

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** April 7, 2016

<b>Auditor Information</b>			
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<b>Telephone number:</b> 832-833-9126			
<b>Date of facility visit:</b> March 21-23, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> State Correctional Institution at Chester			
<b>Facility physical address:</b> 500 E. 4 <sup>th</sup> Street, Chester, PA 19013			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 610-490-5412			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> John C. Thomas			
<b>Number of staff assigned to the facility in the last 12 months:</b> 383			
<b>Designed facility capacity:</b> 1,346			
<b>Current population of facility:</b> 1,255			
<b>Facility security levels/inmate custody levels:</b> Levels 2, 3, 4, and 5 (Minimum through Maximum)			
<b>Age range of the population:</b> 20-65			
<b>Name of PREA Compliance Manager:</b> Mark Wahl		<b>Title:</b> Deputy Superintendent for Centraized Services	
<b>Email address:</b> mwahl@pa.gov		<b>Telephone number:</b> 610-490-5412 x.3123	
<b>Agency Information</b>			
<b>Name of agency:</b> Pennsylvania Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 1920 Technology Parkway, Mechanicsburg, PA17050			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 717-728-2573			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> John E. Wetzel		<b>Title:</b> Secretary of Corrections	
[REDACTED]		[REDACTED]	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jennifer Feicht		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> jfeicht@pa.gov		<b>Telephone number:</b> 724-662-1837	

## AUDIT FINDINGS

### NARRATIVE

A Prison Rape Elimination Act Audit of the State Correctional Institution at Chester was conducted from March 21, 2016 to March 23, 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 Thomas and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would also like to recognize PREA Coordinator Jennifer Feicht, PREA Compliance Manager Mark Wahl, PREA Administrative Officer Mande Quinn for their hard work and dedication to ensure the facility is compliant with all PREA standards.

The auditor provided the facility with a Notification of Audit on January 10, 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 (March 21, 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. During the next two to three weeks, 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 a three pages of 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- John C. Thomas, Deputy Superintendent/PREA Compliance Manager Mark Wahl, Deputy Superintendent Kenneth Eason, Assistant to the Superintendent- Louisa Perez, Director of Bureau of Standards, Audits, and Accreditation- Carole Ann Mattis, Administrative Officer- Mande Quinn, and Major of the Guard- Patrick Lynn.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including: Visitation, Control (CCTV), Laundry, Intake, Staff Dining Room, Kitchen, Inmate Dining Halls, Commissary, Maintenance, Medical, Restrictive Housing Unit (RHU), all General Population Housing Units, Program Services, Recreation, Chapel, Gymnasium, Barber Shop, Vocational Programs Building, Library, and various classrooms. During the tour, several informal interviews were conducted with inmates and staff throughout the facility.

A total of 28 staff were interviewed 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 19 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 1,219. The count on the final day of the audit was 1,220.

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 Mark Wahl. All concerns were addressed to the auditor's satisfaction prior to the completion of the Final Report.

When the audit was completed, the auditor conducted an exit briefing on March 23, 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 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

During the early 1960's, the City of Chester began to experience a drastic economic decline. Once a major thriving industrial center, manufacturers began seeking other locations to produce and warehouse their products. Neighborhoods once inhabited by middle class and working class people began to deteriorate as entire communities were ravaged by the effects of the declining economy. Because of the migration of major employers from this community, Chester's high unemployment rate became a major concern for its residents.

In 1987, a series of meetings began with Chester City officials to discuss the possibility of locating a State Correctional Institution in the Crozier Park area of the city. This site proved too unsuitable because it was located on a flood plain. The site finally decided on was once part of the old thriving Sun Ship Company.

The salient feature that eventually convinced Chester City officials of the need for a prison in the city was the number of employment opportunities it would bring to the area and the increase in housing needs for staff relocating from other areas. Not only would the prison prove beneficial for the Chester community with the number of jobs it would create, it would also present an opportunity for the remaining business community to reap the benefits of a State Correctional Institution located in Chester.

