

PREA Facility Audit Report: Final

Name of Facility: State Correctional Institution Albion

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/14/2019

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Brian C. Sutherland | Date of Signature: 11/14/2019 |

| AUDITOR INFORMATION | |
|-------------------------------------|--------------------|
| Auditor name: | Sutherland, Brian |
| Address: | |
| Email: | bcsuther@gmail.com |
| Telephone number: | |
| Start Date of On-Site Audit: | 09/16/2019 |
| End Date of On-Site Audit: | 09/18/2019 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | State Correctional Institution Albion |
| Facility physical address: | 10745 Route 18, Albion, Pennsylvania - 16475 |
| Facility Phone | |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|----------------|
| Name: | Valarie Kusiak |
| Email Address: | vkusiak@pa.gov |
| Telephone Number: | 814-756-9728 |

| Warden/Jail Administrator/Sheriff/Director | |
|--|---------------|
| Name: | Michael Clark |
| Email Address: | mclark@pa.gov |
| Telephone Number: | 814-756-9702 |

| Facility PREA Compliance Manager | |
|----------------------------------|----------------|
| Name: | |
| Email Address: | |
| Telephone Number: | |
| Name: | Valerie Kusiak |
| Email Address: | vkusiak@pa.gov |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
|--|----------------|
| Name: | Jeri Smock |
| Email Address: | jesmock@pa.gov |
| Telephone Number: | 814-756-9774 |

| Facility Characteristics | |
|--|-------|
| Designed facility capacity: | 2442 |
| Current population of facility: | 2183 |
| Average daily population for the past 12 months: | 2190 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | |
| Age range of population: | 18-89 |
| Facility security levels/inmate custody levels: | 2-5 |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 580 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 213 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 77 |

| AGENCY INFORMATION | |
|--|--|
| Name of agency: | Pennsylvania Department of Corrections |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 1920 Technology Parkway, Mechanicsburg, Pennsylvania - 17050 |
| Mailing Address: | |
| Telephone number: | (717) 728-2573 |

| Agency Chief Executive Officer Information: | |
|---|-------------|
| Name: | John Wetzel |
| Email Address: | ██████████ |
| Telephone Number: | ██████████ |

| Agency-Wide PREA Coordinator Information | | | |
|--|------------------|-----------------------|--------------------|
| Name: | David Radziewicz | Email Address: | dradziewicz@pa.gov |

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-Audit Phase:

The State Correctional Institution at Albion (SCI Albion) entered into contract for the Prison Rape Elimination Act (PREA) auditing services with PREA Auditors of America, LLC on July 25, 2019. The primary sole auditor is Brian Sutherland and no conflict of interest exists between the two parties. Brian is a twenty-four-year correctional veteran attempting to complete the PREA auditor certification process. The terms of this contract began on July 29, 2019 and conclude on or before November 17, 2019, with the submission of the final report. The contract explained the efforts toward transparency, the role of third parties and support staff, compliance considerations regarding the PREA Standards, Department of Justice certification requirements, enough time to conduct the audit, and planning for any corrective action phases. The amount of time to complete the final report could extend past the November 17, 2019 date discussed due to a possible 180-day corrective action period. No corrective action period was required throughout the conclusion of this audit. The contract specified the on-site review conducted on September 16, 17, & 18, 2019, and the final contract submission included the standard provisions 401-405. The Pennsylvania Department of Corrections operates the State Correctional Institution at Albion (SCI Albion), and is located at 10745 Route 18 Albion, Pennsylvania 16475. No initial barriers exist toward the completion of the audit and the PREA Compliance Manager was established as the facility point of contact. No third-party entity exists between PREA Auditors of America, LLC and the State Correctional Institution at Albion to include private contractors, operators, facilities, governmental entities, or ACA paid affiliates.

The pre-audit phase began on July 29, 2019, during the contract negotiation process as the auditor reviewed the SCI Albion website for information relating to PREA. The website confirmed the second phase PREA audit was conducted on April 10-11, 2017, and the facility was found in compliance on 41 standards, standard 115.17, 115.67, and 115.86 was found to exceed the requirements. The auditor reviewed the 2017 PREA Audit Report posted on the Agency website and notated all previously recommended corrective action responses. The website included data collection reports from 2012 through 2018 and the auditor noted all statistical data throughout the review. The annual data report for 2019 will be posted to the website at the end of the year. The auditor prepared a timeline of events, issue log, and corrective action notations file at this time and informed the PREA Compliance Manager regarding the issue log communication process. The corrective action notations file attempted to explain the purpose of corrective action, the generalized outcome for facility audits, and the corrective action process is a supportive mechanism utilized to enhance the facility compliance practices. The process map was supplied to the PREA Compliance Manager and this included specific steps within the pre-audit, audit, and post audit phases. The auditor noted on the facility website an Annual Data Findings and Corrective Actions Report, the agency PREA policy, a zero-tolerance statement toward all forms of sexual abuse, sexual assault, and sexual harassment, and a third-party reporting mechanism utilized to report all criminal acts of sexual abuse or sexual harassment to the Pennsylvania State Police or the

Pennsylvania Department of Corrections PREA Coordinator. The auditor reviewed internet searches for the following considerations: pending litigation reports, Department of Justice involvement, federal consent decrees, local oversight, news articles, and press clippings. The auditor found no litigation reports or Department of Justice involvement in the past 12 months leading up to the audit regarding sexual abuse or sexual harassment. This was confirmed with the facility Superintendent during the on-site interview process. The auditor reviewed the mandatory reporting laws in Pennsylvania and determined the following legal considerations: definition of child abuse, time calculations, definition of a juvenile, age considerations, persons required to report, the basis to report, a listing of staff members at institutions, persons encouraged to report suspected abuse, reporting procedures, and applicability of the Mental Health Procedures Act. The auditor reviewed the 2017 PREA Audit Report for the State Correctional Institution at Albion and determined the facility does not accept youthful offenders. Their population is dedicated to inmates 18 years of age or older. This was confirmed by statements on the facility website, inmate housing rosters, staff and inmate interviews, and population reports indicating inmate ages for the past 12 months.

The auditor submitted the pre-audit reporting notification to the PREA Resource Center, and an email confirmation was received. On August 2, 2019, communication was established with the SCI Albion PREA Compliance Manager and the determination was made to utilize the Online Audit System as opposed to the written pre-audit questionnaire. The On-line Audit System is a secure software platform that will prevent the transfer of personally identifiable information and provide the user to have the ability to upload documents, retain the documentation for future use, and record the auditing process through all three important phases. The On-line Audit System includes the pre-audit questionnaire and this tool is utilized by the auditor to determine the facility information, policies, agency organization chart, contracts, staffing plans, written justifications for deviations within the staffing plan, PREA reviews, staff rounds, population reports, searches, cross-gender viewing incidents, training curriculums, training logs, special needs documentation, hiring and promotion considerations, evidence protocols, medical treatment obligations, intake screening instruments, inmate grievances, investigation reports, and data collection. The issue log was discussed and finalized as the primary means of communication to establish a record of concerns, requests, and issues provided by the auditor and the response by the PREA Compliance Manager. This system of reporting was utilized to enhance the communication process between the auditor and the PREA Compliance Manager. The PREA Compliance Manager uploads the required documentation to the On-line Audit System and initiates approval for the auditor access. The auditor communicates additional requests to the auditor or uploads the document to the pre-audit questionnaire. On July 29, 2019, the auditor was granted access to the Online Audit System. There were no barriers to communication involved in the initiation of this process as the auditor established clear communication with the PREA Help desk, username and password usage, and electronic follow-up. The pre-audit questionnaire included 440 pages and 682 attachments upon completion. All documentation was reviewed by the auditor to triangulate compliance considerations, form the basis for the facility operations, terminology, structure, population, staffing, training, medical outreach, SANE/SAFE requirements, volunteer support, local advocacy, and the physical plant. The review of the pre-audit questionnaire created the first issue log communication process with the PREA Compliance Manager regarding unannounced rounds. The auditor could not identify the facility documenting the round as unannounced. The PREA Compliance Manager provided immediate response within the issue log and provided the past 30 days of unannounced round logs to include the specific language, email notifications to staff, and rounds notated to cover each shift assignment.

The auditor submitted the PREA Audit Notice to the PREA Compliance Manager. This included both English and Spanish versions, directions regarding the minimum 6 weeks posting requirement prior to the

on-site visit, the posting must be in all inmate living areas, visible throughout the facility, utilizing large text, colored paper, must discuss the confidentiality of inmate and staff correspondence, and the facility must provide proof of posting to the auditor. The auditor submitted the on-site review agenda to the PREA Compliance Manager and the request for interview lists including the following criteria: complete inmate rosters on the first day of the audit and each day thereafter during the on-site review, inmates with disabilities, limited English proficiency, inmates classified as lesbian, gay, bi-sexual, transgender, intersex, inmates in segregated housing, inmates who reported sexual abuse, inmates reporting sexual victimization during risk screening, a complete staff roster, specialized staff, contractors, and volunteers list. The auditor also requested data regarding the total number of inmate grievances, incident reports, all allegations of sexual abuse and sexual harassment, all hotline calls that occurred within the last 12 months, all investigations reported in the last 12 months, and all grievances for allegations made within the last 12 months.

On August 2, 2019, the auditor received confirmation from the PREA Compliance Manager and photographic evidence regarding the posting of the auditor notice in all living units. The auditor observed each photo was date and time stamped to indicate the 6-week mandatory compliance, the color of the paper was a bright red, and the writing was visible within the photos. The photos were labeled with the housing unit locations, common areas, reception, and visitation. The posting was confirmed during the on-site review and through random and informal staff and inmate interviews. The facility provided the notice in both English and Spanish versions and included a statement regarding confidentiality of inmate and staff correspondence. A private post office box was assigned to the auditor for confidential communication from both staff and inmates. The post office box was inspected weekly, by the auditor, and continued to be inspected for correspondence throughout the post audit phase. The PREA Compliance Manager informed the auditor regarding confidential communication and described the legal mail process. The auditor informed the PREA Compliance Manager regarding the postal communications and advised none of the correspondence included information regarding the sexual safety of the facility. The auditor received 8 postal communications from inmates at SCI Albion. The auditor interviewed all 8 of the inmates submitting the postal communications during the on-site review. During the interviews the auditor noted 2 inmates discussed complaints regarding property concerns, 4 inmates discussed the conditions of the treatment by facility staff, and 2 inmates provided additional discussion regarding possible methods to assist with their pending charges. No correspondence was received by the auditor from staff.

On September 11, 2019, the auditor received the allegations and investigations overview document as requested along with the following data: SCI Albion listed a total of 21 staff-on-inmate allegations of sexual abuse within the last 12 months, 24 inmate-on-inmate allegations of sexual abuse within the last 12 months, 8 staff-on-inmate allegations of sexual harassment in the past 12 months, and 7 inmate-on-inmate allegations of sexual harassment in the past 12 months. In the past 12 months, SCI Albion has received 45 incident reports regarding sexual abuse and 15 incident reports involving sexual harassment incidents. The Pennsylvania Department of Corrections does not recognize the grievance system as a method of reporting allegations of sexual abuse. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is rejected and forwarded immediately to the PREA Compliance Manager for investigation. The Pennsylvania Department of Corrections does not provide a hotline number as a method of reporting sexual abuse or sexual harassment. An address is provided to report directly to the Pennsylvania State Police and the Pennsylvania Department of Corrections PREA Coordinator. SCI Albion reported a total of 60 investigations conducted within the past 12 months. This includes, 44 Administrative sexual abuse cases, 34 criminal sexual abuse cases, and 16 cases involving sexual harassment. The administrative investigations are conducted following the

outcome of the criminal investigations. A total of 3 investigations resulted in substantiated claims for administrative actions, 27 unsubstantiated claims, and 10 claims that the investigation was determined to be unfounded. There were no criminal cases that resulted in a substantiated allegation as 16 cases were terminated by prosecution refusal to prosecute.

On-Site Audit Phase:

The on-site review began on September 16, 2019 and continued until September 18, 2019. The in-brief with facility leadership began at 0800 hours and included the following staff: Facility Superintendent, Assistant Superintendent, Agency PREA Coordinator, Facility PREA Compliance Manager, PREA Lieutenant, PREA Administrative Officer, Facility Maintenance Manager, Food Service Manager, Human Resource Analyst, Major of the Guard, Deputy Superintendent of Facility Management, and the Security Captain. The Superintendent provided the welcoming and the staff introductions commenced following the auditor introduction. The auditor reviewed the agenda for the week, explained the auditor conduct and the site review process, discussed the expectations for informal interactions with staff and inmates, the file review process, interview expectations, site review, and out briefing on the final day.

The PREA Compliance Manager provided the auditor with a current inmate alpha roster, and this roster included 2166 inmates. The inmate population on the first day of the audit was 2166 inmates. The facility provided the auditor with a private workstation that included the ability to print and secure documents. The current staffing roster included 580 staff, 213 contractors, and 77 volunteers. The shift activity reports for the last 60 days were provided by the PREA Compliance Manager. Additional documents and files reviewed by the auditor during the on-site review included the following: specialized staff and targeted inmate population reports, facility audit logs for the past 30 days, a list of 3 grievances submitted within the past 12 months relating to sexual assault, 38 investigative files, 25 staff personnel files, 49 inmate classification files, and 49 inmate medical files. The audit methodology and selection process consisted of specialized staff and targeted inmate populations selected by the auditor. The auditor selected the 5th inmate from each housing unit roster, the 5th inmate listed on the targeted populations roster, and the 5th staff member listed on the daily duty rosters. The auditor conducted interviews with 1 SANE Nurse, 2 Victim Advocates, and 2 Hotline Volunteers however; the auditor was unable to speak with an investigator from the Pennsylvania State Police regarding external investigations due to time constraints. Email communication provided by a representative from Just Detention International indicated a review of the database indicates no PREA-related information regarding SCI Albion has been received within the last 12 months. The auditor reviewed the MOU's for the OPEIU Healthcare Pennsylvania, Local 112, Pennsylvania State Police, UPMC Hamot, St. Vincent Health Center, and the Crime Victim Center.

The facility provided a private area for conducting formal interviews with staff and the inmate interviews were conducted in the education department. The selection process for conducting the inmate interviews consisted of utilizing an inmate alpha roster that is organized by housing and bed assignment. The auditor methodology for selecting the random and targeted inmate interviews involved inmates from all living units, PREA education dates, odd number listings, age, and length of stay. The selection process for random staff consisted of staff members from each shift, department, sworn, and non-sworn staff, multiple roles, post locations, job titles, and time of service. A total of 49 interviews were conducted with the inmate population and these consisted of the following: 25 random inmates, 3 inmates identifying as transgender, 2 inmates identifying as Gay, 3 limited cognitive disability, 1 limited English proficiency, 1 hard of hearing, 1 deaf, 2 with a physical disability, 2 inmates in segregation for high risk of sexual victimization, 6 inmates who reported sexual abuse, and 3 inmates who reported sexual victimization

during the risk screening. The auditor also conducted 25 informal inmate interviews throughout the site review. The informal interviews supplied the auditor with the knowledge regarding 1 hard of hearing inmate and 1 inmate with a physical disability listed in the totals previously discussed. No youthful inmates were available for interview as the facility does not house youthful offenders and this was verified during the population review, staff and inmate interviews, and posted website materials. No victims of sexual assault were available during the on-site visit as the facility has not reported any substantiated allegations of criminal sexual abuse in the past 12 months.

