

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: August 10, 2016

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| Auditor Information | | | |
| Auditor name: William Boehnemann | | | |
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| Email: William@preaauditing.com | | | |
| Telephone number: 281-633-1948 | | | |
| Date of facility visit: July 11-13, 2016 | | | |
| Facility Information | | | |
| Facility name: State Correctional Facility at Graterford | | | |
| Facility physical address: PO Box 246 Graterford Rd Graterford, PA 19426 | | | |
| Facility mailing address: <i>(if different from above)</i> Same | | | |
| Facility telephone number: 610-489-4151 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Cynthia Link (Superintendent) | | | |
| Number of staff assigned to the facility in the last 12 months: 1,054 | | | |
| Designed facility capacity: 3,939 | | | |
| Current population of facility: 3,433 | | | |
| Facility security levels/inmate custody levels: Security Levels 2-5 (Minimum through Maximum) | | | |
| Age range of the population: 18-89 | | | |
| Name of PREA Compliance Manager: Joseph Terra | | Title: Corrections Classification Program Manager | |
| Email address: jterra@pa.gov | | Telephone number: 610-489-4151 ext 2387 | |
| Agency Information | | | |
| Name of agency: Pennsylvania Department of Corrections | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text. | | | |
| Physical address: 1920 Technology Parkway, Mechanicsburg, PA17050 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: 717-728-2573 | | | |
| Agency Chief Executive Officer | | | |
| Name: John E. Wetzel | | Title: Secretary of Corrections | |
| Email address: ██████████ | | Telephone number: ██████████ | |
| Agency-Wide PREA Coordinator | | | |
| Name: David Radziewicz | | Title: PREA Coordinator, Interim | |
| Email address: dradziewicz@pa.gov | | Telephone number: 717-728-4135 | |

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of the State Correctional Institution at Graterford was conducted from July 11th through July 13th 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Certified PREA Auditors Jeff Kovar and Edwin Vaught assisted during the Audit Site Visit with the facility tour and staff/inmate interviews.

An entrance meeting was held the morning of the onsite audit with the following persons: Superintendent Cynthia Link, Deputy Superintendent Dennis Brumfield, Deputy Superintendent Laura Banta, Major Alfred Flaim, Major Kerry Kerschner, Lieutenant Craig Ashley, Lieutenant David Mascellino, CCPM/PCM Joseph Terra, PREA Coordinator David Radziewicz, Administrative Officer Christina Owens, Director Thomas Greishaw (Office of County Inspections and Services) and Director Carole Mattis (Bureau of Standards, Audits, and Accreditation).

The auditor wishes to extend its appreciation to Superintendent Link and her staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would also like to recognize Director Carole Mattis, PREA Coordinator (Acting) David Radziewicz, PREA Compliance Manager Joseph Terra, and Administrative Officer Christina Owens for their hard work and dedication to ensure the facility is compliant with all PREA standards. Director Mattis is overseeing the agency's PREA compliance, until the agency's recently vacated PREA coordinator position is permanently filled.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including; all general population housing units, Restrictive Housing Unit, Psych. Observation Cells (POC), Step-Down Unit, Control Center, Inside Power House, Paint Shop, Welding Shop, Outside Power House, Warehouse, Outside Service unit (OSU) & OSU Visiting Room, Forklift Certification Class building, Masonry, Carpentry, Main Garage, Farm Shop, Wastewater Treatment, Mounted/Horse Barn, Public Lobby and Visitation Area, Laundry, Chemical Room, Commissary, Property, Maintenance, Kitchen, Inmate Dining, Chapel, Mosque, Field House, School, Auditorium, Barber Shop, Shoe Shop, Garment Shop, Medical Services and Infirmary, Inmate Receiving, Officer Dining Room, and Back Dock.

A PREA Notification of Audit was sent to the facility on May 4, 2016 with a "Date Posted" date of May 16, 2016. This allowed for eight weeks of notice prior to the audit team arriving for the site visit portion of the PREA audit. The notification contained information on the upcoming audit and stated that any inmate with pertinent information should send a letter containing this information to the auditor at least 10 days prior to the onsite audit date, July 11, 2016. The auditor instructed the facility to post this notification in all housing units and throughout the facility on the Date Posted date of May 16, 2016. During the facility tour, the auditor observed the posting in all housing areas and throughout the facility. Prior to the onsite audit, the auditor did receive correspondence from inmates at the facility.

A total of 43 staff interviews were conducted with at least one staff member interviewed from each interview category, with the exception of the interviews related to educational staff who supervise youthful inmates, line staff who supervise youthful inmates, and non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility). Staff interviews were conducted with staff from all three shifts.

A total of 38 inmate interviews were conducted 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).

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 3,424. The count on the final day of the audit was 3,402.

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 Joseph Terra. 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 July 13, 2016. Lieutenant Walter Grunder and all persons present during the day one briefing were also present during the close-out, with the exception of Director Carole Mattis and PREA Coordinator (Acting) David Radziewicz whom joined in by conference call. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

State Correctional Institution at Graterford

Statute Authorizing Establishment of Facility

In the spring of 1923, repeated disturbances at the Eastern Penitentiary in Philadelphia convinced the institution's Board of Directors that the Fairmont Avenue Prison, then nearly 100 years old, should be replaced by a "modern" facility removed from the city itself. A site was soon selected in Skippack Township, Montgomery County, deemed a good one "as it includes all excellent farm land", and negotiations were begun to purchase the holdings therein from thirty-seven different owners. After overcoming opposition by local residents, 1714¼ acres were finally bought at a total cost of nearly \$300,000.