In 1990, a number of political changes in the city of Chester brought opposition to the prison. However, the Department was committed to the construction of the facility and worked diligently towards that and to overcome the opposition. With the continued vision of the Office of the Secretary the institution was dedicated in April 1998.

SCI-Chester is an innovative facility which was designed to provide a continuum of substance abuse treatment services in the institution and continuing in the community at community corrections centers. This consortium approach uses the experience and expertise of public and private agencies in a broad based effort, which focuses on treatment of inmates without losing sight of our primary responsibility for public safety. Our Therapeutic Community (TC) current mission is to provide quality treatment to over 1,000 offenders yearly utilizing the TC model.

SCI-Chester is the twenty-fourth state correctional institution to open in the Commonwealth of Pennsylvania, and is unique in its architectural structure and programmatic design. The housing units design –pods- was considered an ambitious move for correctional facilities during the 1980's. In addition to its structure and program focus, it is the first tobacco free facility in the commonwealth.

The original plans for SCI-Chester stipulated that it would be the first privately run drug and alcoholic treatment facility in the Commonwealth of Pennsylvania. When the institution opened under the organizational structure of the Pennsylvania Department of Corrections (PA DOC), CEC, Inc. was awarded a major contract to provide drug and alcohol treatment services to the inmate population. Corrections Physicians Services, Inc. was awarded the medical provider contract. All other services fall under the jurisdiction of the Pennsylvania Department of Corrections.

The design capacity for SCI-Chester: 1,346

The average minimum sentence for inmates: 18 months

The average maximum sentence for inmates: 36 months

There are 16 multiple occupancy cell housing units; including an Restrictive Housing Unit and an Infirmary.

SCI-Chester construction consists of load bearing masonry with slab on grade and pre-cast concrete floor and roof deck with masonry interior partitions. Exterior materials are split face concrete masonry with security hollow metal door and window frames and 9/16" laminated security glass. The entire building exterior is maintenance free. All interior finishes are highly vandal resistant requiring minimum interior building maintenance.

The facility is designed with a maximum-security perimeter due to the highly transient nature of the site. The internal security rating is predominantly medium with a 32 cell maximum security restricted housing unit.

Security is accomplished through the most important source, staff surveillance concurrent technology and with the conventional reinforced concrete masonry units with security hollow metal doors and frames and security hardware throughout the physical plant. A complete security management system allows for monitoring of security and personnel functions from the control center as well as monitoring of housing unit functions from the housing unit control desk. A specialized perimeter security and detection system is provided and monitored from the central control point.

All support functions are designed to accommodate an 80% population growth through double occupancy without requiring any building renovation or expansion. Additionally, the two multi-story housing units are designed to accept vertical expansion.

Total Acreage Inside Perimeter: 9

Total Acentage Outside Perimeter: 4.77  
Number of Buildings Inside Perimeter: 9  
Number of Buildings Outside Perimeter: 1

## **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: 3

Number of standards met: 38

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 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 of Centralized Services.

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

The interview with the PREA Compliance Manager indicates he is allotted ample time to oversee the facility's PREA compliance. The auditor was advised the facility recently received an additional position to assist with PREA compliance; a PREA Administrator Officer. The auditor was advised the PREA Administrative Officer plays an instrumental role in the facility's PREA compliance.

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

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. In addition, the auditor was provided with a trauma-informed guide for first responders mini booklet that was provided to all Administrative Staff. This booklet provided a quick reference to comprehensive information on prevention, detection, and response strategies.

### **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 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)

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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 problem inmates relating to PREA.

Staff are prohibited from alerting other staff of the conduct of such rounds.