The staff interviews consisted of 65 total interviews that were selected from shift rosters, specialized staff rosters, and staff identified during inmate interviews: 12 random staff interviews, 17 informal staff interviews, 1 contract mental health director, 2 segregated housing staff, 2 incident review team staff, 3 first responder staff, 1 volunteer, 4 intermediate staff, 2 staff that screens for victimization and abusiveness, 1 PREA Coordinator, 1 PREA Compliance Manager, 3 contract staff, 2 intake staff, 1 Agency Head Designee, 1 investigative staff, 1 Facility Superintendent, 2 human resource staff, 1 SANE Nurse, 1 staff designated to monitor retaliation, 2 after hours emergency hotline volunteers, 2 contract health services staff, 2 Victim Advocates, and 1 Facility Chaplain/Volunteer Coordinator. The informal staff interviews indicated training received regarding the proper procedures for conducting searches, exigent circumstances for conducting the searches, and efforts to enhance safety when performing searches such as utilizing the back of the hand. The staff interviews indicated no cross-gender searches have been conducted in the past 12 months. The auditor conducted 17 informal staff interviews throughout the site review, and this assisted with identifying specialized staff for interviews such as the staff that monitor retaliation. No interviews were conducted with line staff supervising youthful offenders and program staff who work with youthful inmates as the facility does not house youthful offenders. Additionally, no interviews were conducted with non-medical staff involved in cross gender strip searches as the facility has not reported any cross-gender strip searches in the past 12 months.

The facility site review consisted of the auditor viewing 28 total buildings to include: 21 housing units (A-J), The State Correctional Institution at Albion has a total of 10 housing units and 98 total segregation cells. These living units consist of the following:

Housing Unit A - General population/Special needs unit has two sections and two custody levels, 10 single cells, 118 double cells, two separate dormitory sections with 16 beds and a total population count of 238 inmates. The staffing requirements consist of three shifts: 0600 - 1400, 1400 - 2200, and 2200 - 0600, 3 staff on each shift. Housing Unit B - General Population consists of a level 3 status, 10 single cells, 118 double cells, 4 dormitories with 8 beds each, a total population count of 270 inmates. The staffing levels consist of 3 security staff for each shift 0600 - 1400, 1400 - 2200, and 2200 - 0600. Housing Unit C - General Population consists of a level 3 status, 10 single cells, 118 double cells, 4 dormitories with 8 beds each, a total population count of 270 inmates. The staffing levels consist of 3 security staff for each shift 0600 - 1400, 1400 - 2200, and 2200 - 0600. Housing Unit D - General Population/Transitional Housing Unit/Deaf/Hard of Hearing Unit consists of a level 3 status, 15 single cells, 113 double cells, 3 dormitories with 8 beds each, and a total population count of 247 inmates. The staffing levels consist of 3 security staff for each shift 0600 - 1400, 1400 - 2200, and 2200 - 0600. Housing Unit E - General Population/Co-Occurring Therapeutic Community is a level 3 population, 10 single cells, 118 double cells, 3 dormitories with 8 beds each, at total population count of 264 inmates. The staffing levels consists of 3 security staff and 4 DAT staff across the three shifts. Housing Unit F - General Population and a level 3 status, 10 single cells, 118 double cells, 4 dormitories with 8 beds each, and a population count of 274. The staffing levels consist of 3 security staff for each shift 0600 - 1400, 1400 - 2200, and 2200 - 0600. Housing Unit G - General population and a level 2 status, 1 single cell, 49

double cells, 4 dormitories with 22 beds each, and a population count of 187. The staffing levels consist of 3 security staff for each shift 0600 - 1400, 1400 - 2200, and 2200 - 0600. Housing Unit H - A level 5 restricted housing unit (RHU), consists of 4 pods (A, B, C, D), a diversionary treatment unit that has 48 single cells, 48 double cells, and a population count of 142. The staffing levels consist of three different shifts: 0600 - 1400 = 12 staff, 1400 - 2200 = 7 staff, and 2200 - 0600 = 3 staff. Housing Unit I - A level 4 Residential Treatment Unit, that has 11 single cells, 115 double cells, 2 behavioral adjustment cells, and a total population count of 241. The staffing consists of 4 security staff at 0600 - 1400, 4 security staff at 1400 - 2200, and 2 security staff at 2200 - 0600. Housing Unit J - A level 4 General Population unit that houses 13 single cells, 115 double cells, and a total population count of 239 inmates. The total staff allowed is 3 for 0600 - 1400, 3 for 1400 - 2200, and 2 for 2200 - 0600. Additional areas of the facility includes the following: central plant, warehouse, sally port, gender specific body scanning area, contact visitation, control center, diversionary treatment unit, restrictive housing unit, medical, infirmary, kitchen, laundry, maintenance room, commissary, commissary operations (CI), chapel, programs, education, library, field house, FERT building, range trailer, CERT trailer, training center, and 3 residence sections. The site review provided additional opportunities to conduct informal interviews with staff and inmates. The site review lasted approximately 2 days and the guides provided access to all areas within the facility. During the site review the observation consisted of looking for blind spots and concerns with inmate access and identifying potential concerns with areas that may indicate a 1 staff to 1 inmate ratio. This may create limited access areas such as closets, offices, limited visibility concerns, no video monitoring equipment, or potential hiding areas that may impact the sexual safety of the facility. There are no concerns with overcrowding due to the current population of 2166 inmates versus an overall holding capacity of 2400 inmates. The auditor observed the activities associated with dayshift operations and night shift movements to include supervision practices, staff to inmate ratios, post assignments, video monitoring equipment, inmate activities, and housing unit dayroom practices. Each housing unit had 2 security officers, 1 Sergeant, and 1 Unit Manager present to monitor each section within the unit. The facility master control staff provided an overview of all video monitoring equipment, camera placements in the facility, observations of PREA related materials posted in intake, reception, medical, visitation, and inmate living units. The auditor notice was confirmed and verified through staff rounds and observed cross gender announcements made and documented in the logbooks. The auditor observed the system utilized for the deaf and hard of hearing populations regarding female staff entering the housing units. Female staff entering the housing units will announce their presence by stating "Female on the unit". However, in addition a strobe light will flash and the words "Female on the unit" is listed on the message board for the deaf or hard of hearing inmates to see. This process was very affective and positive feedback was received from both staff and inmates. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower curtains for privacy while taking a shower, restroom barriers for inmate privacy while using the restroom, and private camera placements throughout the facility that did not indicate cross gender viewing during periods of undress by the population. The housing unit cells have small windows that create a barrier toward the wet cells that have a toilet and sink combination in the room. This prevents inmate viewing while changing clothes and using the restroom except during incidental viewing during routine staff rounds.

A total of 12 staff positions are dedicated as gender specific post assignments, and the auditor confirmed these locations throughout the on-site review. The gender-specific post assignments are a direct plan of action performed by the Pennsylvania Department of Corrections to remove the viewing capabilities from the monitoring stations of cameras that have the potential to violate the cross-gender viewing concerns. The following posts are dedicated gender specific staff assignments: Transport Officer - a minimum of 1 transport team member will be gender specific, Search Team Officers - a minimum of 1 search team member will be gender specific, RISP Officer - this post is dedicated gender specific, Visiting Room

Search Officer - this post is dedicated gender specific, R&D CO2/Intake Officer CO1 - 1 of these positions must be the same gender as the offenders housed at the facility, Infirmary - this post will remain gender specific, Sally Port CO2 & CO1 - this post will remain gender specific, Specialized Treatment Units - housing unit control room posts that conduct live monitoring of cells with affixed cameras will be gender specific, Bus Transport - a minimum of 1 of the 3 staff assigned will be gender specific, Outside Hospital In Room Officer - will be gender specific, Compound Rovers - gender specific at female facilities only due to required pat/frisk searches being conducted, and CI Rover - gender specific at female facilities only due to required pat-frisk searches. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. All facility posts are awarded by Union Bid and gender specified within the contracted assignments.

The auditor observed roll call briefing for night shift and witnessed facility count and inmate movements being conducted. The auditor verified the staffing plan associated with each shift and confirmed the current staffing levels of 580 employees, 213 contractors, and 77 volunteers. The auditor observed staff during the booking process and performing intake procedures. These procedures included the following methods: staff were utilizing the screening instrument, verifying the classification process, providing the inmate with the PREA handout, observed the usage of the x-ray screening, observed the strip searching location to ensure no cross-gender viewing concerns, and the auditor watched the PREA video for clarity. The PREA video described the facility zero tolerance policy, methods of reporting, detection, response, and methods to avoid manipulation that may lead to abuse. The auditor utilized the abuse hotline and received confirmation from the PREA Compliance Manager of receipt. The auditor observed PREA information posted throughout the facility. The inmate and staff records are stored electronically, and access is limited requiring the I. T. Manager approval. This includes all electronic classification records and once the risk screening information is uploaded into the server there are limited participants that may have access to this information such as the PREA Compliance Manager, PREA Coordinator, and Unit Managers. Inmate phones are in all the inmate living areas and intake section of the facility. An external reporting mechanism is available to the inmate population by writing to the Pennsylvania State Police, Office of Special Investigations and Intelligence, Crime Victim Center, or by calling the Office of Special Investigations and Intelligence hotline directly. These systems are designed to allow inmates to report allegations of sexual abuse or sexual harassment to the staff directly. The auditor tested these systems and left a message on the provided hotline while utilizing an inmate phone in a housing unit. The PREA Compliance Manager confirmed the agency receipt of the tested call and forwarded a response to the facility for notification. The auditor received the emailed response during the on-site review. The abuse hotline is provided in both English and Spanish and the facility offers a language line for diverse populations and interpreting. The auditor observed the sign language communication network during the on-site visit and was very impressed with the level of communication expertise provided by the interpreter.

The auditor noted the following discrepancies throughout the on-site review:

Several areas of the facility were off-limits to inmate access however; there was no signage posted to indicate this action. The facility agreed to provide signage stating, "No Inmates Beyond this Point". The following locations were corrected on sight and photos provided by the facility to support the corrective measures: central plant, search team door, former inmate restrooms in A-F housing units, former laundry rooms in A-F units, the upstairs storage areas in the laundry area, the cage in the Correctional Industries officer gate, the electronics stairwell in the maintenance area, the rear library storage closet, the kitchen tray room doors, the stairwell to the officer uniforms in the warehouse, and the inmate records storage in the warehouse.

The auditor identified the previously utilized laundry areas in the A-F housing units as a potential blind spot where sexual abuse may occur. The areas are currently being utilized as a cleaning closet, storage, and an inmate restroom. The facility agreed to ensure the security of the documented concerns by recommending a camera is posted on a fixed access for staff view, all areas will be secured at all times, two staff are required to be present when this area is in use, and the laundry access key was removed from the housing officer key ring and placed on the unit manager key ring. The removal of the key ensures both the housing officer and the unit manager are required to be present to open both doors. A work order was submitted while the auditor was on-site, and a verification email was received on September 30, 2019 indicating the work order was completed. An update to the housing officer post order was provided through email documentation.

A memo was received from the facility maintenance supervisor on October 1, 2019, indicating the following statement, "In the SCI Albion Maintenance Department, at no time should a staff member be alone 1 on 1 with a single inmate in any isolated area". This language was also updated in Section III, of the warehouse inmate supervision procedures, "At no point should a staff member be alone 1 on 1 with a single inmate".

A second hidden area of concern, identified during the on-site review by the auditor, was in the inmate library. In the library are two hidden storage rooms that are easily identified as sexual safety concerns. The facility has agreed to limit the access to these two storage areas by initiating a two staff method of entry. The facility librarian and education officer must be present when these rooms are being used. The key was removed from the librarian's key ring and added to the education officer key ring. A provision was added to the education officer post order and the auditor received email confirmation on October 2, 2019.

The kitchen tray room was identified as a potential blind spot due to the limited space, security concerns, and video monitoring limitations. Therefore, the facility dietary manager enacted a policy of hiring three inmate workers for this area to assist with tray cleaning to ensure limited 1 to 1 inmate ratios, and the door to this area will remain open as during the on-site review it was locked with a large cart impeding the view for the staff.

The auditor identified a concern in the restricted housing unit strip search cage. The strip search cage is monitored by video footage and gender specific staffing requirements. The facility has implemented security measures to ensure cross gender viewing is not authorized however; upon review of the video, the auditor identified concerns when the inmate is not standing in the appropriate location while performing the strip search. The facility agreed to paint a yellow square on the floor in the exact spot the inmate must stand during the strip search. The auditor received email notification and photographs on September 20, 2019, indicating full compliance with this revision.

In the education building, there is a bathroom labeled, "Inmate Restroom". This area is off limits to all inmates and the sign must be removed. The auditor received email confirmation on September 20, 2019, with photographic evidence indicating the sign has been removed. An additional sign has been added stating, "No Inmates Beyond this Point for any Reason".

During the on-site review of the restricted housing unit, informal inmate interviews indicated concerns with inmates not receiving a handbook, paper, and writing utensils. Upon review of the handbook the auditor noted the outside advocacy provider, "Crime Victims Center" information and address was not readily available in the handbook. This was corrected on site as an addendum was added on page 13 to

include the Crime Victim Center address and information. A revision was also provided to the auditor on October 3, 2019, indicating a change to the restricted housing unit property issue form. The new form includes a requirement for a pen, writing paper, and an RHU handbook to be issued to the inmate. The inmate has the option to sign the document indicating receipt, and a refusal to sign requires a staff witness. The auditor received samples of the new form on October 3, 2019, indicating compliance with this revision.

The auditor viewed the intake process during the on-site review as the facility initiated their bus arrival procedures. This process includes the determination of housing assignments after the conclusion of the PREA Risk Assessment Tool (PRAT). The PREA Risk Assessment Tool is completed by the medical staff and attempts to identify potential sexual abusers or sexual abuse victims. The auditor noted the inmates are not strip searched upon arrival, the D-11 PREA information handout is provided, the inmate must sign as receipt of the document, the inmate is issued an inmate handbook, and the medical staff begin the PREA Risk Assessment Tool process. Based on the responses provided by the inmate, the medical staff will submit an email to the PREA Compliance Manager addressing concerns, and a mental health referral is immediately noted. The auditor identified a concern with the incoming inmate transfer list as the housing assignments were already documented. This process did not allow for housing confirmation based on the results of the PREA Risk Assessment Tool (PRAT). On October 1, 2019, the auditor received email confirmation from the PREA Compliance Manager indicating the following revisions: the bed management coordinator will review the open bed report and the incoming inmate bus list to compare the risk of potential victims being housed with potential abusers. The PREA Risk Assessment Tool will be utilized by the shift commander, medical, and the bed management coordinator to ensure the PRAT designators are instituted. The following designators have been assigned: V = Potential Sexual Assault Victim, P = Institution Sexual Predator, V/P = Both Potential Sexual Assault Victim and Institution Sexual Predator, N/S = No Score = Neither Potential Sexual Assault Victim nor Institution Sexual Predator. The method of housing is determined as V - Can only be housed with another V or No Score, P - Can only be housed with another P or No Score, V/P - Can only be housed with a No Score, and a No Score - Can be housed with anyone. The facility submitted examples of this new compliance consideration to the auditor on October 1, 2019, that included the bus list with the stated designators.