Facility Mission Statement

The Pennsylvania Department of Corrections operates as one team, embraces diversity, and commits to enhancing public safety. We are proud of our reputation as leaders in the corrections field. Our mission is to reduce criminal behavior by providing individualized treatment and education to offenders, resulting in successful community reintegration through accountability and positive change.

Physical plant description:

The Chicago based firm of Zimmerman, Saxe and Zimmerman was retained to design the new facility and, initially, submitted a proposal for a wheel-and-spoke multistoried structure modeled on the prison they had designed at Joliet, Illinois. However, when the Pennsylvania trustees journeyed to Illinois to inspect the Joliet institution, they insisted that a second option be submitted.

The architect's drawings, ultimately approved by Department of Welfare officials in January of 1928, called for a modified telegraph pole configuration with eight double-tiered cell blocks attached at 75 foot intervals to the left of the main corridor. Each giant block was to be 692 feet long and hold 400 individuals with a total planned capacity for 3,200 individuals. Industrial and Maintenance shops, an auditorium, and an educational wing were to intersect the corridor from the right. A contemporary newspaper account describes the influence of the prevailing ethic on the prison's design: "Sports will not be unduly emphasized. The work will be so continuous that the prisoners, as a rule, will be ready for sleep when night comes." Considered innovative at the time were the separate dining halls planned for each cellblock, "thereby avoiding the dangerous concentration of the whole prison population in a common dining hall." In fact, the object of the design was a utilitarian decentralization: "The main idea of the plan is that each building will be isolated and self-contained so that if there should be trouble in one unit, the prisoners in other buildings need not even know of it." The prison complex was to perch prominently atop a gently sloping grade and to be enclosed by a monumental nine-sided wall. There had been some earlier speculation that the Graterford institution "would dispense with the traditional armed outer wall." In fact, as designed and constructed, the wall was 34 feet at its highest point, was more than a mile long, and enclosed 62 acres of land. Work was begun on the wall even before the architect's drawings had been formally approved by a gang of 72 inmates housed on the site. Additional inmates were brought from Eastern each day to work as unskilled laborers. At one time there were more than 400 inmates living in a tent city. As the cellblocks were completed, they were occupied sequentially by the resident workers.

The initial \$750,000 appropriated for construction in 1927 was supplemented by an additional \$5,000,000 in 1929. When this appropriation ran out, no further funds were forthcoming from the legislature. Plans had to be revised, only five of the anticipated eight blocks were completed, and the city prison was kept in active service. Rather than replacing "Old Eastern," the new facility completed in 1933 became a rural annex of the city penitentiary. In fact, it was not until 1969 that the doors of the Eastern Penitentiary were locked for the last time. When that happened at last, both residents and staff were transferred to the Graterford facility. The process of transferring was completed by 1971.

Although the original plans for the Graterford institution were stymied by lack of funding, recent capital improvements have kept pace with those first intentions. In the early 1960's a modern chapel was built almost entirely by inmate labor for less than \$1,000,000. In 1997, because of increased demands, Graterford designed and built a new Multi-Purpose Worship Center adjacent to the Chapel to be used by all religious groups. The new worship center, built at a cost of \$25,000, replaced a large area in the basement that did not meet safety codes.

In 1984, Graterford began a four year, 80 million dollar construction program designed to upgrade the existing facilities, expand our bed capacity and improve the quality of prison life and the environment for both inmates and employees alike.

The construction, which was to be completed in two phases, included a new electrical distribution system, yard lighting, plumbing rehabilitation, a back gate service entrance, a 418-bed EDCC, a new Infirmary, as well as a Mental Health facility. A new Boiler Plant was also constructed. Phase I was completed in 1987. Phase II was completed in August 1989. Phase II projects included a new Fieldhouse for inmate activities and recreation, a new Warehouse outside the prison walls, a new Restricted Housing Unit and a new Administration Building which houses the Superintendent's Office, Personnel and the Business Office. In addition a new locker room facility, a weight training area, and a muster room were provided for staff use.

New dining and kitchen facilities were completed and opened in the fall of 2001. The state of the art kitchen and food production area have greatly improved our ability to meet the daily culinary demands of some 5,000 staff and inmates. A new Outside Service Unit, located outside the main enclosure and adjacent to the powerhouse, began construction in 2001 and opened in 2002; at an approximate cost of \$5 million. The Outside Service Unit has dormitories and single cells capable of housing 145 inmates. Additionally, there is a large visiting room, dining room, kitchen area, and staff offices. Inmates residing in this facility have minimum security classifications and are employed outside the main enclosure.

Total acreage inside and outside of perimeter

1. Total Acreage Inside Perimeter: 62
2. Total Acreage Outside Perimeter: 1652

Number of living units and number of segregation beds

1. 15 housing units to include 2-Restricted Housing Units
2. 3 special housing units (MHU, SRTU, POC/YAO), plus the infirmary
3. 1 cells and dormitory housing
4. Segregation beds: located on J and L units

Inmate Population: 3433

Number of all employees, contact and non-contact: 1054

Recreation

The Activities Department goal is to offer a variety of recreational, leisure type and educational programs for the inmate population. Intramural and varsity athletic programs include basketball, softball, volleyball, football, soccer, handball/racquetball and powerlifting. Training sessions for referees of the above sports are year round. Programs in the following are also offered: art, wellness, audio-visual, weight loss/control, special needs unit activities and senior services.