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 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. The auditor discovered night shift unannounced rounds were not being made in areas such as Educational/Vocational rooms, library, maintenance, as well as other areas. The auditor was advised by facility staff that these areas are never in use during the night shift. The auditor advised the facility that unannounced rounds should occur in these areas, due to the fact that a staff member who knows these areas are never checked by supervisors, could sexually abuse an inmate in these areas. Prior to the completion of the Final Report, the auditor was provided with a directive to Night Shift Administrative Staff advising them to inspect these areas during their regular tour of duty. Night Shift Administrative Staff were directed to document these rounds in the Administrative Log Book in each area.

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. These rounds occur on a frequent, but irregular, basis. Unannounced rounds are documented in the housing unit log book. Supervisors stress to staff they are prohibited from alerting other staff of the unannounced rounds being conducted. 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 Chester 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.

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.

SCI Chester does not house female inmates; therefore, PREA standards pertaining to searches of female inmates are not applicable.

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

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 0008 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.

During the pre-audit, the auditor was provided with a PowerPoint presentation 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.

During the pre-audit, the auditor was advised that all security staff (with the exception of those staff out on extended leave) 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.

During the pre-audit, the auditor was advised the facility currently has two gender specific posts; the Strip Room/Visitor Search Area and the Psychiatric Observation Cell (POC).

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 female staff enter the male housing units, an announcement is made of their presence and male inmates are rarely naked in full view of the female staff (when this occurs it appears to be accidental and extremely rare). Inmate interviews indicate this announcement has been occurring consistently for the last two to three years.

#### **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 0008 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.

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 foreign language directory which includes a list of all staff within the Pennsylvania Department of Corrections that speak foreign languages. There are eight staff listed at SCI Chester that speak ten different foreign languages. These staff could be utilized to translate for any inmate who alleges sexual abuse, who speaks one of these languages as their primary language.

During the pre-audit, the auditor was provide with copies of PREA posters in both English and Spanish that are posted throughout the facility. 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, the agency has recently used one of its facilities to transcribe text into braille for the vision impaired.

#### **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 30 out of 30 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 10 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, anytime a staff member is arrested. This system is real-time; therefore, documented background checks for employees every 5 years is not necessary.

#### **Standard 115.18 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 advised the facility has not made any substantial expansions or modifications to the facility since August 20, 2012.

During the pre-audit, the auditor was provided with a purchase request for 10 additional cameras. This request was dated December 16, 2015.

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 will be 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 Letter of Agreement with Crozer Chester Medical Center for forensic examination services. These services are provided by SANEs working at the hospital.

Within the last 12 months, there has been two forensic medical examinations conducted. These examinations were conducted by a SANEs/SAFEs at Crozer Chester Medical Center.

During the pre-audit, the auditor was provided with a documented MOU for victim advocate services; Delaware County Women Against Rape. These services are available 24 hours a day, 7 days a week. The auditor was provided with a phone log which documented one of the victim's phone calls to Delaware County Women Against Rape.

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 28 allegations of sexual abuse and sexual harassment. Of these, 28 were investigated administratively and 5 were 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.

A review of the 2015 PREA Course Lesson Plan indicates all topics above are covered during training.

Training is tailored to the gender of the inmates at the facility.

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.

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.

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 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, 432 inmates were admitted and 432 received such information at intake. Of these, 408 inmates had a length of staff 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.

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 the inmate handbook, PREA pamphlet, and documentation of use of the PREA inmate channel.

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.

Through 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.

During the onsite audit, the auditor discovered some inmates were not sure what outside victim services were available to victims of sexual abuse. The auditor acknowledged the facility is providing inmates with victim advocate services brochures during intake. The auditor recommended the agency/facility create a memo outlining the victim advocate services that are available to inmate victims of sexual abuse. The auditor recommended the agency/facility provide all inmates who disclose sexual abuse with this information whenever they make a report of sexual abuse. Upon receipt of this information, the inmate would sign the acknowledgement. Prior to the completion of the Final Report, the auditor was provided with a Victim Services Acknowledgement that would be used in these situations.