The exit briefing was conducted with the following staff present: Facility Superintendent, Assistant Superintendent, Facility PREA Compliance Manager, PREA Lieutenant, PREA Administrative Officer, Facility Maintenance Manager, Food Service Manager, Human Resource Analyst, Major of the Guard, Deputy Superintendent of Facility Management, and the Security Captain. The auditor provided an overview that included the following topics: positive reinforcement and compliance considerations, recommendations and areas of improvement, recommendations and areas of concern, wrap-up, and a final thought. The command staff provided an overall discussion regarding corrective action plans and the auditor authorized a 14-day time frame to provide documentation necessary to satisfy compliance. The auditor explained the requirements for development of the interim report and provided the time frame associated with auditor compliance. The facility understands the auditor has 30 days to submit an interim report to the PREA Resource Center for review and an additional 30 days to submit the final report and completion of the audit.

Post Audit Phase:

The facility PREA Compliance Manager provided the necessary documentation to satisfy the recommendations during the on-site review. The specific standards provide additional information relative to auditor recommendations. The auditor reviewed all supporting revisions, documents, investigation

reports, training materials, and policy changes during the post audit review. The auditor verified all corrective action efforts and continued preparation of the Final Report. The auditor and PREA Compliance Manager continued electronic communications on October 4, 2019, and finalized the implementations and recommendations associated with compliance. The State Correctional Institution at Albion demonstrated all corrective action procedures and practice based on the audit requirements, and additional discussion is documented in each specific standard.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The State Correctional Institution at Albion (SCI Albion) is in Erie County, one mile south of Albion, Pennsylvania on State Route 18. The institutional property encompasses 290 acres of land, with a total of 63 acres inside the double fenced perimeter. There is a total of 28 buildings and 10 designated housing units. The facility was initially opened in 1993 and has a maximum capacity of 2442. The State Correctional Institution at Albion (SCI Albion) is operated by the Pennsylvania Department of Corrections and is one of five prototypical institutions dedicated in 1993. The material construction of the buildings consists of reinforced concrete foundation, a flat rubber membrane roof, reinforced concrete floors, and a concrete modular unit wall construction. The composition of the inmate population consists of 12 transgender inmates, male close supervision, medium supervision, minimum supervision, and community custody level male inmates. The staffing levels consist of 580 total security staff and supervision includes a paramilitary ranking structure. No female inmates or youthful inmates are housed at the State Correctional Institution at Albion. The total population count for the first day of the on-site review was 2166 inmates. The type of staff supervision consists of direct supervision, close supervision, and indirect supervision patterns. The staff conduct close monitoring, rounds, and video monitoring supervision techniques.

The State Correctional Institution at Albion has a total of 10 housing units and 98 total segregation cells. These living units consist of the following:

Housing Unit A - General population/Special needs unit has two sections and two custody levels, 10 single cells, 118 double cells, two separate dormitory sections with 16 beds and a total population count of 238 inmates. The staffing requirements consist of three shifts: 0600 - 1400, 1400 - 2200, and 2200 - 0600, 3 staff on each shift.

Housing Unit B - General Population consists of a level 3 status, 10 single cells, 118 double cells, 4 dormitories with 8 beds each, a total population count of 270 inmates. The staffing levels consist of 3 security staff for each shift 0600 - 1400, 1400 - 2200, and 2200 - 0600.

Housing Unit C - General Population consists of a level 3 status, 10 single cells, 118 double cells, 4 dormitories with 8 beds each, a total population count of 270 inmates. The staffing levels consist of 3 security staff for each shift 0600 - 1400, 1400 - 2200, and 2200 - 0600.

Housing Unit D - General Population/Transitional Housing Unit/Deaf/Hard of Hearing Unit consists of a level 3 status, 15 single cells, 113 double cells, 3 dormitories with 8 beds each, and a total population count of 247 inmates. The staffing levels consist of 3 security staff for each shift 0600 - 1400, 1400 - 2200, and 2200 - 0600. Housing Unit E - General Population/Co-Occurring Therapeutic Community is a level 3 population, 10 single cells, 118 double cells, 3 dormitories with 8 beds each, at total population count of 264 inmates. The staffing levels consists of 3 security staff and 4 DAT staff across the three shifts.

Housing Unit F - General Population and a level 3 status, 10 single cells, 118 double cells, 4 dormitories with 8 beds each, and a population count of 274. The staffing levels consist of 3 security staff for each shift 0600 - 1400, 1400 - 2200, and 2200 - 0600.

Housing Unit G - General population and a level 2 status, 1 single cell, 49 double cells, 4 dormitories with 22 beds each, and a population count of 187. The staffing levels consist of 3 security staff for each shift 0600 - 1400, 1400 - 2200, and 2200 - 0600.

Housing Unit H - A level 5 restricted housing unit (RHU), consists of 4 pods (A, B, C, D), a diversionary treatment unit that has 48 single cells, 48 double cells, and a population count of 142. The staffing levels consist of three different shifts: 0600 - 1400 = 12 staff, 1400 - 2200 = 7 staff, and 2200 - 0600 = 3 staff.

Housing Unit I - A level 4 Residential Treatment Unit, that has 11 single cells, 115 double cells, 2 behavioral adjustment cells, and a total population count of 241. The staffing consists of 4 security staff at 0600 - 1400, 4 security staff at 1400 - 2200, and 2 security staff at 2200 - 0600.

Housing Unit J - A level 4 General Population unit that houses 13 single cells, 115 double cells, and a total population count of 239 inmates. The total staff allowed is 3 for 0600 - 1400, 3 for 1400 - 2200, and 2 for 2200 - 0600.

In addition to the living units, the State Correctional Institution at Albion has an administration section, visiting center, health services, dietary services, maintenance, Correctional Industries, chapel, education, music/arts/crafts, activities/gym, field house, sally port, warehouse, central plant, FERT building, range trailer, CERT trailer, pump house, sewage building, green house, training center, maintenance pole building, a restricted housing unit (RHU), a diversionary treatment unit (DTU), and three residence.

The State Correctional Institution at Albion offers state of the art video monitoring equipment in order to assist in the prevention, detection, and response of sexual abuse and sexual harassment allegations. All housing units are equipped with video monitoring equipment to ensure the sexual safety of the facility. There are 260 fixed cameras and 96 PTZ cameras strategically located throughout the institution which are connected to digital recorders and monitored by staff 24 hours a day. In addition, there are approximately 88 standalone cameras throughout the institution. The additions of the cameras have greatly improved the sexual safety of the facility and all cameras are equipped with DVR recording capabilities. The facility offers Inter-Office Communications Link, Digital Optical Fingerprint Capture Machine, Video Imaging System, and a sophisticated Computer Network System. The control doors are equipped with centrally located control rooms, intercoms, electronic locks, and emergency keys are monitored by a 24-hour staff monitoring system. The administrative offices, training, and staff lounge are not accessible by the community and access is monitored by an intercom system and control booth access. The facility provides high grade fencing and barb wire to control the outside perimeter along with armed transportation staff. A highly trained emergency response team is available during activation requirements and trains monthly. Security supervisors are required to conduct unannounced rounds, two times per shift and the facility employs 24-hour security coverage. The auditor reviewed logbook entries, and rounds verification reports indicating compliance with this standard. The facility offers additional control and safety measures to combat the threat of sexual abuse and enhance the safety of the facility by deploying perimeter patrols, fence designs, mobile patrols, sally port entrances, perimeter lighting, alarm systems, electronic systems, counts, pass system, personal body alarms, unique security systems or alarms, biometric systems, and corrections emergency response teams.

The facility provides 24-hour contracted medical and mental health care and is equal to the level of care provided within the community. This includes medical, dental, mental health care, and off-site emergency room services. The UPMC Hamot provides the Sexual Assault Nurse Examiner duties and the facility has an MOU on file with this facility. The Crime Victim Center of Erie County provides the confidential victim support services and the auditor viewed an MOU on file with this agency. The facility provides commissary services, numerous programs, PREA trained volunteer services, visitation, and food service. All criminal investigations are performed by the Pennsylvania State Police and administrative

investigations are conducted by the SCI Albion PREA Lieutenant.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

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|--------------------------------------|----|
| Number of standards exceeded: | 1 |
| Number of standards met: | 44 |
| Number of standards not met: | 0 |

Number of Standards Exceeded: 1

115.16

Number of Standards Met: 44

115.11, 115.12, 115.13, 115.14, 115.15, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

The following corrective action recommendations were provided during the onsite review and all corrections have been made within the 30 day post audit phase. The result is full compliance toward all documented standards. Below is a brief synopsis of the auditor findings and facility corrective action measures. Additional information is provided within each additional standard as well as other standards that associate with those documented below.

115.21/115.51/115.53

During the on-site review of the restricted housing unit, informal inmate interviews indicated concerns with inmates not receiving a handbook, paper, and writing utensils. Upon review of the handbook the auditor noted the outside advocacy provider, "Crime Victims Center" information and address was not readily available in the handbook. This was corrected on site as an addendum was added on page 13 to include the Crime Victim Center address and information. A revision was also provided to the auditor on October 3, 2019, indicating a change to the restricted housing unit property issue form. The new form includes a requirement for a pen, writing paper, and an RHU handbook to be issued to the inmate. The inmate has the option to sign the document indicating receipt, and a refusal to sign requires a staff witness. The auditor received samples of the new form on October 3, 2019, indicating compliance with this revision.

115.41/115.42

During the on-site review the auditor identified a concern regarding the usage of the PREA Risk

Assessment Tool (PRAT) in association with housing assignments for inmate bus arrivals. The housing assignment was already planned based on the criteria received from previous risk assessments being completed during the Department receiving process at another facility. The PREA Compliance Manager initiated a corrective action response within the policy indicating the intake procedures for bus arrivals was revised, and all housing considerations will not be authorized without review of the intake PREA Risk Assessment Tool by the medical staff. The auditor received the updated policy revision and 45 days of new arrival PREA Risk Assessment Tools. This corrective action response was within the guidelines of the provision and demonstrated full compliance toward this standard.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

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| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Standard 115.11 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual 3. SCI Albion Organizational Chart 4. SCI Albion Corrections Classification and Program Manager Position Description 5. Agency Policy 4.1.1 Human Resources and Labor Relations 6. Agency PREA Coordinator Position Description <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staff performing cross-gender announcements upon entry to all housing units. 2. Supervisory staff documenting unannounced security rounds in the post logs. 3. Signs and posters indicating zero tolerance posted throughout the facility. <p>115.11 (a) - Agency PREA policy DC-ADM 008, page 1 mandates a zero tolerance toward all forms of sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. The agency policy DC-ADM 008 describes the approach toward prevention, detection, reporting, and response to all forms of sexual abuse and sexual harassment. This includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of inmates such as: architectural design, security supervision, video monitoring equipment, inmate orientation procedures, medical screening within 24 hours of arrival, housing considerations, separate showers, classification screenings, 30-day reassessments, facility staffing plan, staff referrals, supervisory notifications, mental health screenings, unannounced supervisory rounds, opposite gender housing announcements, community corrections procedures, and training. During the on-site review, the auditor identified staff performing opposite gender housing announcements when entering all housing units, and unannounced supervisory rounds. The rounds were documented as unannounced in the unit logbooks, and the cross-gender announcements were made over the loud speaker and verbally by staff entering the units. The auditor noted postings throughout the facility indicating zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment.</p> <p>The policy includes definitions of prohibited behaviors in policy DC-ADM 008, Section 2, attachment 2-B, page 1, and these definitions include sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. There are a total of 11 pages included within this policy as a complete glossary of terms. Policy DC-ADM 008, Section 17, page 1 explains the</p> | |

presumptive approach toward staff who engage in sexual abuse will be termination and prosecution referral. This was also confirmed in policy 4.1.1 Human Resources and Labor Relations, page 7. Policy DC-ADM 008, Section 17, page 1 describes the sanctions for contractors, volunteers, and referrals to law enforcement. Agency policy DC-ADM 008, Section 17, page 2 includes disciplinary sanctions for inmates found to have participated in all forms of sexual abuse, sexual harassment, indecent exposure, kissing, and inappropriate physical contact. Training is provided for all inmates, staff, volunteers, and contractors for the education of the duties and responsibilities toward prevention, detection, reporting, and response procedures. The auditor reviewed the facility training plan, and power point presentations that described the facility methods toward prevention, detection, reporting, and response procedures. The training materials also provided information relating to performing cross-gender strip searches, body cavity, searches, and pat-down searches. The training provided information relating to avoiding inappropriate relationships, and communicating effectively with special populations. Agency policy DC-ADM 008, provides information relating to employee, volunteer, contractor, and inmate training regarding zero tolerance for sexual abuse and sexual harassment. This policy also informs the staff how to fulfill their responsibilities toward prevention, detection, reporting, and response procedures.

115.11 (b) - Policy DC-ADM 008, Section 1A, pages 1-2, explains the agency employs an upper-level, agency wide PREA Coordinator and designates a PREA Compliance Manager for each facility. The PREA Coordinator position reports directly to the Director of Bureau of Standards, Audits, and Accreditation, and this position is documented in the facility organizational chart as an upper level Chief position. The auditor reviewed a signed position description by the State wide PREA Coordinator, and this document was certified on September 21, 2018. The position description emphasized the importance of regulated duties and requirements. The interview with the PREA Coordinator indicated sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Coordinator explained the duties and responsibilities associated with the position, direct communication with leadership staff, and confirmed the agency support toward improving the sexual safety of the facility.

115.11 (c) - The PREA Compliance Manager reports directly to the facility Deputy Superintendent of Centralized Services, and communicates with the agency wide PREA Coordinator. This position is in the facility organizational chart (Corrections Classification Program Manager). The auditor reviewed a position description signed by the PREA Compliance Manager on January 3, 2019, and confirmed by the Deputy Superintendent of Centralized Services on January 3, 2019. There is a total of 38 agency wide PREA Managers that report to the agency wide PREA Coordinator.

Conclusion:

Interviews conducted with the PREA Coordinator and the PREA Compliance Manager confirmed sufficient time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor, PREA Coordinator, and the PREA Compliance Manager was professional, timely, and very knowledgeable. Interviews conducted with staff, inmates, volunteers, and contractors indicated knowledge regarding the facilities zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator and the PREA Compliance Manager was always accessible throughout the

auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. SCI Albion is fully compliant with this standard.