- a. Day Schedule: Programs are offered from 0800 to 1100 and 1300 to 1530, seven days per week.
- b. Evening Schedule: Programs are offered from 1745 to 2030, seven days per week.
- c. Open Recreation Schedule: 0810 – 1015, 1300 – 1500, 1750 – 2100 {Block out}.
- d. Gymnasium Schedule: 0810 – 1015, 1300 – 1500, 1740 – 2030

Religious Programming

The Chaplaincy Department at SCI-Graterford provides a full and varied program of worship, study, pastoral care, and fellowship for a broad range of religious expressions.

Protestant inmates are involved in Sunday morning worship services and several bible study programs each week. Regular services and studies are also held weekly for Seventh Day Adventists, Christian Scientists, Jehovah Witnesses, and Episcopalians. Likewise, services and studies are provided each week for Spanish speaking inmates.

Catholic inmates are provided Mass each Saturday evening and may be involved in the Holy Name Society. Several classes of Catholic instruction are also regularly provided including RCIA class, Legion of Mary, Rosary class, and Secular Franciscan studies.

The Jewish Congregation meets weekly with the Rabbi. Sabbath services and study classes are held weekly.

Islamic inmates are active in weekly prayer, worship, and community activities. Regular activities are also held weekly for Muhammed's Temple of Islam, the Nation of Islam and the Moorish Science Temple of America.

Weekly prayer and meditation opportunities are also provided for practitioners of Native American spirituality.

Worship services and study classes are regularly conducted in the Outside Service Unit addressing the needs of Protestant, Catholic, Jewish, and Islamic inmates.

Approximately 65 approved volunteers are regularly involved in providing program and worship assistance in all areas of religious activity.

General Population Schedule: Weekly worship services are provided for the following faiths: Protestant, Catholic, Muslim, Jewish, Hispanic, Native American, Christian Science, Seventh Day Adventist, Jehovah's Witness, St. Dismast Episcopal, Nation of Islam, Muhammad's Temple, and Moorish Science Temple. Bible study programs are also available weekly. Specialized Housing: All Special Needs Units {MHU, SRTU, POC/YAO, and Infirmary} are visited by Chaplains regularly. All RHU blocks are also visited regularly.

Library Services

Mission: To provide Leisure and Law library services to inmates at SCI-Graterford. The libraries provide inmates with resources for legal research, copies, access to court, inter-library loan, leisure reading, reference books, newspapers, magazines, notary, re-entry, legal assistance, and word processors for typing. Inmates are not allowed to save their personal work on the word processors. All access to the libraries is through the Call Out system.

a. **Law Library:**

1. **General Population:** The New Side Library is open Sunday through Friday, 0800 to 1030 hours and Saturday through Friday, 1300-1500 hours. The Main Library is open Monday through Friday 0800-1045 hours, Sunday through Friday 1300-1515 hours, and Tuesday through Saturday 1800-2000 hours. Specialized Housing: RHU Mini-Law Libraries are open every day, are assigned by request slip, and filled depending on availability. Inmates in the MHU, SRTU, POC/YAO, and Infirmary are able to receive materials by sending a request slip to the Main Library staff who then fill the request and make the items available to the inmates on their housing unit.

b. **Recreational Library:**

1. **General Population:** The New Side Library is open Sunday through Friday, 0800 to 1030 hours and Saturday through Friday, 1300-1500 hours. The Main Library is open Monday through Friday 0800-1045 hours, Sunday through Friday 1300-1515 hours, and Tuesday through Saturday 1800-2000 hours.
2. **Specialized Housing:** The libraries are open every day and are assigned by request slip and filled depending on availability. Inmates in the MHU, SRTU, POC/YAO, and Infirmary submit a request slip to the Library staff who then fill and deliver the requested materials to the inmates on their housing unit.

Offender Work Programs

The Employment/Vocational Coordinator has considerable responsibility for providing employment to the majority of our approximately 3600 inmates. This includes keeping track of all job changes, promotions and reassignments, as well as assigning employment to unclassified inmates, including unclassified Parole Violators, based on job availability. If no jobs are currently available, GLP (General Labor Pool) pay is provided.

Presently, approximately 2000 inmates are employed at Graterford in virtually every department. The Employment Office is governed by policy as outlined in the inmate compensation system. This policy established the pay range and set the weekly working hours. The pay range is based on the skill level of the individual, beginning at 19¢ per hour for unskilled workers with an upper level of 42¢ per hour for the skilled worker. Any inmate may advance himself as he demonstrates proficiency in any job. A welder, for example, could earn top pay by demonstrating sufficient skills in his particular area with pay raises given as his skills improve in accordance with the compensation system. There are also inmates involved in Community Works Programs (CWP) who receive 51¢ per hour pay rate. These jobs include Mural Arts, outside services to include State Park maintenance and road litter crews.

The Employment/Vocational Coordinator is responsible for the inmate payroll. An average of 1800 time validation sheets, 525 automatic pays for block janitors, and 550 GLP pays are processed each month. In addition, the Employment Office is responsible for validating and submitting pay to the inmate's personal account.

