occurred in any facility, whether or not it is affiliated with the Department.

A DC-121, Part 2, Report of Extraordinary Occurrence Report shall be filed in every case, apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in Department policy, to make treatment, investigation, and other security and management decisions, where sexual abuse with an inmate is reported in accordance with Department policy 6.3.1, “Facility Security.”

Through interviews with a random sample of staff as well as interviews with medical and mental health staff, it was determined that all staff have a duty to report any knowledge, suspicion, or information related to sexual abuse or sexual harassment. Staff are also required to report any retaliation towards any inmate or staff for reporting and any staff neglect that may have contributed to an incident or retaliation.

Standard 115.62 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.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training ensures that when Department staff learn that an inmate is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action will be taken to protect that inmate.

In the past 12 months, there have not been any instances where the agency determined an inmate was subject to substantial risk of imminent sexual abuse.

Through interviews with staff, it was determined staff take immediate action to separate the alleged victim and abuser whenever it is determined an inmate may be at risk for imminent sexual abuse. The Shift Commander and Security Office would both be notified.

Standard 115.63 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.

DC-ADM 008 PREA Procedures Manual Section 3- Reporting Sexual Abuse and Sexual Harassment states:

An inmate may file a report of sexual abuse sustained while confined at another facility.

It is the Facility Manager/designee’s responsibility to notify the head of the facility in which the reported abuse, harassment or retaliation occurred. Notification must be provided as soon as possible, but no later than within 72 hours after receipt of information and documented on the Notification of Sexual Abuse/Harassment Allegation to Another Facility (Attachment 3-B). This document shall be maintained by the PREA Compliance Manager in an annual file for audit verification purposes in accordance with Section 1 of this procedures manual.

A copy of the notification must also be sent to the facility PREA Compliance Manager and the statewide PREA Coordinator/designee for tracking purposes.

If the facility being notified is another facility within the Department, the PREA Compliance Managers for involved facilities shall coordinate the information flow as to ensure:

- 1) All information is shared to ensure a thorough and expedient investigation is completed; and
- 2) The inmate receives information regarding the investigation in a confidential and timely manner as to comply with Section 8 of this procedures manual.

Upon receipt of an allegation from another facility that an inmate was sexually abused, harassed or retaliated against while confined at that location, the Facility Manager/designee at the receiving facility shall document the receipt of the allegation on the Notification of Sexual Abuse/Harassment Allegation to Another Facility.

The Facility Manager/designee shall immediately notify the Security Office to initiate a PREA investigation as outlined in Section 5 of this procedures manual.

The Facility Manager/designee shall send notification and supporting documentation to the facility PREA Compliance Manager and the statewide PREA Coordinator/designee within five working days of the receipt of the allegation.

During the past 12 months, the facility has received two allegations of sexual abuse from other facilities. These allegations were documented and referred for investigation. During the pre-audit, the auditor was provided with two sample notifications. This notification was documented and a case number was assigned.

During the past 12 months, the facility received one allegation that an inmate was abused while confined at another facility. During the pre-audit, the auditor was provided with one sample notification. This notification was facility head to facility head and was made within one day of receiving the allegation.

Through staff interviews, it was determined when SCI Cambridge Springs receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred within their facility, the allegation would immediately be assigned to an investigator and would be investigated. SCI Cambridge Springs would refer any allegations they receive for sexual abuse that occurred at other facilities, to the head of the outside facility. The notification would be made from the Superintendent at SCI Cambridge Springs to the Facility Head where the abuse allegedly occurred, and the notification would occur within 72 hours after receiving the information.

Standard 115.64 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.

DC-ADM 008 PREA Procedures Manual Section 4- Responding to Reports of Sexual Abuse states: Upon learning of an allegation that an inmate was sexually abused, the first staff member to respond shall:

1) Security Staff

- a. notify the facility's main control center;
- b. immediately separate the alleged victim and alleged abuser;
- c. secure any reported crime scene until appropriate steps can be taken to collect evidence; and
- d. if the abuse occurred within the last 96 hours that still allows for the collection of physical evidence, request the alleged victim and ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

2) Non-Security Staff

- a. Immediately notify the facility's main control center/security staff; and
- b. if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

During the past 12 months, there have been 31 allegations that an inmate was sexually abused. Of these allegations, 31 times the first security staff member to respond to the report separated the alleged victim and abuser. Of these allegations, there were 2 instances where evidence preservation was necessary. Steps were taken to preserve evidence in both of these instances.