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.12 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual 3. Statement of Work-Residential Housing and Treatment Initiation to Qualify (ITQ) Contract enacted 06/28/2018 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator 2. Agency PREA Coordinator 3. SCI Albion Superintendent <p>115.12 (a-b)</p> <p>Agency policy DC-ADM 008, Section 2, page 1 describes, the Department shall include in any new contract or contract renewal for the housing of a reentrant with a private entity or other entities, including other government agencies, the entity’s obligation to adopt and comply with the Prison Rape Elimination Act (PREA) Standards and the Department’s policies related to PREA compliance. The agency PREA Coordinator serves as the agency contract administrator and the interview indicated no new agency contracts or contract renewals will be performed in 2019.</p> <p>The SCI Albion does not contract with other entities for the confinement of inmates. The auditor confirmed this statement during the Agency's Contract Administrator and facility Superintendent interview. This statement was also confirmed during the 2017 PREA audit report. SCI Albion does not have any responsibility, separate from that on the Agency level, to enter into or maintain contracts for confinement of inmates with other agencies or jurisdictions.</p> <p>The Pennsylvania Department of Corrections contracts for confinement of its inmates with Fire tree, LTD, Lehigh County Department of Corrections Community Corrections Center – Work Release, Gateway Rehabilitation Centers – Braddock, Gaudenzia, Inc. and the GEO Group, Inc. The Auditor reviewed the PREA Contract Compliance Monitoring Report of each agency. The contract monitoring activity was conducted within the dates required by agency policy.</p> <p>The Pennsylvania Department of Corrections currently maintains contracts with the following agencies:</p> <ul style="list-style-type: none"> Firetree, LTD. – 96 adult male and female Lehigh County DOC CCC – Work Release – 400 adult male and female Gateway Rehabilitation Centers – Braddock – 40 adult males Gaudenzia, Inc. – 30 adult |

Geo Group, Inc. – 104 adult males

Conclusion:

Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard. SCI Albion has not entered into any contracts in the last 12 months for the confinement of inmates.

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| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.13 Analysis Auditor Brian Sutherland SCI Albion The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. 2019 Facility Staffing Plan 3. Facility policy DC-ADM 008 PREA Procedures Manual, Section 3 Sexual Abuse/Sexual Harassment Supervision/Monitoring. (Effective 04-22-19) 4. SCI Albion 2019 Annual PREA Staffing Review 5. Facility Log book entries 6. PREA Supervision and Monitoring Worksheet 2019 7. Facility policy 6.3.1, Facility Security Procedures Manual 8. 2017 Facility Manpower Survey - (Conducted every 3 years) 9. Daily Duty Rosters (30 days) 10. Email response submitted by the PREA Compliance Manager indicating staff overtime usage. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. 2- Intermediate and 2 - Higher Level Facility Staff 3. Agency PREA Coordinator 4. Facility PREA Compliance Manager 5. Informal Staff (5) <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Viewed video camera footage, monitors, and storage 2. Inspected facility identified blind spots for locking devices, staff patrols, and log entries <p>Findings (By Provision): As discussed during the Superintendent and PREA Compliance Manager Interviews.</p> <p>115.13 (a) - The auditor conducted a review of the documented 2019 facility-staffing plan. Facility policy DC-ADM 008, Section 3, page 1 indicates 344 security positions allocated. These positions are broken down into the following classifications: Correction Officer 1 posts = 261, Correction Officer 2 posts = 50 posts, Correction Officer 3 posts = 20 posts, Correction Officer 4 posts = 7, and Correction Officer 5 posts = 2 posts. SCI Albion is currently operating with a staff shortage of less than 1 percent as only 6 positions are not filled. The institutional staffing plan is reviewed annually by the facility PREA Compliance Manager and the staffing plan is reviewed annually by the agency PREA Coordinator. This is a very thorough process that includes the following: a PREA Supervision and Monitoring Worksheet, staffing surveys, local union input, gender based post assignments, staff audit teams, post reviews, roster</p> |

reviews, corrections officer post assignment reports, and final administrative review. The auditor reviewed the SCI Albion Annual PREA Staffing Review signed by the PREA Coordinator and reviewed by five levels of Supervision. These levels include: the PREA Compliance Manager, Major of the Guard, Deputy Superintendent Facilities Management, facility Superintendent, and the Regional Deputy Secretary. The auditor reviewed the daily operation data for the three days during the on-site review and did not find any deviations within the staffing plan for the three days.

The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. There are a total of 260 fixed cameras, 96 PTZ cameras, and 88 stand alone cameras located strategically throughout the facility. Each camera is monitored by staff 24 hours a day and the on-site review did not indicate any concerns with cross-gender monitoring. The current staffing plan and video monitoring system is adequate for the protection of inmates from sexual abuse however; the facility has identified several blind spot areas throughout the facility where enhanced camera coverage will eliminate potential soft-spots, including the Attorney room, infirmary, visiting search, laundry dock, barbershop, activities, auto shop, central plant, library hallway, CCPM complex and Correctional Industries. The facility has implemented preventive measures until the installation of the cameras can be fulfilled and that is additional unannounced security rounds will be documented within these areas. The facility conducts quarterly meetings with the electronic monitoring committee, suggestions for additional video monitoring equipment will be performed at that time, and dependent upon funding concerns. The auditor reviewed documentation during the pre-audit phase and on-site review to confirm this practice is being applied. In addition the following areas have been identified by the facility as areas where staff and inmates may be isolated: laundry rooms on units, Chaplains area, coolers and freezers in dietary, and utility closets. The facility has initiated a practice to ensure these areas are secured when not in use. The on-site review did not indicate any of these areas mentioned to be unsecured as all areas were inspected and locking devices tested. The auditor confirmed the security levels for each shift, support staff, administrative staff, maintenance staff, and management by comparing the staff assigned to the daily duty rosters.

The facility Superintendent interview indicated the factors considered in the development of this staffing plan includes, generally accepted detention and correctional practices, no judicial findings of inadequacy from Federal, internal or external bodies. The composition of the inmate population averaged 2266 inmates and the facility staffing plan predicated to include 2442 inmates. Each housing unit includes 2 correctional officers, 1 correctional sergeant, 1 unit counselor, 1 unit manager, and supervisors conduct rounds two times a day. All programming activities are during dayshift hours and the facility provides additional staff to accommodate these needs with the addition of these staffing requirements. This is currently being provided by overtime authorization, and newly hired staff. This auditor verified this process during the site inspection as the staffing levels were consistent with the daily roster report. The elements of State, Local Laws, Regulations, Standards, and other relevant factors are considered when developing the staffing plan. There were no substantiated or unsubstantiated incidents considered prior to the review of the current staffing plan. SCI Albion initiated three preventive measures to assist with the prevention of additional concerns to include: additional staffing requests for a Roving position, visitation search position, and a

correctional Sergeant to monitor PREA allegations made from the yard locations. Additional cameras have been requested, and continued hiring efforts for staff. SCI Albion is currently certified by the American Correctional Association (ACA).

115.13 (b) - The facility provided information during the Pre-Audit Questionnaire process indicating 0 deviations within the staffing plan in the last 12 months. The agency developed the Man Power Survey (MPS) that documents all security personnel, and which post staff members are assigned. The Man Power Survey is conducted every three years and the facility Superintendent confirmed each facility is required to submit a report annually. Facility policy 6.3.1, Facility Security Procedures Manual, Section B, page 4 indicates the PREA Compliance Manager shall complete and submit the PREA Supervision and Monitoring Worksheet as part of the compliance review annually. All deviations from the post chart are documented in an incident report. 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 shall be forwarded to the Executive Deputy Secretary, Executive Deputy Secretary for Institutional Operations, Regional Deputy Secretary, PREA Coordinator at the Department of Corrections PREA Reports resource account, Central Office/Bureau of Community Corrections Security Major, Regional Director, and Pennsylvania Board of Probation and Parole Regional Director (only when deviations from minimum staffing occur while the lockup is in use). The auditor reviewed 0 incident reports indicating deviations within the staffing plan. The facility reported all post assignments are filled with overtime hiring. The most common overtime needs consisted of FMLA status, sick leave, annual leave, and training. The facility Superintendent indicated in the formal interview there are mandates within the labor arrangements that require every post to be filled. The auditor reviewed a list of current staff documented on the volunteer overtime list and the mandatory overtime list. During the on-site review the auditor interviewed 5 informal staff on an assigned overtime post.

115.13 (c) - Agency policy 6.3.1, Section 15, Attachment 15-B includes the PREA Supervision and Monitoring Worksheet. This worksheet must be submitted annually by the PREA Compliance Manager to the PREA Coordinator, and reviewed annually by agency leadership. The PREA Coordinator and the facility Superintendent interviews confirmed the staffing plan is discussed numerous times throughout the year and changes are necessitated as required. The regulations are established by the Central Office and the Man Power Survey is conducted in October. The results of the survey include considerations to enhance the sexual safety of the facility, the effects of video monitoring equipment, camera placements, and funding are all considerations discussed within the staffing plan. The Superintendent confirmed no current litigation and no federal mandates are currently present that may affect the sexual safety. The interview indicated full compliance with the provisions of this standard. The auditor reviewed the PREA Supervision and Monitoring Worksheet submitted by the facility PREA Compliance Manager to the PREA Coordinator on August 5, 2019, indicating SCI Albion conducted their annual staffing plan review. This worksheet included a discussion regarding accepted detention practices, judicial findings, oversight, blind spots, isolated physical plant locations, group dynamics, supervisory staff, programming, regulations, substantiated/unsubstantiated allegations, and vulnerabilities. The analysis indicated a request to reclassify two of the current activities officers from five day to seven day a week posts in order to facilitate programming activities for the special management units. A request for two additional special management officers to facilitate the increasing inmate population within the unit with significant mental

health diagnosis. SCI Albion is designated as one of the Departments "Heart Care" Institutions due to the close proximity to the University of Pittsburgh Medical Center (UPMC) Hamot hospital. This designation includes a request for two additional Correctional Officer 1 officers that will be designated for transportation duties.

115.13 (d) - Agency policy DC-ADM 008, Section 1, page 4 informs staff regarding supervisor unannounced rounds must be made throughout the facility to deter sexual abuse or sexual harassment on each shift. Agency policy DC-ADM 008, Section 1, page 4 also includes staff are prohibited from alerting other staff members regarding the supervisor rounds and disciplinary action is the standard result of these actions. The on-site review indicated the supervisory rounds are being conducted and documented on the unit logs. The auditor reviewed 1 documented supervisory log for each month, since November 2018, for the facility Superintendent, Security Captain, and Lieutenant records for special housing, housing unit logs, and inspections conducted by the Shift Supervisor. These documents indicated rounds being conducted during day and night shift activities and at random intervals. The logs did not indicate a distinct pattern as all rounds were conducted at various times and on different shifts. The auditor reviewed the housing unit log entries for the past 12 months and selected a sample of 5 higher level supervisors. The facility organizational chart indicates higher level supervisors as Captain and above. All rounds were conducted at random intervals, on multiple shifts, and no distinct pattern was identified. The auditor conducted 2 interviews with Lieutenants, and 2 interviews with Captains, and all 4 interviews indicated conducting unannounced rounds, documenting the rounds on the supervisory logs, and attempting to conduct the rounds without staff notifications. One interview indicated the supervisor will enter the facility at random locations, double back on security rounds, and monitor the radio traffic regarding supervisory notifications. All staff interviewed indicated disciplinary action as the result of any infractions regarding unannounced rounds throughout their tours. The auditor conducted 17 informal staff and 25 informal inmate interviews and these interviews indicated higher level staff are present throughout the units on both day and night shifts. The informal staff interviews indicated supervisors are always walking through the units and documenting their presence. The informal inmate interviews indicated supervisory presence within the units, as one inmate advised, "They are always around".

Conclusion:

Based upon the review and analysis of all evidence provided, the auditor has determined that the agency is fully compliant with this standard requiring the development and review of a facility staffing plan, intermediate or higher level supervisors conducting documented unannounced rounds, and the facility has developed a policy that prohibits staff from alerting other staff of the rounds occurring.

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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.14 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. Facility policy DC-ADM 008 PREA Procedures Manual, Section 7, Sexual Abuse/Harassment Prevention 3. Facility Population Analysis of Age Ranges Document - (12 Months) 4. Youthful Offender email submitted by the PREA Compliance Manager <p>Interviews:</p> <ol style="list-style-type: none"> 1. 0- Line Staff Who Supervise Youthful Inmates 2. 0 - Youthful Inmates 3. 2 - Education and Program Staff (Volunteer Chaplains) 4. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the daily inmate rosters and housing reports 2. Reviewed the facility intake process and classification questionnaire 3. Reviewed the Agency Web Site <p>115.14 (a-c) - The State Correctional Institution at Albion has not housed a youthful offender. Agency policy DC-ADM 008, Section 7, page 1 states a youthful offender will never enter the SCI Albion as male youthful inmates will be housed at SCI Pine Grove. This practice was confirmed during the interview process by the 2 education and program staff and verified by the facility population analysis of age ranges for the past 12 months. The auditor reviewed a memo provided by the PREA Compliance Manager dated July 19, 2019, that specified SCI Albion has not housed any inmate who is classified as a youthful offender. The facility PREA Compliance Manager interview confirmed this during the on-site review. The facility is listed on the Pennsylvania Department of Corrections website as an adult male facility. There were no staff available to interview that supervise a youthful offender because SCI Albion has not housed any Youthful Offenders in the past 12 months.</p> |

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.15 Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Agency Policy DC-ADM008 Sexual Abuse-Sexual Harassment Prevention - Limits to Cross Gender Viewing 2. Gender Specific Post Memo - 2015 3. 6.3.1 Facility Search Procedures Manual 4. SCI Albion Pre-Audit Questionnaire responses 5. Searches of Female Offenders Memo - 2019 6. Cross-Gender Strip Searches Memo - 2019 7. Cross-Gender Search Validation Form, Attachment 8A <p>Interviews:</p> <ol style="list-style-type: none"> 1. Non-Medical Staff Involved in Strip Searches = 0 2. Random Sample of Staff/Inmates = 12 Random Staff 3. 17 Informal Staff, and 25 Informal Inmates interviewed 3. Transgender/Intersex population = 12 on-site, 3 interviewed <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Confirmation of gender specific posts compared to the daily duty rosters. 2. Intake Risk Screening and Classification Review. 3. 3 - Transgender female inmates observed during the on-site review but classified as males. 4. Opposite gender announcement entering housing units. 5. Strobe lights indicating opposite gender announcements and an electronic board stating "Opposite Gender" to the hearing impaired. <p>Findings (By Provision):</p> <p>115.15 (a) - Agency policy DC-ADM 008, Section 8, page 1 indicates the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The SCI Albion reported no cross-gender strip or visual body cavity searches were conducted in the last 12 months. This includes no searches that involved exigent circumstances or performed by non-medical staff. This was confirmed through 12 random interviews with staff. As all 12 staff interviews advised the facility does not perform cross-gender strip or visual body cavity searches. The auditor conducted 25 random interviews with inmates and all 25 interviews indicated no cross-gender strip or visual body cavity searches have been performed. The inmate population advised female staff do not conduct strip searches only the male staff. This information was also confirmed during 17 informal interviews with staff, and 25 informal inmate interviews as</p> |

the interviews the female staff are only allowed to perform pat searches. During the on-site review the auditor received notice of 12 inmates currently housed at SCI Albion that identified as transgender females. The auditor interviewed 3 out of the 12 inmates and all 3 indicated they have not been stripped searched by a cross gender staff member. No non-medical staff involved in cross-gender searches were available for interview due to the facility reporting 0 cross-gender searches. One inmate that classifies as a transgender female indicated the facility staff are very respectful. They allow the purchase of female products on the commissary and do not prohibit the wearing of female undergarments. Agency policy DC-ADM 008, Section 19, page 8 indicates when an exigent circumstance exists regarding a cross-gender search, all searches will be documented on an incident report and forwarded to the Shift Commander, and the PREA Compliance Manager.