The Employment/Vocational Coordinator plays an integral part in the classification and reclassification process, and maintains a chronological work history of each inmate, and outside clearance staffing. The Employment/Vocational Coordinator is also responsible for the daily institution call sheet being compiled and distributed.

Academic and Vocational Education

a. **Academic Program Description:**

The primary goal of the Education Department at Graterford is to develop academic and vocational skills. Enrollment in an educational program may be requested by sending a request slip to the Education Guidance Counselors or School Principal. If a student is five years to his minimum and does not have his GED or high school diploma, he must enroll in school. If no space is available, he will be placed on the Waiting List. He may be assigned a job in the facility until space becomes

available. When he enrolls in school, he can continue to work around his school schedule. Instruction in Adult Basic Education (ABE) is available during weekdays and these classes prepare the students to either take the General Education Development test (GED) and/or graduate through the Adult Commonwealth Secondary Diploma (ACSD). When taking the GED test, students are required to take and pass the GED-Ready tests for each subject area with a minimum score of 150. After passing these tests, students are required to take and pass the Official GED tests for each subject area with a minimum score of 150. Students working toward a diploma through the ACSD program, are required to complete a total of 15 academic credits through assigned course work. Students can also work toward a diploma using a combination of GED test scores and academic credits. English as a Second Language (ESL) instruction is also available for those students whose primary language is not English. College courses through Villanova University are offered in the Fall and Spring each year for those students who meet the eligibility requirements as determined by Villanova University. The classes listed above (with the exception of the college course) generally constitute a student's employment. Students are paid in accordance with the inmate compensation plan and are paid only for those hours of actual class attendance or "seat time".

At any given time, the population of all Academic, Vocational, Pre-Vocational, and college courses combined averages between 450-550 students. The GED test center has ten computer stations and can test up to ten students per session. Some students take the full battery of tests and others take partial tests.

The school schedule is as follows:

Adult Basic Education Classes:

0810-0930, 1st Period

0935-1045, 2nd Period

1300-1430, 3rd Period

1435-1545, 4th Period

Vocational Classes:

0810-1045, AM Session

1300-1545, PM Session

b. Vocational Program Description:

Vocational programs include: Barbering School offering PA licensing as a Barber, Barber Manager, and/or Barber Instructor; International Computer Driving License (ICDL); Warehouse Operations (OSHA); Custodial Maintenance; and Pre-Vocational (Pre-Voc) and Money Smart.

Social Services

Counseling Services Description:

We offer a wide range of program services through our psychologists, counselors, nurses, and contract employees, supplemented by an active volunteer program.

Substance Abuse/Pre-Release/Treatment Programs:

Alcohol & Other Drugs Department - The Alcohol & Other Drug Department {AOD} consists of the In-Patient Therapeutic Community "TC" Program and the Out-Patient Programs.

The In-Patient Program is a 40-bed, non-hospital, intensive Drug and Alcohol Program. The program offers intensive in-patient treatment and the program duration is phase based. Most inmates should be able to complete the three phases in four (4) months.

The Out-Patient Alcohol and Other Drug Programs offer a wide variety of programs to meet the various treatment needs of the inmates in our population.

Programs include:

- AOD Intensive Out-Patient Treatment Groups
- Co-Occurring Outpatient Groups
- AA and NA and SMART Support Meetings {English and Spanish}
- Specialized AOD Program {hearing impaired and special needs}

Additional treatment programs available include Violence Prevention, Batterers, Sex Offender Treatment, Victim Awareness, Impact of Crime, Thinking for a Change, and Back On Track (Inside).

The Outside Service Unit (OSU) serves inmates nearing release and prepares them for re-entry through a wide array of vocational and programmatic opportunities. In 2013, SCI Graterford partnered with New Leash on Life USA to offer a 12 week program where inmates in the OSU learn to train and care for dogs. Training in basic obedience and socialization skills

are provided to the dogs to increase their prospects for adoption, while the inmates build skills, confidence and develop valuable experience for future employment opportunities. Two classes have graduated to date, and the third class of dogs and handlers underway.

Correctional Industries:

Industry Description: Correctional Industries at SCI Graterford has five manufacturing cost centers consisting of a Garment Factory, Underwear Plant, Shoe Factory, Textile Weaving Mill, and a Hosiery Knitting Mill. The products from these cost centers are sold to state agencies, tax supported and non-profit organizations. Annual sales for last fiscal year were 4.9 million dollars.

A staff of 13 civilians supervises 225 inmates working at various skill level jobs that range from janitors to computerized equipment operations. These jobs allow inmates to learn good working habits and give them an opportunity to advance their job skills while participating in a production line environment.

Garment Factory:

Baseball caps winter twill and summer mesh in brown and gray

Inmate pants and shirts, long sleeve and short sleeve in brown (gen population), navy blue jeans and chambray blue shirts (new receptions), white (kitchen), royal blue (mental health)

Insulated coveralls for staff and inmates

Hankies

Hot pads and oven mitts

Underwear:

Men's Jockeys, short legs, and T-shirts 2 styles

Women's briefs 3 styles

Thermal tops and bottoms

Athletic shirts for commissary

Shoe Factory:

Men's work boot

Women's oxford shoe

Commissary boot

Repairs

Weave:

Terry towels Blue stripe and plain

Wash cloths

Multi-purpose towels

Golf towels

Hosiery:

Men's and women's crew socks in white and natural color

Tube socks white

Heavy weight socks for commissary

Ski caps

Changes that have occurred at the facility since the facility's last ACA Audit:

It should be noted that the Department of Corrections has been approved to build two new prisons to replace the State Correctional Institution at Graterford. Construction began in early 2012 and is ongoing. The new prisons, to be named the State Correctional Institutions Phoenix East and West, are planned to house up to 4,100 offenders.