During the past 12 months, there has been 8 allegations that an inmate was sexually abused where a non-security staff member was the first responder. During all 8 of these allegations, the non-security staff member to respond to this report:

- 1) Notified security staff in all three instances.
- 2) Requested that the alleged victim not take any actions that could destroy physical evidence for any of the allegations.

During the pre-audit, the auditor was provided with a copy of a pocket card containing immediate response procedures that was given to all employees. The auditor was also provided with a separate pocket card that is provided to all medical staff that contains specific procedures for medical staff.

During the pre-audit, the auditor was provided with three examples of checklists staff complete in response to an allegation of sexual abuse. The first responders acknowledged in these checklists that they followed the steps mentioned above in regards to separating the victim from the abuser and preserving and protecting the crime scene.

Through interviews with inmates and staff, it was determined staff have responded promptly to outcries of sexual abuse. Staff know to separate the victim from the abuser as well as how to preserve evidence. Staff are aware to keep information related to sexual abuse investigations confidential.

Standard 115.65 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.

DC-ADM 008 PREA Procedures Manual Section 4- Responding to Reports 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. This policy outlines the facility’s coordinated response plan.

Local Policy DC-ADM 008-CBS outlines local response procedures for SCI Cambridge Springs.

Through interviews with staff, it was determined the facility follows a statewide DOC coordinated response plan for allegations of sexual abuse that involves a checklist of responsibilities.

Standard 115.66 Preservation of ability to protect inmates 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 (8) different unions. None of these collective bargaining agreements contain language that limit the ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. In addition, the collective bargaining agreements are silent regarding suspensions pending investigation. When the contract is silent on issues, policy then governs.

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

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

Standard 115.67 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.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states the agency will ensure retaliation monitoring of the following inmates:

- 1) Those that have reported institutional sexual abuse or sexual harassment allegations;
- 2) Those that have suffered sexual abuse; and/or
- 3) Those that have expressed a fear of retaliation due to cooperation with an investigation of an incident related to this procedures manual.

The PREA Compliance Manager/Classification Program Manager is the designated staff member charged with monitoring retaliation.

Specifically, the PREA Compliance Manager will ensure that such inmates are provided with the opportunity to meet with a corrections counselor, in accordance with Attachment 2-B, DOC Retaliation Monitoring form, who will then report to the PREA Compliance Manager. If the PREA Compliance Manager determines that the initial monitoring indicates a continuing need, the periodic status checks will be extended beyond 90 days by the corrections counselor.

The PREA Compliance Manager will also notify the Deputy of Centralized Services (DSCS) when staff require monitoring due to a report of sexual abuse, or because of an expressed fear of retaliation due to cooperation with an investigation of inmate sexual abuse or sexual harassment, per PREA Standard (§115.67 [a][c][e]) and in accordance with Section 3 of the procedures manual.

Items the Department shall monitor include:

- a. Housing reports;
- b. Program changes;
- c. Negative performance reviews; and
- d. Reassignments of staff.

Retaliation will be monitored for a minimum of 90 days for all allegations.

There were no incidents of retaliation that occurred within the past 12 months.

During the pre-audit, the auditor was provided with samples of documentation related to retaliation monitoring. The PREA Compliance Manager and/or PREA Administrative Officer documents retaliation monitoring at 96 hours, 15 days, 30 days, 60 days, and 90 days.

Through various staff and inmate interviews, it was discovered multiple measures are taken to ensure against retaliation. In order to protect against retaliation, the PREA Compliance Manager and/or PREA Administrative Officer would complete a monitoring form and have the unit counselors monitor for retaliation. This information would be logged in a spreadsheet. Counselors would check on the inmate sometime between the first 48-96 hours, 15 days, 30 days, 60 days, and 90 days. If necessary due to the circumstances, retaliation may be monitored indefinitely.

Standard 115.68 Post-allegation protective custody

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

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

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states inmates at a high risk for sexual victimization or inmates that have alleged abuse shall not be placed involuntarily in Administrative Custody (AC) as a means of protection unless an assessment of all available alternatives has been made by Psychology and Security staff in conjunction with the PREA Compliance Manager, and a determination has been made that there is no other available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the inmate in involuntary AC for less than 24 hours while completing the assessment.

If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need from the general population.