The auditor reviewed a memo submitted on July 15, 2015, from the Pennsylvania Department of Corrections Executive Deputy Secretary, to all facility Superintendents. This memo involved the creation of gender specific posts to address the Department's goal toward PREA compliance. The following posts are dedicated gender specific staff assignments: Transport Officer - a minimum of 1 transport team member will be gender specific, Search Team Officers - a minimum of 1 search team member will be gender specific, RISP Officer - this post is dedicated gender specific, Visiting Room Search Officer - this post is dedicated gender specific, R&D CO2/Intake Officer CO1 - 1 of these positions must be the same gender as the offenders housed at the facility, Infirmary - this post will remain gender specific, Sally Port CO2 & CO1 - this post will remain gender specific, Specialized Treatment Units - housing unit control room posts that conduct live monitoring of cells with affixed cameras will be gender specific, Bus Transport - a minimum of 1 of the 3 staff assigned will be gender specific, Outside Hospital In Room Officer - will be gender specific, Compound Rovers - gender specific at female facilities only due to required pat/frisk searches being conducted, and CI Rover - gender specific at female facilities only due to required pat-frisk searches. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. No discrepancies were noted by the Auditor during the on-site review. All facility posts are awarded by Union Bid and gender specified within the contracted assignments.

115.15 (b) - The SCI Albion does not house female inmates as it is an all male facility, however the auditor observed 3 male inmates that classify as transgender female inmates. The facility reported a total of 12 male inmates that classify as transgender female inmates within the male population. The facility Superintendent confirmed this statement during the on-site review. No female inmates were observed by the auditor during the on-site review, and the facility website indicates SCI Albion is an all male facility. The auditor reviewed a memo dated July 19, 2019, by the PREA Compliance Manager stating, "SCI Albion does not conduct cross-gender pat searches, of female offenders, as we do not house any female offenders. All female offenders are housed at either SCI Muncy or SCI Cambridge Springs". The auditor reviewed housing unit logs indicating no female gender listings for the population cited in the past 12 months.

115.15 (c) - Agency policy DC-ADM 008, section 8, page 1 requires the facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of female inmates. Facility policy indicates the Cross Gender Search Validation Form, Attachment 8A, will be utilized when conducting cross-gender searches. The

facility Superintendent confirmed this statement during the on-site review. No female inmates were observed by the auditor during the on-site review. This auditor reviewed a memo dated July 19, 2019, by the PREA Compliance Manager stating, "SCI Albion has not completed any cross-gender strip searches during the previous 12 month audit cycle". The SCI Albion has not performed any cross-gender strip searches or cross-gender body cavity searches. Interviews conducted with 3 inmates that identify as transgender female confirmed they have not been strip searched by a cross-gender staff member.

115.15 (d) - Agency policy DC-ADM 008, Section 8, page 2 explains 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 policy mandates gender specific staff are assigned to special housing units, Transport Officer, Search Team Officers, RISP Officer, Visiting Room Search Officer, R&D CO2/Intake Officer CO1, Infirmary, Sally Port CO2 & CO1, Specialized Treatment Units, Bus Transport, Outside Hospital In Room Officer, Compound Rovers, and CI Rover. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. All facility posts are awarded by Union Bid and gender specified within the contracted assignments. The facility offers inmate shower curtains that do not create blind spots, half walls to protect from viewing during restroom functions, and mirrors that do not affect privacy. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower curtains for privacy while taking a shower, restroom barriers for inmate privacy while using the restroom, and private camera placements throughout the facility that did not indicate cross gender viewing during periods of undress by the population. The housing unit cells have small windows that create a barrier toward the wet cells that have a toilet and sink combination in the room. This prevents inmate viewing while changing clothes and using the restroom except during incidental viewing during routine staff rounds.

Informal interviews with 17 staff and 25 inmates indicated no concerns with viewing of this nature. No video monitoring equipment was identified to be positioned to allow for cross-gender viewing in this capacity. Maintenance repairs were performed to the shower cells to prevent exposure especially to those on the bottom tier and looking up to the shower areas. The pan-tilt-zoom cameras in the dayrooms were installed to prevent staff the ability to view inmates performing restroom and shower functions.

Agency policy DC-ADM 008, Section 8, page 2 and facility post order, L-2, page 11 indicates a procedure for staff of the opposite gender to announce their presence when entering an inmate housing unit. This practice was observed throughout the facility site review as staff announced their presence and documented this action in the unit logbooks. The SCI Albion provided signage at the door of each unit requiring this announcement. The auditor reviewed the SCI Albion method of notifying the hearing impaired inmates when a female staff member is on the unit. A strobe light is initiated and an electronic message board displays the words, "Female on the unit". Informal interviews with 1 hearing impaired inmate indicated this as a very effective method of notification.

115.15 (e) - Agency policy DC-ADM, Section 19, page 2 strictly forbids staff to examine inmates for the sole purpose of determining the inmates genital status. This policy includes transgender and intersex inmates, and if the genital status is unknown, the information will be

obtained during the inmate conversations, medical records, or by performing a broader examination conducted by a medical practitioner. The Health Services Administrator confirmed this through random staff and inmate interviews. The PREA Compliance Manager interview and the PREA Coordinator interviews confirmed all inmate information is utilized to ensure this process is adhered to. The agency policy DC-ADM 008, Section 19, pages 1-9 explains the departments approach to working with transgender and intersex inmates. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully toward this specialized population. Each facility is required to develop a Plan of Action to prepare for reception and housing of transgender and intersex populations. The daily process was described to the auditor during the on-site review to include the following: The PREA Accommodation Committee (PAC) is utilized to measure the proper placement toward housing, security, programming, and other needs. The following methods of interaction are described within this policy: Reception and Classification, Prison Rape Elimination Act (PREA) Risk Assessment Tool (PRAT), Mental Health Referral Form, Access to Health Care Procedures Manual, PREA Accommodation Committee Checklist (PAC), PREA Accommodation Committee Review, Administrative PREA Accommodation Committee (A-PAC), Transfers, Case Management, Searches, Commissary, and Special Accommodations. Each inmate is considered on a case-by-case basis and the final determination is mandated by the Executive Staff as recommended by the Administrative PREA Accommodation Committee (A-PAC). The A-PAC consists of a representative from each of the following specialties: Psychology office, Bureau of Health Services, Security Division, and a representative from the Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Subject Matter Expert community. A total of 12 inmates at SCI Albion identify as transgender female and the auditor interviewed 3. All inmates interviewed indicated approval with their housing considerations and 1 of the inmates indicated satisfaction with the commissary program. The inmate advised the commissary at SCI Albion will allow the inmates to purchase female items.

115.15 (f) - Agency policy DC-ADM 008, Section 8, page 3 indicates all sworn staff are trained to conduct proper pat down searches on inmates to include cross-gender searches. SCI Albion facility policy 6.3.1, Section 30, pages 12-24 describes the methods to conducting clothed searches, strip searches, body scanner screenings, and body cavity searches. The training curriculum consists of a Power point titled, "Offender Searches" and the auditor reviewed the entire power point that consisted of 49 slides. This is a mandated training for all employees and the auditor reviewed 42 training rosters indicating all security staff have received the mandatory training in the last 12 months. Random interviews with 12 staff and 17 informal staff interviews indicated knowledge of the training and verbal demonstrations regarding proper conduct. The training curriculum described proper conduct as utilizing the back of the hand to conduct the pat-down search, maintaining strict professionalism, utilizing correct terminology, providing a private area for the search, limited cross-gender viewing, and being respectful toward population needs.

Conclusion:

Based upon the review and analysis of all the available evidence, interviews, on-site observations, and policy, procedure, and practice considerations, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Standard 115.16 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual, Section 4, Sexual Abuse/Sexual Harassment - Access to Special Populations 3. DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities 4. Policy 205.32 Hiring/Contracting Sign Language Interpreter/Transliterate 5. Agency memo posted July 19, 2019, Intake Inmate PREA Handout (Braille) 6. Pennsylvania Department of Corrections Foreign Language Employee Directory List (Updated 1-28-2019) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Designee) 2. 2 Inmates with a Physical Disability 3. 2 Inmates with a Hearing Disability 4. 1 Inmate with Limited English Proficiency 5. 3 Inmates with Cognitive Disabilities 6. 12 Random Staff Interviews 7. 17 Informal Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Sign Language Interpreter Service 2. Housing Unit Electronic Phrase and Light Notification System for Alerting Females Entering the Housing Units 3. Signs and posters indicating zero tolerance posted throughout the facility English/Spanish formats 4. The unit phones are available with a TTY service and Spanish options <p>Findings by Provision:</p> <p>115.16 (a) Policy DC-ADM 008, Section 4, page 1 indicates the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing inmates, blind or having low vision, inmates who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficient. The auditor reviewed the facility sign language interpreter service and observed the interpreter performing the duties respectfully. The auditor conducted an interview with 1 inmate with a hearing disability while utilizing the sign language interpreter</p> |

service. The inmate informed the auditor he was grateful to use the service, the interpreter was very knowledgeable, and the inmate understood the facility options to report allegations. The auditor utilized the facility contract language line to interview 1 inmate with a limited English proficiency disability. The inmate advised his primary language as Spanish and the facility provided the PREA materials, inmate handbook, and posters in a language he understood. The Agency Head interview indicated the State has a contract to provide language line services, the facilities are required to post materials in both English and Spanish formats, there are braille options for the blind, a state contract for sign language services, and all PREA related materials are available in multiple languages. The auditor inspected the inmate phone systems and the TTY options are available for hard of hearing populations, and the voice recorded options are available in Spanish formats. The auditor reviewed a memo posted by the Agency Head on July 19, 2019, regarding the available use of the Braille Intake Inmate PREA Handout.

115.16 (b)

The inmate handbooks are written in both English and Spanish format. The PREA and Americans with Disabilities Act provisions are documented in policy DC-ADM 006, pages 1-18 and indicate the following resources are available for the inmates: closed captioning, large print material, reading of materials to inmates by staff, department translator lists, and the language line services. Inmates are provided the PREA education pamphlet in their primary language upon request and the auditor reviewed the intake process. The auditor observed the closed captioning included within the television viewing, and the intake staff reading the PREA pamphlet to the inmates. The auditor interviewed 1 limited English proficient inmate that indicated gratitude for the language line service. He advised using this service in the past and the facility PREA Compliance Manager ensuring the PREA materials were provided in Spanish format. The auditor reviewed the Pennsylvania Department of Corrections Foreign Language Employee Directory List (Updated 1-28-2019), and noted 52 different languages are available for interpretation throughout the State.

115.16 (c)

The facility provides interpreter services with a language line service known as Language Line Services, Inc. This company also requires its interpreters to undergo a medical interpreter credentialing process. A hotline number is available on the inmate phone lines to report abuse but not specifically utilized to report PREA allegations. This service is available for inmates with limited reading skills in both English and Spanish. The auditor tested the number during the on-site review and an immediate response was provided. Email notifications were also received by the PREA Compliance Manager and this auditor reviewed the confirmations. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. This auditor reviewed an agency translator list indicating 52 potential interpretive languages. Staff training files reviewed indicated training received for managing inmates at risk of sexual abuse and identified the policy against using inmate interpreters. The auditor interviewed 12 random staff, that indicated the use of the language line to conduct interviews with limited English proficient inmates. The auditor interviewed 17 informal interviews with staff and no staff revealed any reports of utilizing inmate interpreters for incidents of sexual assault and sexual harassment. Interviews conducted with 2 inmates with documented physical disabilities, 1 limited English proficiency, and 3 cognitive disabilities did not reveal concerns regarding this standard.

Conclusion:

The evidence reviewed by the auditor reveals a significant level of facility importance regarding inmates with disabilities or inmates with limited English proficiency having the ability to communicate effectively with staff, and be included in each facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken an above average approach to accommodate steps to communicate effectively with inmates who are deaf or hard of hearing, have speech disabilities, are blind or low vision, intellectual disabilities, limited reading skills, psychiatric disabilities, or limited English proficient. This includes the braille formats, sign language contract, language line contract, and the 52 potential staff interpreter lists. The inmate and staff interviews did not indicate any concerns regarding the use of inmate interpreters, readers, or assistants during sexual abuse or sexual harassment investigations. The agency has a policy in a written format and the on-site review indicated the facility practice aligns with the written policy. The Agency head interview indicated a strong knowledge base and the expected communication results designed within the intent of the written policy.

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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.17 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. Policy 1.1.4 Centralized Clearances Procedure Manual, Section 4, Centralized Clearance Check Procedures 3. 25 Random Staff Personnel Files 4. 4.1.1 Human Resources and Labor Relations Procedure Manual, Section 41, Employment of Job Applicants having Prior Adverse Contacts with Criminal Justice Agencies (CJA) 5. DC-ADM 008, Section 20, page 4, PREA Procedures Manual, Data Collection and Retention 6. 4.1.1 Human Resources and Labor Relations Procedure Manual, Section 40, pages 1-3, Conducting Pre-Employment Background Investigations 7. 2018 Clean Log for Contractor Approval 8. 4.1.1 Employee Arrests - Felony, Misdemeanor, and Summary Offenses, Section 3, page 1 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 2 Human Resource Staff 2. PREA Compliance Manager 3. 17 Informal Interviews with Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. 25 Random Staff Personnel Files 2. Biometric Screening Equipment and Identification 3. 33 Contractor Background Screenings Confirmed <p>Findings by Provision:</p> <p>115.17 (a) Policy 1.1.4, Section 4, page 3 prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has engaged in, been convicted of, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with 2 Human Resource staff members. Each staff member must provide responses to specific questions relative to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed 25 staff personnel files that indicated a response to these PREA related questions.</p> <p>115.17 (b)</p> |

Policy 1.1.4, Section 4, page 4 requires the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. This was confirmed during the interview with 2 Human Resource staff members. The auditor reviewed 25 staff personnel files indicating their signatures on the background release forms. None of the 25 staff personnel files indicated concerns regarding this provision.

115.17 (c)

The Pennsylvania Department of Corrections agency policy 4.1.1, Section 40, pages 1-3 indicates a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with inmates, criminal background records checks and efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse, or any resignation during a pending investigation of an allegation of sexual abuse is completed. The auditor spoke with 2 human resource staff and determined 45 criminal background checks were completed in the past 12 months. These record checks were through the National Crime Information Network, and all current staff background checks are performed prior to employment. The background checks include the following: Biometric information, driving records, investigation files, licensure, military records, and drug related convictions.

115.17 (d)

The pre-audit questionnaire indicated 33 background checks were completed for staff covered under contracts for services that may have contact with inmates. This number was confirmed during the PREA Compliance Manager interview.

115.17 (e)

Policy 1.1.4, Section 4, pages 1-8 indicates criminal background checks conducted on all current employees, volunteers, and contractors, at least every 2 years. This was confirmed during the 2 human resource staff interviews. This is captured within the agency reporting mechanism and discussed during the human resource interview. The system that captures this information is the Pennsylvania Justice Network (JNET). A centralized clearance check form is submitted and the system consistently captures clearance information that includes: driver license information, Pennsylvania rap sheets, Interstate Identification Rap Sheets, visitor tracking information, inmate telephone calls, email and money transactions, and prior employment information.

115.17 (f)

All applicants and employees, who may have contact with inmates, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the 2 human resource staff members.