SCI-Phoenix is in line with the new mission statement for the Department. The new prison will be divided into sections separating medium and maximum security inmates. A one hundred bed capital case unit will be added. The new redesign will result in reduced transportation costs associated with taking capital case inmates to court hearings/proceedings. In addition, this prison will involve construction of Pennsylvania's first self-contained female transitional facility on the prison grounds. The DOC will now be able to transition female offenders back into the Philadelphia area which will support our Department's re-entry initiative.

Accomplishments

Equine Rescue Program – older horses abandoned or scheduled to be euthanized

Mural Arts Program – collaboration with City of Philadelphia

Wheelchair Restoration – sponsored by Wheels for the World, refurbish wheelchairs

Canine Rescue Program – New Leash on Life, dogs from shelters trained for adoption

SUMMARY OF AUDIT FINDINGS

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

Number of standards exceeded: 3 (115.11, 115.16, 115.17)

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2 (115.14, 115.52)

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 Superintendent for Centralized Services.

The agency PREA Coordinator was vacated for the past few months, and the agency recently filled this position. Interviews with the PREA Coordinator indicates he is allotted ample time to oversee the agency's efforts to ensure PREA compliance in all of its facilities. There are 26 PREA Compliance Managers that report to the PREA Coordinator. The PREA Coordinator and the Director communicate with the PREA Compliance Manager on a regular basis via telephone and email, and conducts regular site visits at the facilities. In addition, other agency staff who are also Department of Justice Certified PREA Auditors assist with internal audits and inspections of all agency facilities.

The interview with the PREA Compliance Manager confirms he is allotted ample time to oversee the facility's PREA compliance. The auditor was advised he has two additional positions to assist with PREA compliance; a PREA Administrative Officer and a PREA Lieutenant. The auditor was advised these two staff play an instrumental role in the facility's PREA compliance.

During the onsite audit, the auditor was advised the agency recently sent the (Acting) Prea Coordinator to the Department of Justice Auditor Training and several other Agency/Facility staff had previously attended the PREA Auditor Certification. These staff assist with conducting mock audits and facility walk-throughs, agency-wide, in order to ensure compliance and assist Compliance Managers in fulfilling their duties. The auditor was advised this is an example of the agency's commitment to the Prison Rape Elimination Act.

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 62 contracts (40 CFCs and 22 CCJ's) which were entered into or renewed on or after August 20, 2012. The Auditor was advised all of the contracts in place require contractors to adopt and comply with PREA standards. The auditor reviewed a sample of three contracts for the confinement of inmates that the agency entered into and 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 regulations. These agreements also include the department's right to inspect the facility at any reasonable time. All three of these contracts were signed in April and June of 2015. These are in effect for a period of three years, with a five year extension option.

Through interviews with the PREA Coordinator, it was discovered when any of their contracts come up for renewal, they will include language specific to PREA requirements.

Interviews with the Agency Contract Administrator indicates facilities the agency contracts with for the confinement of its inmates would be audited annually. In addition, monthly site visits would be conducted on the facility and investigations would be monitored to ensure compliance with the standards.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

The PREA Coordinator/designee shall:

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

The PREA Compliance Manager shall:

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

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

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

In calculating adequate staffing levels and determining the need for video monitoring, facilities shall

take into consideration:

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

In circumstances of non-compliance with the staffing plan, the Facility Manager/designee shall document, in writing, and justify all deviations from the plan. This documentation will be forwarded to the Executive Deputy Secretary, Regional Deputy Secretary, 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 may have, 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. This form allows for documentation of any areas/concerns related to PREA.

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.

During the facility tour, there were a few areas noted that allowed for potential blind spots:

- 1) In the OSU housing area, there were "outer doors" to the shower/toilet area. These doors were solid and presented a visual barrier and sound barrier. The recommendation was made to remove these doors (removal still allowed for ample privacy and no cross-gender viewing). Prior to the auditors leaving the facility site visit, the doors had been removed, thus satisfying the auditor's concerns.
- 2) In the commissary, there were several potential blind spots created during the time inmates are filling orders (stacking "totes"). It was recommended during the tour to add two mirrors to this area. Prior to the site visit close-out the auditor was escorted to the commissary, where he was shown not two, but four new mirrors mounted in such a way as to eliminate all blind spot areas previously noted as a concern. The auditor was advised this task had been completed within a day of the recommendation being made.
- 3) During the tour, it was noted that in the New Law Library, there was a potential blind spot. It was recommended to move an existing mirror to a new location in this area to remedy this blind spot area. The facility took immediate action by moving the existing mirror, AND adding a second mirror to eliminate this blind spot area. This was done prior to the close of the tour on day one.
- 4) The shower areas of Dorms A, B, C, D, and E Blocks: It was noted that during shower times, the plexiglass/lexan windows tend to "fog-up" creating limited or no visibility. It was recommended to vent these doors to prevent them from fogging up during use. The Superintendent issued a directive to have these doors cracked open to allow for venting when in use.
- 5) While touring the outside Power House, it was noted that there are many blind spot areas in this building. The auditor recommended a "reminder" memo be put out to staff working this area to be vigilant and make frequent rounds in these areas. A directive was issued by the Superintendent to remind staff of accountability and maintaining line of sight with inmates while they are working in these areas.
- 6) Intake area: it was noted that there are blind spot areas and at times, there may be up to 45 minutes between visual checks of these holding areas. The auditor is recommending a "reminder" memo be put out to staff working this area to be vigilant and make more frequent rounds in these areas. A directive was issued by the Superintendent to Assessment Unit Staff to make more