During the past 12 months, there have been no instances where an inmate was placed in involuntary segregated housing awaiting completion of an assessment.

Through interviews with staff, it was discovered inmates who allege to have suffered sexual abuse or are at risk of sexual victimization are rarely (if ever) placed in involuntary segregated housing. Alternative housing in another general population housing unit or protective custody would be found. If an inmate were to be placed in involuntary segregated housing for these reasons, they would still have access to programs, privileges, education, and work opportunities to the extent possible. If any activities are restricted, the staff would document the opportunities limited, the duration of the limitation, and the reason for the limitation.

Standard 115.71 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.

DC-ADM 008 PREA Procedures Manual Section 5- Investigating Allegations of Sexual Harassment and/or Sexual Abuse outlines both criminal and administrative agency investigations.

Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Since August 20, 2012, there have not been any allegations that were referred for prosecution.

The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

A review of investigator training records indicate the investigators are receiving the appropriate training.

A review of investigation records indicate the investigations are being conducted promptly, thoroughly, and objectively.

During the pre-audit, the auditor was provided with a signed MOU with the Pennsylvania State Police (PSP). PSP would be responsible for conducting criminal investigations of sexual abuse. The auditor was advised there has only been one allegation in which a criminal investigation was conducted. This incident allegedly occurred March 6, 2016, and the investigation is still ongoing.

Through staff interviews, it was determined the Security Office would be informed on the progress of any investigation conducted by the Pennsylvania State Police. They would receive this information by regular correspondence via phone and/or email. 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. The facility would transport the alleged victim to the local hospital for a SAFE/SANE exam if the abuse occurred within 96 hours and the alleged victim reported any form of sexual penetration. Criminal investigations would be forwarded to the Pennsylvania State Police for investigation. Investigations continue, even if the staff member terminates employment or the inmate transfers to another facility. Both administrative and criminal investigations would be documented in investigation reports.

Standard 115.72 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 PREA Procedures Manual Section 5- Investigating Allegations of Sexual Harassment and/or Sexual Abuse states in administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment/sexual abuse are substantiated.

Interviews with investigative staff indicate a preponderance of evidence is used when determining whether to substantiate allegations of sexual abuse or sexual harassment.

Standard 115.73 Reporting to inmates

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

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

DC-ADM 008 PREA Procedures Manual Section 8- Notification of Inmates states following the investigation into an inmate’s allegation that he/she suffered sexual abuse or sexual harassment in a facility within the Department, the Prison Rape Elimination Act (PREA) Compliance Manager at the

facility where the inmate is housed shall inform the inmate, in writing on the PREA Investigation – Inmate Notification Form (Attachment 8-A) as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

A review of notifications indicate inmates are being responded to, in writing, as to the outcome of the investigation.

If another agency conducts the investigation, the PREA Compliance Manager shall request the relevant information from the investigative agency in order to inform the inmate.

Following an inmate’s allegation that a staff member has committed sexual abuse or sexual harassment against an inmate, the PREA Compliance Manager shall subsequently inform the inmate when any of the following occurs:

- 1) The staff member is no longer posted within the inmate’s unit;
- 2) The staff member is no longer employed at the facility;
- 3) The Department learns that the staff member has been criminally charged related to sexual abuse within the facility; or
- 4) The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate’s allegation that he/she has been sexually abused by another inmate, the PCM shall subsequently inform the alleged victim whenever:

- 1) The Department learns that the alleged abuser has been criminally charged related to sexual abuse within the facility; or
- 2) The Department learns that the abuser has been convicted on a charge related to sexual abuse within the facility.

During the past 12 months, there were 26 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility. Of these investigations, 20 inmates were notified, verbally or in writing, of the results of the investigation. All notifications that were provided were documented.

During the past 12 months, there has been one investigation of alleged inmate sexual abuse that were completed by an outside agency. This inmate was notified of the results of the investigation.

Through interviews with various staff and inmates, it was determined the PREA Compliance Manager notifies the inmate, in writing, as to whether the allegation was substantiated, unsubstantiated, or unfounded.

Standard 115.76 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.

DC-ADM 008 PREA Procedures Manual Section 7-Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation states any employee who violates Department sexual abuse or sexual harassment policies by engaging in, failing to report, or knowingly condoning sexual abuse or sexual harassment of an inmate shall be subject to appropriate disciplinary or administrative action up to and including termination.