115.17 (g)

Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The policy DC-ADM 008, Section 20, page 4 explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. In addition, 25 staff personnel files were

reviewed, and no issues determined regarding this practice.

115.17 (h)

The facility tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid drivers license, personal interview, proper documentation provided, Local Inmate Data System review, social security number compliance, certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The PREA Compliance Manager provided documentation demonstrating a criminal history and driver history inspection was previously conducted for staff on January 22, 2019. The PREA Compliance Manager confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review.

Conclusion:

Based on the evidence reviewed by the auditor to include: 25 staff personnel files, interviews with 2 human resource staff, agency and facility policy, 33 contractor reviews, and 17 informal staff interviews, the auditor finds no discrepancies within this standard required for corrective action. The steps considered by the facility to ensure the safety of the inmates with qualified staff is impressive.

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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.18 Analysis Auditor Brian Sutherland SCI Albion The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. Agency policy DC-ADM 008, PREA Procedures Manual, Section 6, Upgrades to Facilities and Technologies 3. PREA Compliance Manager generated memo dated August 15, 2019 regarding video monitoring and technology upgrades 4. Monthly meeting minutes from the video monitoring committee (September/November 2018, March/May 2019) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head Designee 2. Facility Superintendent 3. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Camera and monitor placement throughout the facility 2. Video and storage areas and camera footage 3. Gender Specific post assignments 4. Cross-gender viewing on video monitoring equipment <p>Findings by Provision:</p> <p>115.18 (a) Agency policy DC-ADM 008, Section 6, page 1 indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The facility Superintendent confirmed no substantial expansions were performed to the Albion facility within the last 12 months. However, the agency (Pennsylvania Department of Corrections) opened one new facility at SCI Phoenix in Collegeville, Pennsylvania. The interview with the Agency Head Designee indicated the safety and privacy needs for inmates is always considered. Whenever analysis are performed the idea of creating areas of safety and eliminating blind spots are important. The camera committees are in place at all local levels, to ensure when tours are made, the camera placements and electronic monitoring data are all factors to consider when developing budgets.</p> <p>115.18 (b) Agency policy DC-ADM 008, Section 6, page 1 indicates when installing or updating a video</p> |

monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The facility performed modifications and upgrades to the video monitoring equipment within the last 12 months. The auditor reviewed a memo submitted by the PREA Compliance Manager on August 15, 2019, regarding the video monitoring and technology upgrades. These upgrades included the following: The A unit control panels were upgraded, the DVR's were upgraded to replace the antiquated DIBOS recorders, and this doubled the recording time for all DVR recorders. Two fixed cameras were added to the perimeter fence on zone 15 and zone 16. There were 2 new cameras added in the visitation strip search area, 1 at the staff entrance, 4 in the laundry area, 4 in the pharmacy, 6 in zone 15 and zone 16, there are 9 cameras in the activities/barber shop area, 4 cameras added in the G Unit Dorms, and 5 additional cameras installed in the parole/education area that are recorded in the Principal's Office. The auditor reviewed the video footage during the on-site review in correlation with the previously documented gender specific post assignments. There were no immediate concerns identified regarding cross-gender viewing of the video monitoring equipment.

Conclusion:

The facility has implemented a policy and a program to monitor the effects of upgrades, camera placement, and video monitoring equipment throughout their facility. Each camera has a full DVR recording support and all of these modern additions were provided to assist in preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The efforts provided by the facility meets the requirements of this standard. The facility Superintendent indicated additional grant funding is being sought to add additional video monitoring equipment and a more advanced DVR recording system to increase the recording opportunities. The auditor reviewed monthly meeting minutes indicating the PREA Compliance Manager is involved in the discussion for future planning.

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.21 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. Agency Policy DC-ADM 008, Section 18, Investigating Allegations of Sexual Abuse/Sexual Harassment 3. Memorandum of Understanding (MOU) between the Pennsylvania State Police and the Pennsylvania Department of Corrections (Amended 08-06-2018) 4. Agency Policy DC-ADM 008, Section 14, Responding to Reports of Sexual Abuse 5. Agency Policy DC-ADM 008, Section 14, Shift Commander Checklist 6. Reviewed 5 investigations involving a Sexual Assault Nurse Exam Referral 7. Reviewed 2 Letters of Agreement for a Certified Sexual Assault Nurse Examiner duties with UPMC Hamot and ST. Vincent Health Center 8. Reviewed 1 Letter of Agreement for the Crime Victim Center (March 5, 2014), Victim Advocate Services 9. Agency Policy DC-ADM 008, PREA Procedures Manual, Section 15, Access to Outside Confidential Support Services <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Random Staff 2. 1 Sexual Assault Nurse Examiner 3. PREA Compliance Manager 4. 6 Inmates who Reported Sexual Abuse 5. 4 Crime Victim Center Volunteers (Victim Advocate) 6. 17 Informal Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Crime Victim Center Mailing Address posted in all Living Units 2. The Bureau of Intelligence Mailing Address posted in all Living Units 3. The Pennsylvania State Police Mailing Address posted in all Living Units 4. The inmate handbook did not include the address for the Crime Victim Center (Updated On-site Review) <p>Findings by Provision:</p> <p>115.21 (a) The SCI Albion utilizes the facility PREA Lieutenant for conducting administrative sexual abuse and sexual harassment investigations, and the Bureau of Intelligence (BI) or the Pennsylvania State Police has the responsibility for conducting criminal abuse investigations. The Bureau of Intelligence and the Pennsylvania State Police utilizes a uniform evidence protocol when</p> |

conducting sexual assault investigations and forensic medical examinations. Agency policy DC-ADM 008, Section 14, pages 5-7 describes the uniform evidence protocol required for the facility. The Shift Commander Checklist is designed to ensure proper steps are taken to preserve evidence for the abuser and the victim. The auditor reviewed 21 Shift Commander evidence protocol checklists. The auditor interviewed 12 random staff and all interviews indicated securing the scene and the Pennsylvania State Police would be responsible for collecting the evidence at the scene. The agency policy DC-ADM 008, Section 18, pages 1-2 indicates the standard utilized when conducting sexual harassment and discrimination investigations. The auditor reviewed a Memorandum of Understanding (MOU), between the Pennsylvania Department of Corrections and the Pennsylvania State Police effectively dated February 16, 2017, and amended on August 6, 2019.

115.21 (b)

The SCI Albion does not house youthful offenders and this was confirmed by the agency website, onsite interviews conducted with staff, and population statistical data. Agency policy DC-ADM 008, Section 18, page 2 explains the protocol established for evidentiary purposes shall be developmentally appropriate for youth. This policy was adapted in correlation with the National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescents.

115.21 (c)

The facility offers all inmates who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. Policy DC-ADM 008, Section 14, page 4 advises the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without cost, where evidentiary or medically appropriate. The SCI Albion utilizes an off-site medical emergency room. A total of 5 forensic medical exams were performed by a Sexual Assault Nurse Examiner (SANE) during the past 12 months. The number performed by a SANE was 5, and the number performed by a qualified medical practitioner was 0. This auditor spoke with 1 SANE nurse during the on-site review. The staff indicated they would provide the necessary support at the UPMC Hamot Hospital during the sexual assault exam. This was also confirmed by the PREA Compliance Manager and the Health Services Administrator during the on-site review. The Health Services Administrator confirmed all medical procedures will be performed to the victim at no cost and the auditor reviewed data to support the 5 SANE evaluations were performed at no cost to the inmates. SCI Albion also provides on-site mental health treatment through their crisis stabilization and transitional care units. This includes activities groups, social skills training, group therapy, and medication management groups. The auditor reviewed 2 Letters of Agreement with the UPMC Hamot hospital and the St. Vincent Health Center to offer certified Sexual Assault Nurse Examiner duties.

115.21 (d)

The SCI Albion medical staff complete the National Institute of Corrections training curriculum regarding PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting, and PREA: Behavioral Health Care for Sexual Assault victims in a Confinement Setting. Training certificates were reviewed for medical staff and all training was verified. The auditor reviewed the Letter of Agreement with the Crime Victim Center for confidential support services. The auditor identified the Crime Victim Center poster in all housing units, intake, and medical sections of the facility. The poster identified the 24- hour services offered by the agency, advocacy and case management, and hospital accompaniment. The poster offers an

address for inmates to write directly to the agency and the information is also provided in the inmate handbook. The information provided to the inmates in intake includes a facility sexual abuse awareness pamphlet and the address for the Crime Victim Center is included within the pamphlet. The auditor observed this pamphlet being provided to the inmates during the intake process. All inmates are required to sign for receipt of the inmate handbook and the PREA pamphlet.

115.21 (e)

The auditor reviewed 5 incident reports demonstrating a victim advocate present during the sexual assault medical exam. The Crime Victim Center information was provided in the sexual abuse awareness pamphlet. Policy DC-ADM 008, Section 15, page 2 explains any inmate who alleges sexual abuse or sexual battery shall be given a copy of the notification of rights to have crisis intervention services. This was confirmed during the victim advocate interview, and the auditor reviewed the Letter of Agreement (LOA) with the Crime Victim Center. The auditor interviewed 4 staff from the Crime Victim Center, 2 after hours operators, and 2 victim advocates. Each volunteer confirmed the Letter of Agreement with SCI Albion, explained the process regarding notifications, discussed the limits to confidentiality, and expressed appreciation for SCI Albion involving them within their program. The auditor interviewed 6 inmates that had previously reported an allegation of sexual abuse. All 6 inmates advised they were aware of the program and had spoken with the volunteer that reports to the facility. They indicated knowledge of how to report an allegation and request for services in the future.

115.21 (f)

The SCI Albion utilizes the facility PREA Lieutenant for conducting administrative sexual abuse and sexual harassment investigations, and the Bureau of Intelligence (BII) or the Pennsylvania State Police has the responsibility for conducting criminal abuse investigations. This was confirmed during the PREA Compliance Manager interview and 17 informal staff interviews were able to identify the PREA Lieutenant as the point of contact for facility investigations.

115.21 (g)

N/A

115.21 (h)

The facility PREA Compliance Manager verified the facility will always utilize the Crime Victim Center as the community advocate to offer emotional support, crisis intervention, information, and referrals. The SCI Albion does not utilize staff as representatives for the Crime Victim Center or to provide emotional support services.

Conclusion:

During the on-site review of the restricted housing unit, informal inmate interviews indicated concerns with inmates not receiving a handbook, paper, and writing utensils. Upon review of the handbook the auditor noted the outside advocacy provider, "Crime Victims Center" information and address was not readily available in the handbook. This was corrected on site as an addendum was added on page 13 to include the Crime Victim Center address and information. A revision was also provided to the auditor on October 3, 2019, indicating a change to the restricted housing unit property issue form. The new form includes a requirement for a pen, writing paper, and an RHU handbook to be issued to the inmate. The inmate has the option to sign the document indicating receipt, and a refusal to sign requires a

staff witness. The auditor received samples of the new form on October 3, 2019, indicating compliance with this revision. All provisions were met within standard 115.21 and no further corrective action required.

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.22 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. DC-ADM 008, Section 18, Investigating Allegations of Sexual Abuse and/or Sexual Harassment 3. Reviewed 5 Shift Commander Checklists 4. Reviewed the Facility Website memo provided by the PREA Compliance Manager on July 19, 2019 5. Reviewed 5 memo referrals to the Pennsylvania State Police requesting to conduct an investigation for a sexual assault allegations <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head Designee 2. 1 Facility Investigator 3. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the facility website for Investigative information 2. Reviewed 5 Shift Commander Checklist 3. Reviewed 45 Investigative Files 4. Case Management Log Entry System <p>Findings by Provision:</p> <p>115.22 (a)</p> <p>On September 11, 2019, the auditor received the allegations and investigations overview document as requested along with the following data: SCI Albion listed a total of 21 staff-on-inmate allegations of sexual abuse within the last 12 months, 24 inmate-on-inmate allegations of sexual abuse within the last 12 months, 8 staff-on-inmate allegations of sexual harassment in the past 12 months, and 7 inmate-on-inmate allegations of sexual harassment in the past 12 months. In the past 12 months, SCI Albion has received 45 incident reports regarding sexual abuse and 15 incident reports involving sexual harassment incidents. The Pennsylvania Department of Corrections does not recognize the grievance system as a method of reporting allegations of sexual abuse. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is rejected and forwarded immediately to the PREA Compliance Manager for investigation. The Pennsylvania Department of Corrections does not provide a hotline number as a method of reporting sexual abuse or sexual harassment. An address is provided to report directly to the Pennsylvania State Police and the Pennsylvania Department of Corrections PREA Coordinator. SCI Albion</p> |

reported a total of 60 investigations conducted within the past 12 months. This includes, 44 Administrative sexual abuse cases, 34 criminal sexual abuse cases, and 16 cases involving sexual harassment. The administrative investigations are conducted following the outcome of the criminal investigations. A total of 3 investigations resulted in substantiated claims for administrative actions, 27 unsubstantiated claims, and 10 claims that the investigation was determined to be unfounded. There were no criminal cases that resulted in a substantiated allegation as 16 cases were terminated by prosecution refusal to prosecute. The interview with the Agency Head Designee explained the facility PREA Lieutenant is the point of contact for all investigations. All criminal investigations are referred to the Pennsylvania State Police and the Bureau of Intelligence will provide oversight to all investigations being conducted. The PREA Compliance Manager will ensure that all cases are completed and documented with complete investigative summaries and the Superintendent is informed of the outcomes.

115.22 (b)

The SCI Albion PREA policy DC-ADM 008, Section 18, page 1 requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. Policy DC-ADM 008, Section 18, page 1 ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police shall be responsible for criminal investigations in matters relating to the Department of Corrections. This notification policy is posted on the agency website and the procedures for reporting allegations. Policy DC-ADM 008, Section 14, the Shift Commander Checklist must be completed immediately and the State Policy must be notified. This auditor reviewed documentation indicating all 60 cases were entered into the Case Management Log Entry System. This information was provided and explained by the PREA Compliance Manager. The facility PREA Lieutenant interview confirmed this process and indicated knowledge of the credibility assessments for all parties involved during the administrative investigations. The PREA Lieutenant indicated the burden of proof for administrative investigations to be the preponderance of the evidence. The PREA Compliance Manager confirmed the policy is posted on the facility website.

115.22 (c)

Agency policy DC-ADM 008, Section 18, page 1 indicates the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police shall conduct all criminal investigations of sexual abuse, sexual battery, and staff sexual misconduct. The information provided by the agency and facility indicates compliance with this standard. The auditor received 5 referrals provided by the facility to the Pennsylvania State Police for investigation. The auditor confirmed all 5 referrals were investigated and the outcome was not referred for prosecution.

115.22 (d)

N/A

115.22 (e)

N/A

Conclusion:

Based on the evidence provided by the facility, the agency has a policy governing the investigations of allegations of sexual abuse and sexual harassment. The facility has a

documented investigative policy and documents all reports of sexual abuse and sexual harassment. The facility provided the auditor with documentation of the investigations, including full investigative reports with findings. The facility provided evidence of referrals of allegations of sexual abuse and sexual harassment. The agency policy is posted on the website and it describes the investigative responsibilities of both the agency and the separate entity that conducts the criminal investigations on its behalf. The facility meets the provisions of this standard.