- frequent rounds in these areas (30 minutes)
- 7) Some restroom/shower areas (kitchen, OSU officer restrooms, housing unit showers) were unlocked during the site visit tour. The auditor recommends a “reminder” memo be put out to all staff to keep these areas secured (locked) when not in use. This will prevent any inmates from entering these areas to engage in any sexual misconduct. A directive was issued to all staff as a reminder to keep these doors locked when not in use.
 - 8) Housing areas—it was noted that “clothes lines” and towels were completely blocking line of sight into several of the inmate cells. This provided very limited view into these areas and presented blind spots. The auditors recommend sending out a “refresher training” memo covering your specific procedure/policy on this and taking a zero-tolerance stance for blocking these doors/windows. All staff should sign a signature sheet indicating they have read and understand this memo/information. A directive was issued by the Superintendent mandating zero-tolerance for “curtains and clothes lines”. All staff signed a signature sheet indicating they have received, read, and understand this directive.

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. During the pre-audit, the audit team was informed that Graterford did not complete its tri-annual staffing analysis due to a pending move to SCI Phoenix. Despite the absence of the tri-annual staffing analysis, it is noted that current security resources are predicated on an inmate population that was much larger than the current existing population. The local staffing plan is reviewed annually for PREA purposes and is predicated on a much larger population. Graterford continues to review its local annual staffing plan for redeployment of existing security staff, gender specific posts, etc.

Interviews further indicate unannounced rounds are being conducted by intermediate and higher-level facility staff on a regular basis. These rounds do 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 Graterford does not house youthful offenders.

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 Graterford does not house female inmates; therefore, PREA standards pertaining to searches of female inmates is 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 (important, vital, needful) circumstances, a female staff member shall search a female offender and a male staff member shall search a male offender. Transgender or intersex offenders shall be searched by the gender staff member consistent with the gender of offenders housed at that facility.

The auditor was provided with documentation during the pre-audit showing 93% of staff have received training on conducting cross-gender and transgender searches. The auditor was advised the staff who have not received the training will have the training completed by July 2016. This was verified during the site visit. During the post audit, documentation was provided showing the remainder of the staff have been trained to conduct cross-gender and transgender searches.

Interviews with random staff indicate most 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 staff 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). During inmate interviews, several inmates stated they don't hear announcements being made when female staff enter the housing units. This was discussed during the site visit and the auditors were provided with information detailing current procedure. Although these announcements are being made, due to the layout and size of some of these housing units, it is possible for some inmates to not hear an announcement. It is recommended to remind all staff regularly to make sure these announcements are being made loudly every time female staff enter a housing area.

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, DC-ADM 818 Automated Inmate Telephone System, and DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities Manual Section 3- Specific Disabilities outlines the Agency's 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 "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. While on-site, the auditor verified the contract had been renewed and this information was submitted to the audit team for their records.

SCI Graterford has also established a list of Foreign Language Speaking Staff. This list is maintained to utilize for translating services when needed at the prison. There are approximately 31 staff members employed by SCI Graterford whom speak nine different foreign languages and American Sign Language.

During the onsite audit, the auditor observed PREA posters posted in the housing units that contained information in both English and Spanish.

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

Vietnamese 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 used one of its facilities to transcribe text into braille for the vision impaired. The braille material is located at SCI Camp Hill (for male inmates) and SCI Muncy (for female inmates) reception sites.

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:

Prior employment in any type of prison, jail, lockup, community confinement facility, juvenile facility, or other institution will be further investigated to ensure that the candidate has not been found to have any of the following:

- a. 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 100 out of 100 staff who may have contact with inmates who have had criminal background record checks conducted by the facility.

In the past 12 months, there were a total of 6 contracts for services where criminal background record checks were conducted on all staff covered in the contract who may have contact with inmates.

4.01.01 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 there has been substantial expansions or modifications to the facility since August 20, 2012. New construction of SCI Phoenix. It is noted that this site is outside the perimeter of the existing facility, remains under construction, and has not yet been dedicated to the Department of Corrections.

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 with a Letter of Agreement with Abington Memorial Hospital to provide SCI Graterford inmates SAFE/SANE exams. These services are provided by SANES

working at the hospital.

Within the last 12 months, there has been six forensic medical examinations conducted. These examinations were conducted by a SANEs/SAFEs at Abington Memorial Hospital .

During the pre-audit, the auditor was provided with a documented Letter of Agreement for victim advocate services; Victim Services Center of Montgomery County, Inc. The auditor was provided with documentation for outside supportive services. The auditor spoke with a representative of Victim Services Center of Montgomery County, Inc. and was advised by their representative that they have staff available to respond and provide victim advocate services in the event an inmate was sexually abused. These services are available 24 hours a day, 7 days a week.