When an allegation is made involving a staff member, contract service provider or volunteer this person will be removed from contact with the alleged victim until the conclusion of this investigation.

In the event that a staff member is terminated, or resigns in lieu of discharge, for violation of the this procedures manual, the Bureau of Human Resources (BHR) will notify the Office of Special Investigations and Intelligence (OSII) to determine if a potential criminal violation exists and notify any licensing bodies. If the violation meets criminal standards, OSII will refer the matter to the District Attorney’s Office that has jurisdiction over the affected facility for prosecution purposes.

During the past 12 months, there have not been any facility staff who were found to have violated agency sexual abuse or sexual harassment policies.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

4.1.1 Human Resources and Labor Relations Manual Section 41 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Staff interviews indicated all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Standard 115.77 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.

DC-ADM 008 PREA Procedures Manual Section 7-Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation states:

- 1) When an allegation is made involving a contractor or volunteer, this person will be removed from contact with the alleged victim until the conclusion of this investigation;
- 2) If a contractor or volunteer violates this procedures manual, other than by engaging in sexual abuse, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates;
- 3) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

During the past 12 months, there have not been any contractors who were found to have violated the agency’s sexual abuse and sexual harassment policies.

Staff interviews indicate that any contractor or volunteer suspected of sexual abuse or sexual harassment would be removed from the building and prohibited from contact with inmates, pending the outcome of the investigation. Remedial disciplinary measures, such as counseling and further training, would be considered for minor policy violations, depending on the circumstances. Any contractor or volunteer found to have committed a major policy violation would be banned from the facility.

Standard 115.78 Disciplinary sanctions for inmates

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

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

DC-ADM 008 PREA Procedures Manual Section 7-Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation states:

- 1) Inmates shall be subject to disciplinary sanctions pursuant to the formal disciplinary process, following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.
- 2) Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.
- 3) The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.
- 4) When an inmate is found guilty of a Class 1 Misconduct related to sexual abuse, the Unit Manager shall refer the inmate to the Sex Offender Treatment Program for evaluation to determine whether or not the inmate is appropriate for the program and if the inmate will be required to complete the program as part of the sanctions or as a condition to access programming or other benefits.
- 5) The facility may discipline an inmate for sexual contact with staff only if it is substantiated that the staff member did not consent to such contact.
- 6) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- 7) A reporting inmate may only be subjected to discipline if the report is determined to be unfounded with proven malicious intent at the conclusion of a full investigation.
- 8) The Department prohibits all sexual activity between inmates and may discipline inmates for such activity. The Department will not deem such activity to constitute sexual abuse if the Department through the investigative process determines that the activity is not coerced or forced.

During the pre-audit, the auditor was provided with a sample of misconduct documents for inmates who violated the agency's sexual abuse and sexual harassment policies. The disciplinary sanctions imposed appear to be appropriate.

Staff interviews indicate inmates found to have engaged in sexual abuse or sexual harassment may face a misconduct hearing and be housed in the RHU depending upon the circumstances. If the allegations were criminal in nature, the Pennsylvania State Police or OSII may pursue criminal charges.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and Training states if the screening pursuant to PREA Standard 115.41 indicates that a prison or jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical and mental health practitioner within 14 days of the intake screening or sooner, if clinically indicated.

If the screening pursuant to PREA Standard 115.41 indicates that a prison or jail inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In addition, when information becomes available relating to perpetration of inmate-on-inmate sexual abuse history, a mental health evaluation will be conducted on these abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Any information related to sexual victimization or abusiveness occurring in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security and management decisions, including housing, bed placement, work, education, and program assignments, or otherwise required by Federal, State, or local law.

Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The DC-484 (13.08.01 Delivery of Mental Health Services, Attachment 2-A) will be used for this purpose. If the inmate refuses to sign, it shall be noted on the DC-484 and signed by the witness and maintained in the medical record.

Local Policy DC-ADM 008-CBS states when any staff members conduct risk assessment screenings, they shall pay special attention to whether or not the inmate reports for the first time that she previously perpetrated sexual abuse (whether it occurred in an institutional setting or in the community). When an inmate reports such perpetration of abuse and it is clinically indicated, the staff member shall promptly notify the Licensed Psychology Manager or designee who will ensure that a follow-up meeting is conducted within 14 days.

During the pre-audit, the auditor was provided with sample medical/mental health forms, including completed informed consent forms.