#### **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 four staff who have received the required training in conducting sexual abuse investigations in confinement settings. The auditor was provided with documentation of this training.

During the pre-audit, the auditor was provided with training curriculum for investigators. This curriculum was developed by 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 58 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 Crozer Chester Medical Center.

Interviews with the medical and mental health staff indicate they 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.

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.

During the past 12 months, all 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. All inmates who were housed 30 days or longer were reassessed. The auditor was provided with a detailed tracking spreadsheet which documented risk screenings for all intakes that were transferred into the facility within the past 12 months. A review of the spreadsheet indicates a vast majority of the initial screenings occurred within 72 hours of intake and rescreenings occurred within 20-30 days of intake. Of those that were not screened within the appropriate time period, screenings were conducted shortly after the 72 hour and 30 day deadline.

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.

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 pre-audit, the auditor was provided with sample documentation of three inmates who were reassessed due to an incident of sexual abuse/sexual harassment. In addition, the auditor was provided with sample documentation of four inmates who were reassessed after receiving additional information that would change their risk victimization.

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.

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.

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.

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.

Inmates may report abuse or harassment to the Bureau of Criminal Investigations (BCI), which is a Division of the Pennsylvania State Police and not part of the agency.

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. Staff shall accept and document reports made verbally, in writing, anonymously, and from third parties and promptly forward to the facility's designated investigators. Staff are required to document verbal reports immediately on the DC-121, Part 3, Employee Report of Incident.

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

- 1) A Sexual Abuse Reporting Address has been established for staff as outlined on the PREA Reporting Poster (Attachment 3-A) or on the Department website to anonymously report sexual abuse, sexual harassment or retaliation to the Pennsylvania State Police.
- 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 his/her name and contact information, but it is not necessary in order to make the report. Reports may also be submitted online at [www.tipsubmit.com](http://www.tipsubmit.com).

A staff member, contract service provider, or volunteer, may also make a private report to the facility's PREA Compliance Manager or the statewide PREA Coordinator.

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.

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 Delaware County Women Against Rape. During the pre-audit, the auditor was provided with a documented MOU for victim advocate services; Delaware County Women Against Rape. The auditor contacted Delaware County Women Against Rape and spoke with a representative who confirmed victim advocates would be provided to SCI Chester inmates who reported a sexual abuse. The auditor was advised these services would be available 24 hours a day, 7 days a week.

The auditor acknowledged the facility is providing inmates with victim advocate services brochures during intake; however, during inmate interviews, several of the inmates were unaware of the services that were available. The auditor recommended the facility create a memo outlining the victim advocate services that are available to inmate victims of sexual abuse and provide this information to all inmates who disclose sexual abuse whenever they make a report. Upon receipt of this information, the inmate would sign an acknowledgement that they received this information. Prior to the completion of the Final Report, the auditor was provided with a Victim Services Acknowledgement that would be used in these situations.

#### **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](http://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 4 allegations of sexual abuse from another facilities. These allegations were documented and referred for investigation. During the pre-audit, the auditor was provided with one sample notification. This notification was documentation and a case number was assigned.

During the past 12 months, the facility received 8 allegations 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, within 72 hours of receipt of the information.

Through staff interviews, it was determined when SCI Chester 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 Chester 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 Chester 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 8 allegations that an inmate was sexually abused. Of these allegations, 8 times the first security staff member to respond to the report separated the alleged victim and abuser. Of these allegations, there were 3 instances where evidence preservation was necessary. Steps were taken to preserve evidence in all 3 of these instances.

During the past 12 months, there have been 1 allegation that an inmate was sexually abused where a non-security staff member was the first responder. 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 one 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. In addition, the auditor was provided with a trauma-informed guide for first responders mini booklet that was provided to all Administrative Staff. This booklet provided a quick reference to comprehensive information on prevention, detection, and response strategies.

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.