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 (Letter dated July 1, 2015) 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 63 allegations resulting in administrative investigations and none were referred for criminal investigation. 33 of these have been determined to be unfounded, 20 were determined to be unsubstantiated, and the remaining 10 are still pending (at the time of the site visit).

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.

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. Training logs were provided for the following training sessions: PREA Web-Based Training, In-Service Prison Rape Elimination Act, PREA Policy, and Basic Training (Orientation).

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 odd numbered years and basic refresher training is offered on even 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, and were generally knowledgeable on all questions asked.

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. Attachment 2-I, page 2 (effective 8/7/2015) states a staff member, contract service provider, volunteer, intern, or an individual who has business with or uses the resources of the Department, must contact the security office to report any incident of sexual abuse or sexual harassment to the Security Captain or Shift Commander. They also have the ability to privately report sexual abuse, sexual harassment and retaliation via the Sexual Abuse Reporting Address established for the general public by PA State Police.

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, 299 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, 3,643 inmates were admitted and received such information at intake. Of those, approximately 2,814 inmates 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 inmate educational posters, and PREA staff educational posters.

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. The intake staff member discusses this information with the inmates and answers any questions the inmates may have. Within a week, the new intakes for that week watch a

PREA educational video. 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 every Friday, the new intakes receive comprehensive PREA education through a PREA educational video. The PREA educational video is also played on an inmate movie channel every week on Friday from 8am to 8pm in English and Spanish.

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 receive

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 seven 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 interviews with facility investigators, the investigators acknowledged receiving the training specific to PREA requirements. Investigators were 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 when substantiating 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 contract 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 receive 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 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 Abington Memorial Hospital.

Interviews with the medical and mental health staff confirmed they have received PREA training and were able to communicate with the auditor what the training encompassed.

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 inmates within 72 hours of their entry into the facility.

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 past 12 months, all inmates whose length of stay was 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival.

During the onsite audit, the auditor conducted a review of several random PRATs. All of these samples had documentation of an initial PRAT being conducted within 72 hours of intake, as well as another PRAT conducted 20-30 days later.

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. Samples of completed Gender Review Committee checklists were provided during the pre-audit. These samples indicated the reviews are being conducted every six months.

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, Employee Report of Incident (Other).

During staff interviews with those assigned duty posts in Segregated Housing, some were unclear as to policy/procedure regarding placing inmates who alleged an incident/reported a sexual abuse into involuntary segregated housing. A “Refresher Training Memo” was provided to all staff as a reminder of their current policy and procedures regarding Administrative Custody and that involuntary segregated housing for inmates who report a sexual abuse should only be used as a last resort. A copy of this memo and signature sheets of acknowledgement were provided to the auditor during the post audit review period.

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.

Anyone may report sexual abuse or sexual harassment to the Bureau of Criminal Investigations (BCI), which is a Division of the Pennsylvania State Police and not part of the agency. The address is 1800 Elmerton Avenue, Harrisburg, PA 17110.

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 no later than the end of the shift.

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, inmates, family or friends of either 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.

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, samples were provided showing inmates have reported by writing directly to PSP, reporting verbally to an employee (documented), to the Unit Manager on a written request, and in writing through the Grievance System.

During the site-visit tour, it was noted there were no PREA posters, posted in the OSU Visitation area (including third-party reporting information). The auditor was advised there were posters up, but they had probably been torn down by the inmates. Prior to the close of the first day on site, posters were put back up in this area.

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 an address and toll free hotline number to Montgomery County Victim Services.

During the pre-audit, the auditor was provided with a documented Letter of Agreement for victim advocate services; Victim Service Center of Montgomery County, Inc. The auditor contacted Montgomery County Victim Services and spoke with a representative who confirmed victim advocates would be provided to SCI Graterford inmates who reported a sexual abuse. The auditor was advised these services would be available 24 hours a day, 7 days a week.

Through random inmate interviews as well as interviews with inmates who reported a sexual abuse, it was determined that some of the inmates were familiar with the victim services that are available for victims of sexual abuse. These inmates acknowledged having access to mailing addresses through posters posted in the housing units, as well as through brochures that were given to them at intake.

Standard 115.54 Third-party reporting

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

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

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

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

The information listed above is available on the agency website.

Standard 115.61 Staff and agency reporting duties

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

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

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

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

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

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

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

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

In the past 12 months, there has been no instance 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, sexual harassment, or retaliation 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 18 allegations of sexual abuse from another facility. These allegations were documented and referred for investigation.

During the past 12 months, the facility received 61 allegations that an inmate was abused while confined at another facility. As SCI Graterford is a state Intake and handled over 3600 inmates in the past 12 months, this number is higher than those facilities that are not an intake facility. During the pre-audit and site visit documentation review, the auditor was provided with a sample of several notifications. All notifications reviewed were provided, facility head-to-facility head, within 72 hours of receipt of the information.

Through staff interviews, it was determined when SCI Graterford 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 Graterford 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 Graterford 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 64 allegations that an inmate was sexually abused. Of these allegations, 24 times the first security staff member to respond to the report separated the alleged victim and abuser. Of these allegations, there were 7 instances where evidence preservation was necessary. The facility took actions to preserve evidence for each of these occasions.