During the pre-audit, the auditor was advised 17% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a mental health practitioner. In addition, 17% of inmates who have previously perpetrated sexual abuse were offered a follow-up meeting with a mental health practitioner. The auditor discussed the above percentages with the PREA Compliance Manager during the onsite audit. The auditor was advised there was confusion as to who was to be referred for a medical/mental health evaluation. The auditor was advised that this was identified in March 2016, thus only 17% of these inmates received a follow-up evaluation. Due to the low percentages of inmates receiving referrals, the auditor originally listed the facility as needing corrective action in this area.

During the Corrective Action Period, the auditor required the facility to continue their current practice of tracking inmates that disclose prior victimization and abusiveness, as well as the dates referrals are made for medical/mental health evaluations. The auditor required the facility to provide an updated spreadsheet on August 1, 2016, in order to show a sustained period of compliance. The auditor also requested the facility provide a copy of all referrals made from the time the Interim Report was completed (June 6, 2016), through August 1, 2016.

On August 1, 2016, the auditor reviewed an updated spreadsheet that is used to track the dates the inmates are screened, as well as whether or not the inmate discloses prior victimization and/or abusiveness, as well as the date the inmate is referred for a mental health evaluation. The auditor was also provided with all mental health referrals made during the Corrective Action Period. During this time period, a total of 15 inmates disclosed prior victimization and/or abusiveness. A review of the tracking spreadsheet and mental health referrals indicate all inmates who disclose prior victimization/abusiveness are offered follow-up evaluation with mental health staff within 14 days.

Based on the information listed above, the auditor has determined the facility is now meeting this standard.

Standard 115.82 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.

DC-ADM 008 PREA Procedures Manual Section 4- Responding to Reports of Sexual Abuse states:

Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.

The alleged victim of sexual abuse shall be 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.

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During the pre-audit, the auditor was provided with various forms used to document the medical evaluation and response, including: Emergency Department Notes, Response to Allegation of Sexual Abuse Checklist, and Employee Report of Incident. The auditor was also provided with financial transactions from inmates who received medical mental health treatment, and the auditor verified

these inmates were not charged for the services they received.

Through various staff and inmate interviews, it was discovered inmate victims of sexual abuse receive timely and unimpeded access to emergency treatment and crisis intervention services. Inmates are immediately taken to the medical department if the abuse occurred within 96 hours and the allegation involved physical contact. Inmates would be transported to the hospital if they alleged that the situation involved any form of sexual penetration. Inmates receive treatment based on the medical and/or mental health staff's professional opinion. Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

Standard 115.83 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.

DC-ADM 008 PREA Procedures Manual Section 4- Responding to Reports of Sexual Abuse states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

If pregnancy results from the sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate.

DC-ADM 008 PREA Procedures Manual Section 2- Sexual Abuse/Sexual Harassment Prevention and training states for any identified facility sexual predators, refer to Department Policy 11.2.1 Section 5, for appropriate custody level and program code assignment. In addition, a mental health evaluation will be conducted on these abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

During the pre-audit, the auditor was provided with emergency room notes documenting the treatment services that were provided. In addition, the auditor was provided with a sample of mental health follow-up evaluations for inmates who reported sexual abuse.

Through various staff and inmate interviews, it was determined medical treatment for sexual abuse victims would include a medical evaluation from one of the Registered Nurses working at the facility.

If warranted, the inmate would be taken to the Meadville Medical Center for treatment. Mental Health staff would conduct an evaluation immediately if possible, but no later than the next business day.

Standard 115.86 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.

DC-ADM 008 PREA Procedures Manual Section 6- Sexual Abuse Incident Review states each facility shall conduct a Sexual Abuse Incident Review at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated, whether they are conducted by facility Security Office or by the Office of Special Investigations and Intellegience. No review will be conducted if the allegation has been determined to be unfounded. The review shall occur within 15 working days of receipt of the notification from OSII that the investigation was deemed satisfactory.

The Prison Rape Elimination Act (PREA) Compliance Manager will chair the Sexual Abuse Incident Review Committee. The PREA Compliance Manager, in collaboration with the Facility Manager, will determine the exact composition of the team based on the nature of the incident. At a minimum, the Sexual Abuse Incident Review Team will consist of the following:

- 1) Deputy Superintendent for Centralized Services (DSCS);
- 2) Deputy Superintendent for Facilities Management (DSFM);
- 3) Licensed Psychology Manager (LPM)/designee;
- 4) Corrections Health Care Administrator (CHCA)/designee;
- 5) Security Office representative;
- 6) Unit Manager;
- 7) Corrections Counselor;
- 8) Major of Unit Management or Major of the Guard;
- 9) Deputy Superintendent for Internal Security (DSIS) (if applicable);
- 10) OSII Investigator (as applicable); and

11) Statewide PREA Coordinator/designee (when necessary).