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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.31 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. Agency policy DC-ADM 008, Section 11, Sexual Abuse/Sexual Harassment Prevention Training and Education 3. Basic Training PREA Power Point slides - Zero Tolerance Test 4. PREA Training Lesson Plan 5. PREA Training Curriculum: Women Offenders in Pennsylvania Corrections 6. 65 PREA Training and Understanding Verification Forms <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Random Staff 2. PREA Compliance Manager 3. 17 Informal Staff Interviews 4. 3 Inmates that identify as Transgender females <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed 65 Staff Training Files 2. Reviewed 65 PREA Training and Understanding Verification Forms 3. Verified a list of all current staff training dates <p>Findings by Provision:</p> <p>115.31 (a)</p> <p>Agency policy DC-ADM 008, Section 11, page 1 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill their responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.31 (a) 1-10. The auditor conducted 12 Random staff interviews indicating significant knowledge regarding zero-tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward prevention, detection, reporting, and response. The auditor reviewed the 44 slide PREA Power Point provided by the PREA Compliance Manager, and slide 15-17 provides the discussion regarding the zero-tolerance standard. The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, inmate rights to be free from sexual abuse and sexual harassment, inmate and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and</p> |

understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities.

115.31 (b)

This auditor reviewed the staff training curriculum to include rosters, power points, briefing rosters, lesson plans, and the on-line training program. This program is an interactive testing software and specifically designed to provide the PREA training elements listed in 115.31 (a) 1-10. The facility trained all staff members in the last 12 months and provided roll-call training rosters demonstrating PREA training across all shifts. The Agency training is tailored to the gender of the inmates at the facility to include male and female inmates and staff. However, the SCI Albion is designated as an all male inmate population. The facility utilizes the National PREA Resource Center, The Moss Group, and the Bureau of Justice Assistance U.S. Department of Justice Guidance in Cross Gender and Transgender Pat Searches power point within their training curriculum. This auditor interviewed 3 inmates that identify as transgender females, and they indicated no discrepancies associated with the facilities response to searches.

115.31 (c)

The auditor reviewed a total of 65 staff training files. The documentation provided indicated all 65 staff received the on-line PREA training. A complete listing of all staff was provided by the PREA Compliance Manager to the auditor ensuring the training was received by all staff at the end of the on-site review. The on-line program requires a test to be completed at the end of each section to determine satisfactory completion. The PREA Compliance Manager interview confirmed staff receive PREA training on an annual basis in the academy, on-line, during roll call briefings, and in-service.

115.31 (d)

The 12 random staff interviewed during the on-site review and 17 informal staff interviews indicated the ability from staff to properly identify the PREA Compliance Manager, PREA Investigator, and the PREA Coordinator. The facility organizational chart was reviewed during the initial orientation to ensure proper identifications and the PREA Compliance Manager provided written documentation to this auditor ensuring all training was received at the end of the on-site review. The auditor reviewed 65 PREA Training and Understanding Verification Forms. This document informs the student that their signature indicates they understand the training being received. The PREA Compliance Manager indicated this form is signed by every staff member at the conclusion of the PREA training period.

Conclusion:

Based on the review of the facility training policies, staff training curriculum, samples of the training records, and the documentation of the employee signatures signifying comprehension of the training received, the facility appears to meet substantial compliance with this standard. No corrective action is required at this time.

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.32 Analysis Auditor Brian Sutherland SCI Albion The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. DC-ADM 008, Section 11, Sexual Abuse/Sexual Harassment Prevention - Training and Education 3. Pennsylvania Department of Corrections Contractor/Volunteer PREA Training Pamphlet 4. 27 Volunteer/Contractor/Public Visitor Forms <p>Interviews:</p> <ol style="list-style-type: none"> 1. 3 Contract Medical Staff 2. 2 Religious Volunteers <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed 27 Volunteer/Contractor/ Public Visitor Forms 2. Reviewed the facility Biometric process <p>Findings by Provision:</p> <p>115.32 (a) Agency policy DC-ADM 008, Section 11, pages 4-5 explains the zero-tolerance standard and the facility also provides a volunteer and contractor handout. This auditor reviewed the volunteer and contractor handout and the information includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training received. The auditor reviewed 27 volunteer/contractor/and public visitor forms acknowledging they understand the training received.</p> <p>115.32 (b) The SCI Albion has trained 77 volunteers and 213 contractors in the last 12 months. The level of training provided is based on the services they provide and the level of contact they have with inmates. A level one contractor or volunteer spends at least five hours a week with an inmate would receive the same training as the staff. Each contractor and volunteer must complete an application and a background check is completed. The application consists of the following information: personal information, current employment information, personal identification information, education, emergency contacts, criminal history, and previous institutional experience. Each volunteer and contractor are screened through the Pennsylvania Information Network and the National Crime Information Center.</p> |

115.32 (c)

The auditor spoke with 3 contract staff and 2 volunteers that provided information relating to the training received, handbook notifications, and background questionnaires. All 5 interviews indicated the ability to convey the zero-tolerance policy, preventive actions, notification procedures, and response practices. All 5 interviews confirmed receipt of the PREA pamphlet. The inmate signs a consent form upon the initial intake screening and there are no documented concerns regarding limits to confidentiality. The auditor observed the notification process during the intake screening. The facility Chaplain provided documentation indicating all volunteers have received the PREA pamphlet and signed the notification indicating the volunteer understands the training received.

Conclusion:

Based on the review of the evidence provided, the facility ensures all volunteers and contractors that have contact with inmates are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training is provided to volunteers and contractors based on their level of contact with the inmates. The sample of volunteers and contractors interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors understand the training they have received.

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| 115.33 | Inmate education |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Standard 115.33 Analysis Auditor Brian Sutherland SCI Albion The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. Policy DC-ADM 008, Section 11 Sexual Abuse/Sexual Harassment Prevention - Training and Education 3. Reviewed the PREA Intake Pamphlet 4. Reviewed the Sexual Abuse/Sexual Harassment Inmate Re-entrant Education Program Facilitator's Guide <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 2 Intake Staff 3. 25 Randomly Selected Inmate Interviews 4. 25 Informally Selected Inmate Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Watched the PREA Video Titled, "PREA: What You Need to Know" 2. Observed the Intake Process and Issue of the PREA Pamphlet to 11 Inmates 3. Reviewed 49 Inmate Intake Files 4. Reviewed 49 PREA Inmate Intake Handout Receipts 5. Observed PREA Posters and Materials Posted in All Living Units, Medical, and Programs (English/Spanish) <p>Findings by Provision:</p> <p>115.33 (a-f) Policy DC-ADM 008, Section 11, pages 5-6 discusses the inmate education requirements and includes elements (a-f) within the policy. The intake officer described the inmates receive an initial PREA document upon arrival to the intake section. The auditor observed this process during the intake screening and observed 11 inmates receive the PREA pamphlet and watch the PREA video. This document includes the facility zero tolerance policy, the inmates right to be free from sexual abuse, sexual assault, and sexual harassment. It also includes instructions on how to report an allegation by mail. The inmates can write directly to the BCI/PREA Coordinator, Pennsylvania Coalition Against Rape (PCAR), or the Crime Victim Center of Erie.</p> <p>Agency policy DC-ADM 008, Section 11, page 6 indicates within the first 30 days of reception additional PREA information will be provided to the inmate population. This information includes the inmates rights to be free from sexual abuse, sexual harassment, and retaliation.</p> | |

Department policies are introduced response procedures, and directions on how to report an allegation is explained during the comprehensive review. A video is shown and questions asked at the end of the video to ensure the inmate understands the information received.

The facility also proudly displays PREA posters and one is displayed in the intake section regarding zero tolerance. The facility provides a PREA video to the inmates in intake prior to the medical screening, and this auditor reviewed the video for quality. The video is titled, "PREA: What You Need to Know", and includes the information in English and Spanish formats. The video offers closed captioning for the deaf impaired. This video training is also provided to the inmate population and the staff are required to play the video daily during a facility wide schedule. The auditor interviewed 25 randomly selected inmates that indicated the video is played on an ongoing basis. The intake staff are required to print an inmate orientation acknowledgement form and the inmates sign acknowledging they understand the training they have received. The auditor sampled 49 inmate files indicating receipt of the PREA brochure and viewing the video within 30 days of arrival. The PREA Compliance Manager and the intake officer indicated the video is played to the population immediately upon arrival. The PREA Compliance Manager reported a total of 985 inmates admitted during the past 12 months, and 929 of those inmates length of stay exceeded 30 days. This information was confirmed by the PREA Compliance Manager during the on-site interview.

There are several reporting methods provided to the inmates and this is discussed in the PREA pamphlet. The PREA information, handout, and Crime Victim Center information was posted on the wall near the phones in every inmate living unit, in both Spanish and English formats. Posters are visible throughout the facility reminding inmates regarding zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The auditor interviewed 25 randomly selected inmate interviews indicating PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation monitoring, and pride in the overall sexual safety of the facility. The inmate phones are equipped with a TTY system, the facility provides a language line for numerous languages and a list of certified staff interpreters, and the video is played in both Spanish and English formats with subtitles. The facility employs staff to provide the information verbally to inmates that cannot read.

Conclusion:

The auditor has determined the agency has a policy governing PREA education for inmates. The auditor has also determined full compliance with this standard based on a review of the following evidence supplied by the facility: intake records of inmates entering the facility in the past 12 months, signed documents by the inmates indicating the understanding of the training received within 30 days of intake, confirmation of all inmates receiving the PREA information within one year of the effective date of the PREA standards, review of the inmate handbook, PREA pamphlet, PREA video, education materials in formats accessible to inmates that are limited English proficient, deaf, visually impaired, disabled or limited reading skills, and observations of materials posted throughout the facility in both English and Spanish formats. The facility has demonstrated substantial compliance and no corrective action is requested at this time.

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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.34 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. Agency Policy DC-ADM 008, Section 11, Sexual Abuse/Sexual Harassment Prevention - Training and Education 3. Reviewed 7 Specialized Investigator Training Power points 4. Reviewed 8 Correctional Investigator Training Files 5. Reviewed 8 PREA Training and Understanding Forms <p>Interviews:</p> <ol style="list-style-type: none"> 1. 1 Facility PREA Investigator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed 7 Specialized Investigator Training Power points 2. Reviewed 8 Correctional Investigator Training Files 3. Reviewed 8 PREA Training and Understanding Forms <p>Findings by Provision:</p> <p>115.34 (a-d)</p> <p>Agency policy DC-ADM 008, Section 11, page 3 includes the specialized training requirements for the facility PREA investigators. The required training includes the following: 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 action and prosecution referral.</p> <p>The facility utilizes investigators from the Pennsylvania State Police for all criminal investigations and the facility PREA Lieutenant is assigned to conduct all administrative investigations. The auditor reviewed 8 training records indicating the facility PREA Lieutenant and 7 other staff members have received specialized PREA training for investigators. This was confirmed during the investigator interview, and the auditor reviewed 38 investigative files indicating the PREA Lieutenant was the primary investigator for each case reviewed.</p> <p>The facility PREA investigator completed training in 2017 presented by the PREA Grant Project titled, "Sexual Assault Investigator Training". This training provided the necessary elements required within this standard to include the following: 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 action and prosecution referral. The auditor reviewed the training outline and 7</p> |

power points associated with this learning environment. This training identified the 7 PREA standards that apply to investigating sexual abuse of inmates and demonstrated six critical investigative techniques and protocols of competent investigations. The facility maintains records of all training received and is easily accessible for review. Agency policy DC-ADM 008, Section 11, page 3 indicates training documentation will be maintained by the employee training files and documented on the PREA Training and Understanding Form. The auditor reviewed 8 PREA Training and Understanding Forms for the 8 staff members that have taken the special investigator training class.

Conclusion:

Based on the review of the materials provided by the facility: the agency training policy for investigative staff, the investigator training curriculum, documentation that the agency investigators have completed the required training, and the training records and logs presented by the staff, the auditor finds the facility meets all provisions required within this standard. No further action is required at this time.

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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.35 Analysis Auditor Brian Sutherland SCI Albion The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. Agency Policy DC-ADM 008, Section 11 Sexual Abuse/Sexual Harassment Prevention - Training and Education 3. PREA Medical and Mental Health Care Standards Participant Guide 4. 20 Medical Staff Training Files 5. PREA Specialized Training: Medical and Mental Health Care Lesson Plan 6. 20 PREA Training and Understanding Verification Forms 7. Email Notification from the Agency PREA Coordinator to Medical Staff August 1, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 2 Medical Staff 2. 1 Mental Health Staff 3. 3 Medical Contractors 4. 1 Sexual Assault Nurse Examiner (SANE) <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed 20 medical staff training files 2. Reviewed 20 PREA Training and Understanding Verification Forms <p>Findings by Provision:</p> <p>115.35 (a-d) Agency policy DC-ADM 008, Section 11, page 4 explains the facility policy, procedures, and practice associated with this standard compliance, and requires all medical and mental health care practitioners to receive the required specialized PREA training. There is a total of 20 medical staff that work regularly in the facility and the training records indicated all 20 staff have received the initial PREA orientation and the specialized training. The auditor reviewed the facility PREA Medical and Mental Healthcare Lesson plan that included the following topics: PREA medical and mental healthcare standards participant guide, lessons on 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 whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed 20 PREA Training and Understanding Verification Forms documenting the medical staff signatures and understanding the training they have received. The auditor interviewed 2 medical staff, 1 mental health staff, and 2 medical contractors and all 5 interviews indicated knowledge regarding specialized medical training. The auditor reviewed an email submitted by the agency PREA Coordinator to all</p> |

medical staff regarding the scheduling of the specialized medical training classes on August 1, 2019.

The forensic medical exams are conducted at the UPMC Hamot and the St. Vincent Health Center. The facility maintains documentation demonstrating the medical and mental health practitioners have completed and understand the training received. The 2 medical staff interviews provided direct knowledge regarding 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 whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed a documented Memorandum of Understanding with the UPMC Hamot and St. Vincent Health Center to conduct Sexual Assault Nurse Exams (SANE). The auditor interviewed 1 Sexual Assault Nurse Examiner and provided confirmation regarding specialized training specific for conducting SANE evaluations, and the interview confirmed the Memorandum of Understanding between the two agencies.

Conclusion:

Based on the review of the following evidence: agency policy governing training of medical and mental health care practitioners, documentation showing the training has been received by all staff, a review of the training curriculum and signature indicating understanding of the training received, and confirmation of the medical staff training logs ensuring the staff have received the initial training for employees, contractors, and volunteers dependent upon their status, the auditor finds the facility meets all of the provisions required within this standard with substantial compliance. No further action is required.