During the past 12 months, there have not been allegations that an inmate was sexually abused where a non-security staff member was the first responder.

During the pre-audit, the auditor was provided with a copy of a pocket card containing immediate response procedures that has been given to all employees.

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 pre-audit, the auditor was also provided a letter from the Director of Human Resources indicating they operate under 8 different unions and none of them contain language that would 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.

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 a 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, Subsection F. 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 six claims of retaliation reported.

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

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 would complete a monitoring form and have the unit counselors monitor for retaliation. 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.

During staff interviews with those assigned duty posts in Segregated Housing, some were unclear as to policy/procedure regarding placing inmates who alleged an incident/reported a sexual abuse into involuntary segregated housing. A “Refresher Training Memo” was provided to all staff as a reminder of their current policy and procedures regarding Administrative Custody and that involuntary segregated housing for inmates who report a sexual abuse should only be used as a last resort. A copy of this memo and signature sheets of acknowledgement were provided to the auditor during the post audit review period.

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 has been one allegation of conduct that appear to be criminal that was 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 interviews with inmates who allege to have suffered from sexual abuse, it was determined investigative staff do not require victims to take a polygraph examination as a condition for proceeding with the investigation.

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. The inmate signs the “Commonwealth of Pennsylvania Department of Corrections PREA Investigation-Inmate Notification” form when given the notification.

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 84 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility. Of these investigations, 53 inmates were notified, verbally or in writing, of the results of the investigation.

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

Standard 115.76 Disciplinary sanctions for staff

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

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

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

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

In the event that a staff member is terminated, or resigns in lieu of discharge, for violation of the 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 has not been any staff member from the facility whom has violated agency sexual abuse or sexual harassment policies.

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

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

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

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

During the past 12 months, there have not been any contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

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 monitoring, 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.

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

Staff interviews indicate inmates found to have engaged in sexual abuse or sexual harassment may face a misconduct hearing and/or criminal charges depending upon the circumstances. Inmate perpetrators of sexual abuse are referred for a mental health evaluation, and this evaluation is conducted within 14 days. Inmates who have violated the agency's sexual abuse and sexual harassment procedures would go through a disciplinary hearing. If the allegations were criminal in nature, the Pennsylvania State Police 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 our site-visit document review, it was noted that there were several risk assessments (PRATS) that indicated prior sexual/physical abuse, but had no corresponding mental health referrals. The current risk assessment groups "physical" and "sexual" abuse into one question. This was determined to be the causing factor in giving an appearance of referrals not being documented. The Standard requires the referral for prior sexual abuse, not physical abuse. The only referrals being made were for inmates with prior sexual abuse, but this information was not documented in a way to be clear in the explanation. Through discussions with facility staff, it was determined that with the current risk screening tool (PRAT), there is a comment section for question #19. This area will now be utilized to document whether the answer to question #9 references prior "physical" or "sexual" abuse. This will then be transferred to electronic data prior to the hard copy being shredded (as is their procedure). Prior to leaving the site visit, the auditors were show 2 examples of recent incoming inmates that the referrals were not completed on due to the above reasons. The auditors required a memo be put out immediately directing staff to document if the abuse was physical in the comments section of question

#19 of the PRAT. The auditors also requested follow-up documentation covering the three week post-audit period (immediately after the site visit) . This documentation consisted of PRATS and referrals for the inmates answering in the affirmative to question #9 on the PRAT. All of these also indicate in question #19 remarks whether prior abuse was physical. Those indicating sexual, had a referral to go with the PRAT. The facility immediately put out a directive to implement this new procedure. Based on the follow-up documentation provided, the changes implemented are sufficient in order to satisfy any concerns the auditor had.

During the pre-audit, the auditor was provided with samples of medical/mental health logs and secondary materials.

Through various interviews with staff and inmates, it was confirmed 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 are 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 a “Response to Allegation of Sexual Abuse Checklist” for an alleged victim of a sexual abuse. This checklist outlines the response process and documents corresponding medical care that is provided.

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.

SCI Graterford 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 Abington Memorial Hospital 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 33 out of 33 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.

While onsite, the auditor reviewed a sample of both Criminal and Administrative Investigations of Sexual Abuse.

During the pre-audit, the auditor was provided with documentation of two separate incident reviews. The facility prepared a report of its findings from sexual incident reviews, and any recommendations for improvement, and submitted such report to the facility head and PREA Compliance Manager. The

reviews were extremely detailed and highlighted both positives and recommendations for improvement. The facility acknowledges they always implement the recommendations for improvement or document its reasons for not doing so.

In addition to the local sexual abuse incident review, a higher level of review is conducted in central office by a committee composed of different disciplines. Committee members also identify missed deficiencies and return to the local review/investigative packet to facility for corrective action. While on-site, the auditors reviewed several more incident reviews and all were completed within the required 30 day period, post completion of the investigation.

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

Standard 115.87 Data collection

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

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

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

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

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

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

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

calendar year. The Department's external website maintains a copy of the PREA Annual Report and most current Department of Justice SSV-2 report and posts statistics for all of its facilities on the agency website.

Standard 115.88 Data review for corrective action

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

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

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

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

During the pre-audit, the agency provided 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.

William Boehnemann

August 10, 2016

Auditor Signature

Date