The team will carefully review the documentation surrounding the incident. The review will focus upon the events associated with the incident. At a minimum, the review committee will consider the items outlined in the PREA Sexual Abuse Incident Review, as well as the following information:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; or
- b. Consider whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or interest identification, or 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.

The facility shall implement the recommendations for improvement by the Central Office PREA Administrative Review Committee, or shall provide documentation to the Executive Deputy Secretary, Regional Deputy Secretary, and the Statewide PREA Coordinator, or document reasons for not doing so.

During the past 12 months, there have been 18 criminal and/or administrative investigations of alleged sexual abuse completed at the facility. Of these investigations, 15 were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents.

During the pre-audit, the auditor was provided with a sample of sexual abuse incident reviews. After reviewing the incident reviews, the auditor determined that several administrative staff, including the Deputy of Centralized Services, PREA Compliance Manager, Major, Intelligence Captain, Medical and Mental Health staff are all involved in the reviews. The auditor discovered all required questions are asked and corrective actions are noted when they are discovered. One of the reviews identified the need for corrective action to be taken due to a miscommunication between the security staff and psychology department. The auditor discovered that after these corrective actions were initiated, the facility noticed better communication between the security staff and psychology department.

Through interviews with staff, it was confirmed the facility conducts incident reviews at the conclusion of a sexual abuse investigation, excluding only “unfounded” incidents. The incident reviews include upper-level management officials, and allows for input from line supervisors, investigators, and medical or 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, accesses 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 in order to correct the problem.

Standard 115.87 Data collection

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

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

DC-ADM 008 PREA Procedures Manual Section 1- Data Collection and Retention states:

The Bureau of Planning, Research and Statistics shall collect accurate, uniform data for every allegation of sexual abuse at facilities under the Department’s direct control using a standardized instrument and set of definitions.

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

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

The agency acknowledged they would provide the Department of Justice (DOJ) with data from the previous calendar year upon request; however, they had not received such request during the past calendar year.

The auditor reviewed data collected by the agency. The data collection instrument was the Department of Justice SSV form. A completed SSV summary form for 2014 was provided to the auditor. The agency takes this information and posts statistics for all of its facilities on the agency website.

Standard 115.88 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.

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

- 1) Identifying problem areas;
- 2) Taking corrective action on an ongoing basis; and
- 3) Preparing an annual report of its finding and corrective actions for each facility, as well as the Department as a whole.

During the pre-audit, the agency provided the auditor with a copy of the annual report. This report included 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 provided an assessment of the Department's progress in addressing sexual abuse. The report details statistics from each facility.

The Annual PREA Reports provided were approved by the Secretary and were posted on the Department website by June 30 of each year. A link to the Department website can be found below:

[http://www.cor.pa.gov/Administration/PrisonRapeEliminationACT\(PREA\)/Pages/DOC-PREA-Statistics.aspx#.VfSLPa1RHIU](http://www.cor.pa.gov/Administration/PrisonRapeEliminationACT(PREA)/Pages/DOC-PREA-Statistics.aspx#.VfSLPa1RHIU)

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

The auditor was provided the 2014 annual review. The 2014 review consists of data collected from 2012, 2013, and 2014. Annual reports attempt to identify trends and areas of concern. Annual reports are typically broad and are intended to capture statistical numbers. In addition, the review consists of future plans of corrective action to advance its effort and solid commitment to eradicate sexual abuse, sexual harassment, and retaliation for reporting such incidents. Inmate's names and specific information related to the allegations are redacted.

Standard 115.89 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.

DC-ADM 008 PREA Procedures Manual Section 1- Data Collection and Retention states the Department shall make all aggregated sexual abuse data from facilities under its direct control and contracted facilities, readily available to the public through the Department website, at least annually. The Department shall securely retain all aggregate PREA data, on the Department's secure servers, collected for a period of no less than ten years after the date of the initial collection unless federal, state or local law requires otherwise.

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

Through various staff interviews, it was determined 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

August 6, 2016

Auditor Signature

Date