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.

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 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.

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

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

During the pre-audit, the auditor was provided with samples of documentation related to retaliation monitoring. The PREA Compliance Manger 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.

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 been 5 allegations of conduct that appear to be criminal 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.

Through staff interviews, it was determined the Security Office would be informed on the progress of any investigations 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. If the sexual abuse occurred within 96 hours, the alleged victim would be transported to the local hospital for a SAFE/SANE exam. 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.

During the past 12 months, there were 8 criminal and/or administrative investigations of alleged

inmate sexual abuse that were completed by the agency/facility. Of these investigations, all 8 inmates were notified, verbally or in writing, of the results of the investigation.

During the past 12 months, 3 investigations were completed by an outside agency. At the conclusion of these investigations, all inmates that alleged sexual abuse were notified of the outcome of the investigation.

Through interviews with various staff and inmates, it was determined the PREA Compliance Manager and/or PREA Administrative Officer 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 been two staff from the facility who violated agency sexual abuse or sexual harassment policies. These acts appeared to be criminal in nature. The auditor was provided with magistrates docket showing both staff were referred for prosecution.

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.

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 has been one contractors who was found to have violated the agency's sexual abuse and sexual harassment policies. This act appeared to be criminal in nature. The auditor was provided with documentation showing this contractor was terminated and criminal charges were filed.

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. 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. Criminal charges would be filed when appropriate.

#### **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.

Staff interviews indicate inmates found to have engaged in sexual abuse or sexual harassment may face a misconduct hearing 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.

During the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

During the past 12 months, 100% of inmates who have previously perpetrated sexual abuse were offered a follow-up meeting with a mental health practitioner.

During the onsite audit, the auditor was provided with a log of the inmates who scored to be potential victim and/or abuser, and was provided with documentation of mental health referrals/evaluations. The auditor confirmed the majority of inmates had documentation of mental health referrals/evaluations within 14 days. Of those referrals not made within 14 days, they were made a few weeks later. The auditor discussed this with the facility staff and recommended they track the dates of the mental health referrals on their PRAT tracking spreadsheet. Prior to the completion of the Final Report, the auditor was provided with an updated PRAT tracking spreadsheet, showing this

information is now being tracked.

Through various interviews with staff and inmates, it was reiterated that inmates who disclose victimization and inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with medical and mental health staff within 14 days. Staff obtain informed consent prior to reporting about prior sex victimization that did not occur in an institutional setting.

**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 medical forms used to document the medical evaluation.

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. If the abuse occurred within 96 hours, the inmate would immediately be taken down to medical to receive stabilization treatment and would then be transferred to the hospital. 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 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.

Facility is an all-male facility; therefore, PREA Standard 115.83 (d)-1 and 115.83 (e) - 1 are not applicable.

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 Crozer Chester 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).

During the past 12 months, there have been six out of eight criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents. These reviews occurred within 30 days of the completion of the investigation. At the time of the pre-audit, there were two investigations still pending. During the onsite audit, the remaining two sexual abuse incident reviews were provided. In addition, the facility reviews contained a comments section but did not clearly outline deficiencies and recommendations for improvement; however, five of these reviews received an Administrative Review at the Agency-level. The Administrative Review contained a detailed review of the incident and included deficiencies. This review was forwarded back to the facility who then provided corrective actions taken for each deficiency. The auditor advised the facility staff to include any deficiencies as well as corrective actions in their future reviews, just as the Administrative Reviews are being conducted. Due to the fact that the Administrative Reviews clearly outlined the deficiencies, and documented corrective actions taken by the facility, the auditor determined the facility meets this standard.

While onsite, the auditor reviewed a sample of both Criminal and Administrative Investigations of Sexual Abuse. The investigations appeared to be conducted promptly, thoroughly, and objectively.

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.

### **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 with 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 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 with the 2013 and 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

April 7, 2016

Auditor Signature

Date