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| 115.41 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.41 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Agency Policy DC-ADM 008 Prison Rape Elimination Procedures Manual (PREA Manual) 3. PA DOC PREA Risk Assessment Tool (PRAT) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. 25 Random Inmates, 25 Informal Inmates, 12 Random Staff, 17 Informal Staff 3. PREA Coordinator 4. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Inmate Risk Screening Process 2. Inmate Risk Screening Reassessment Process 3. Intake and Classification Housing Assignment Review 4. Inmate File Reviews = 35 5. SCI Albion Pre-Audit Questionnaire Responses 6. PA DOC PREA Risk Assessment Tool (PRAT) <p>Findings (By Provision):</p> <p>115.41 (a-l)</p> <p>Agency policy DC-ADM 008, Section 9, page 1 explains the screening procedures for risk of victimization and abusiveness. This policy explains all inmates are assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Inmates will also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other inmates. The SCI Albion utilizes the PREA Risk Assessment Tool (PRAT) to accomplish the risk screening process. This tool is utilized during the intake screening process, 20-30 days after receipt into a State Correctional Institution (SCI), whenever an inmate is involved in an incident of sexual abuse, new information is provided within the inmates history, and during the annual review process. The auditor observed this process during the on-site review within the initial receipt of the inmate population within the first 2 hours of arrival. The review was performed by a medical staff member in a private office space with a secure work station. The auditor also observed a reassessment being conducted by a facility counselor in a private office space with a secure work station within the housing unit. The auditor confirmed the reassessment was conducted within 22 days of receiving. Agency policy DC-ADM 008, Section 9, page 2 indicates this tool must be completed within the first 72 hours of reception to the Department or upon arrival at</p> |

another facility.

The auditor reviewed 35 inmate files and determined the intake screenings usually take place within the same day of arrival, and usually within the first two hours. This is in compliance with the 72 hour mandate required by the standard. The files reviewed consisted of 25 inmate assessments upon arrival within the first 72 hours, and 10 inmate reassessment files for allegations of sexual abuse. None of the 35 files reviewed indicated major concerns regarding the initial intake screening or the reassessment. The facility utilizes an objective classification screening instrument that includes: an individual points system, yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, a booking inmate risks and needs assessment, and a PREA initial intake screening tool (PRAT). The objective classification screening includes the following criteria for the risk of sexual victimization: inmate mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent behaviors, prior sex convictions, whether the inmate is perceived gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, vulnerability perceptions, or if the inmate is detained solely for civil immigration purposes. The auditor observed the staff performing the risk screening to document the responses of the inmate and staff indicated the scores also reflected the inmates personal perceptions of themselves. The auditor reviewed this process with the staff assigned to conduct the screening and monitored the interview being conducted. The objective classification system questionnaire also assesses inmates for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff performing the screening and was advised, each inmate must be carefully screened and every evaluation should be unbiased, results should be based on the communication between the staff conducting the review and the inmates own perceptions and responses to the questions.

Agency policy DC-ADM 008, Section 9, page 1 indicates within 20-30 days of intake and inmates risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Interviews conducted with 25 random inmates indicated this process was being applied as the inmates could explain the questions being asked by the facility counselors. The inmates identified the medical staff as conducting the initial assessment and the counselors conducting the reassessment. This information is consistent with the agency policy previously discussed.

Agency policy DC-ADM 008, Section 9, page 3 indicates inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the facility information technician must authorize usage on all electronic devices. The evidence provided indicates compliance with this standard as once the counselor uploaded the responses within the system she was not able to make revisions. The counselor interview advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Coordinator interview indicated limited access to review these documents once they have been uploaded within the system. Access must be approved by the PREA Compliance manager and a password provided by the information technology department. The PREA Compliance Manager advised

medical staff, unit managers, PREA Compliance Manager, and the PREA Coordinator are the current staff designated to have access to the risk assessment scores.

Corrective Action:

During the on-site review the auditor identified a concern regarding the usage of the PREA Risk Assessment Tool (PRAT) in association with housing assignments for inmate bus arrivals. The housing assignment was already planned based on the criteria received from previous risk assessments being completed during the Department receiving process at another facility. The PREA Compliance Manager initiated a corrective action response within the policy indicating the intake procedures for bus arrivals was revised, and all housing considerations will not be authorized without review of the intake PREA Risk Assessment Tool by the medical staff. The auditor received the updated policy revision and 45 days of new arrival PREA Risk Assessment Tools. This corrective action response was within the guidelines of the provision and demonstrated full compliance toward this standard.

Based on the review and analysis of all available evidence, and corrective action measures, the auditor has determined that the agency is fully compliant with this standard regarding inmate risk of victimization and abusiveness.

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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.42 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. Agency policy DC-ADM 008 Sexual Abuse/Sexual Assault Risk Screening 3. PREA Accommodation Committee Checklist (PAC) 4. PA DOC PREA Risk Assessment Tool (PRAT) 5. PREA Accommodation Committee Reassessment Checklist (PACR) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. 3 Inmates Identifying as Transgender, 2 Inmates Identifying as Gay 5. Facility Superintendent <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the PREA Risk Screening Process 2. Reviewed the PREA Risk Screening Reassessment Process 3. Reviewed Inmate Files = 35 4. Reviewed the PREA Accommodation Committee Checklist (PAC) = 5 5. Reviewed the housing unit cell, shower, restroom, and bunk accommodations <p>Findings (By Provision):</p> <p>115. 42 (a-g)</p> <p>Agency policy DC-ADM 008, Section 9, page 4-5 indicates the facility utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This information was confirmed during the interview with the agency PREA Coordinator as the PREA Coordinator advised all facility risk screenings are objective, case by case evaluations of the inmates with their own perceptions and views being considered. The views of the inmate are recognized along with the tally provided by the staff on the risk assessment document. The unit managers interview indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignment are carefully reviewed to ensure potential abusers are not interacting with potential victims. The facility electronic housing program will also indicate a warning and the name of the inmate will flash red. The system will not allow the user to house potential victims and potential abusers together. The auditor reviewed this process during the on-site review.</p> |

The auditor spoke with 3 inmates that identify as transgender females and 2 inmates that identify as gay, and all agreed their housing was discussed during the classification interview. They agreed to the level of housing recommended by the facility and no further issues were discussed. Agency policy DC-ADM 008, Section 9, page 5 indicates the facility will make individualized determinations on a case by case basis to ensure the residents health and safety and personal views are considered. Reassessments shall be conducted by the inmate's assigned counselor between calendar day 20 and 30 of every inmate's arrival in the system. Considerations for single cell housing or double cell housing will be determined by the use of the risk assessment tool. The PREA Compliance Manager confirmed the Unit Management staff will review and recognize an imbalance of power within the cell assignment. This is performed during individual meetings, conversations, group activities, review of the disciplinary actions, and considerations based on the inmates personal views. The software will also indicate a warning within the system, the inmates name will flash in red, and the system will not authorize the two inmates to be housed together. This was confirmed during the intake screening staff interview, and all assessments will be documented on the PA DOC PREA Risk Assessment Tool (PRAT).

The agency policy DC-ADM 008, Section 19, pages 1-9 explains the departments approach to working with transgender and intersex inmates. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully toward this specialized population. Each facility is required to develop a Plan of Action to prepare for reception and housing of transgender and intersex populations. The PREA Accommodation Committee (PAC) is utilized to measure the proper placement toward housing, security, programming, and other needs. The following methods of interaction are described within this policy: Reception and Classification, Prison Rape Elimination Act (PREA) Risk Assessment Tool (PRAT), Mental Health Referral Form, Access to Health Care Procedures Manual, PREA Accommodation Committee Checklist (PAC), PREA Accommodation Committee Review, Administrative PREA Accommodation Committee (A-PAC), Transfers, Case Management, Searches, Commissary, and Special Accommodations. Each inmate is considered on a case-by-case basis and the final determination is mandated by the Executive Staff as recommended by the Administrative PREA Accommodation Committee (A-PAC). The A-PAC consists of a representative from each of the following specialties: Psychology office, Bureau of Health Services, Security Division, and a representative from the Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Subject Matter Expert community. A total of 12 inmates at SCI Albion identify as transgender and the auditor interviewed 3. All inmates interviewed indicated satisfactory compliance with their housing considerations and 1 of the inmates indicated satisfaction with the commissary program. The inmate advised the commissary at SCI Albion will allow the inmates to purchase female items. The auditor reviewed 5 PREA Accommodation Committee Checklist (PAC), and all 5 indicated satisfaction with housing considerations, and requested treatment and programming. The PAC meetings are conducted every six months and the inmates will be reevaluated at that time. The auditor reviewed 5 PREA Accommodation Committee Checklists for reevaluation.

The facility site review provided the opportunity to confirm all inmate showers are conducted separately, a shower curtain is provided for privacy, and the inmate 25 random and 25 informal interviews concluded no issues reported due to other staff or inmates viewing the

inmates while changing clothes, showering, or using the restrooms. The 12 random staff interviews advised no concerns with this type of issue. The video monitoring equipment did not indicate concerns regarding cross-gender viewing during episodes of undress or showering. This is especially important when unit managers are evaluating the housing considerations for transgender and intersex inmates as they are provided the opportunity to shower separately from other inmates. All showers are conducted separately, and inmates are allowed to purchase robes and wear their clothing en-route to the showers.

The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated housing facility, unit, or wing based on their status. This is strictly forbidden in policy DC-ADM 008, Section 9, page 6. The facility Superintendent interview confirmed there are no consent decrees regarding legislative action pertaining to restrictive housing considerations. The on-site review indicated special populations are not assigned to one housing unit as the auditor was able to interview inmates from all living units.

Correction Action:

During the on-site review the auditor identified a concern regarding the usage of the PREA Risk Assessment Tool (PRAT) in association with housing assignments for inmate bus arrivals. The housing assignment was already planned based on the criteria received from previous risk assessments being completed during the Department receiving process at another facility. The PREA Compliance Manager initiated a corrective action response within the policy indicating the intake procedures for bus arrivals was revised, and all housing considerations will not be authorized without review of the intake PREA Risk Assessment Tool by the medical staff. The auditor received the updated policy revision and 45 days of new arrival PREA Risk Assessment Tools. This corrective action response was within the guidelines of the provision and demonstrated full compliance toward this standard.

Based on the review and analysis of all available evidence, and corrective action measures, the auditor has determined that the agency is fully compliant with this standard regarding inmate risk of victimization and abusiveness.

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.43 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire responses 2. Involuntary Administrative Custody Services Access Restriction Form 3. DC-ADM 802, Section 3, Administrative Custody Housing Status 4. DC-ADM 008, Section 5, Sexual Abuse/Sexual Harassment Prevention, Protective Custody <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. 2 Staff Supervising Inmates in Segregated Housing 3. 2 Inmates in Segregated Housing for Risk of Suffering Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. 2 Inmate Case Files 2. Segregation Housing Records <p>Findings (By Provision):</p> <p>115.43 (a-e)</p> <p>Agency policy DC-ADM 008, Section 5, page 1-2 clearly defines the information within this standard. Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate will not be held for more than 24 hours to complete the assessment. This policy was confirmed during the interview with the facility Superintendent. This policy allows for programming, privileges, education, and work opportunities to the extent possible. If the facility restricts access to these opportunities, the facility must document on the Involuntary Administrative Custody Services Access Restriction Form.</p> <p>This auditor reviewed the segregated housing records and spoke with 2 staff that supervise inmates in segregated housing. Two inmates in the past 12 months were identified to be housed in segregated housing involuntary. However, the auditor confirmed this housing status was due to disciplinary concerns and not concerns regarding sexual abuse. The initial review was conducted within 24 hours and the reassessment occurred within 7 days. Both inmates were reassigned to general population. The facility documented the privileges such as recreation, education, and programming. The inmate was not authorized work opportunities due to behavior concerns and this was documented on the segregation forms. The auditor interviewed both inmates and they advised no concerns with their housing considerations, they were able to utilize the therapeutic activity chairs, recreation areas, and games.</p> |

Conclusion:

Based on the review and analysis of all available evidence, the auditor has determined that the agency has a policy governing involuntary segregated housing for inmates at high risk for sexual victimization. The facility conducts 30 day reviews and documents accordingly. The auditor reviewed facility records of housing assignments, segregation logs, and verified no out of cell activities were interrupted throughout this review. The auditor has determined the facility is fully compliant with the provisions of this standard.

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.51 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Agency Policy DC-ADM 008 Prison Rape Elimination Procedures Manual (PREA Manual) 3. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 4. 2017 Inmate Handbook 5. Facility Issued Inmate PREA Pamphlet 6. PREA Inmate Intake Handout 7. Employee Handbook 8. PREA Intake Training Video 9. DC-ADM 803, Section 1, Mail Processing Procedure 10. 11.5.1, Records Office Operating Manual, Section 1, Processing of Reception 11. 2018 PREA Staff Training Slide 22 of 39 discussing Reporting Procedures <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Randomly Selected Staff 2. 25 Randomly Selected Inmates 3. 17 Informal Staff Interviews 4. 25 Informal Inmate Interviews 5. PREA Compliance Manager 6. Facility Superintendent <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. The Crime Victim Center of Erie County information was not posted in the inmate handbook (corrected October 3, 2019) 2. Reviewed the Intake PREA Video and the Third-Party mailing addresses were discussed <p>Findings (By Provision):</p> <p>115.51 (a-d) SCI Albion provides multiple methods for inmates to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff, neglect, and contributing factors to these incidents. These factors are described in policy DC-ADM 008, Section 12, pages 2-3 and they include: verbally, in writing, anonymously, third-party reporting, request forms, grievance forms, submitting a written report to the sexual abuse reporting address for the Pennsylvania State Policy BCI/PREA Coordinator, report directly to a family member or friend, write a letter to the Crime Victim Center of Erie County, submit a request for assistance to the Pennsylvania Coalition Against Rape (PCAR). The Crime Victim Center of Erie County will submit an email to the PREA Compliance Manager informing there is an issue reported.</p> |

These reports are documented in writing immediately and forwarded to the facility investigator for review promptly. This information was reviewed in the facility policy, page 9 of the inmate handbook, staff handbook, PREA intake pamphlet, and the inmate training video.

The facility has a documented Memorandum of Understanding with the Pennsylvania State Police to provide one method of anonymous inmate reporting to a public entity that is not part of the agency. This information is posted in all inmate living units, documented on page 9 of the inmate handbook, and available upon the intake PREA pamphlet. The auditor interviewed 25 randomly selected inmates, and conducted 25 informal inmate interviews that concluded knowledge of this process. One inmate volunteered to show the auditor the third-party poster located near the phone in the dayroom during the on-site review. The SCI Albion does not detain inmates solely for civil immigration purposes and this was confirmed by the PREA Compliance Manager and the facility Superintendent interviews. These calls are authorized at no cost to the inmate population. The auditor confirmed this statement was written in agency policy 11.5.1, Section 1, page 16 regarding Civil Immigration.

In order to maintain the confidentiality of all inmate mail being sent to an outside reporting entity, the following statement is discussed in agency policy DC-ADM 803, Section 1, page 5: Privileged correspondence will have the facility mailing address with the inmate's name and number as the return address. EXCEPTION: To preserve the confidentiality of inmates reporting allegations of sexual assault to the Pennsylvania State Police (PSP), an envelope addressed to: BCI/PREA Coordinator is not required to include the inmate name or Department number. PSP has asked that an inmate reporting an allegation of sexual assault include his or her name and inmate number within the body of the letter contained inside the envelope so that PSP can identify the person making the allegation and communicate with them as PSP deems necessary.

Agency policy DC-ADM 008, Section 12, page 3 requires all staff to report immediately any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment, retaliation against inmates or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy DC-ADM 008, Section 12 advises the Superintendent or designee will monitor the conduct and treatment of inmates or staff who reported sexual abuse or sexual harassment for at least 90 days. The Superintendent confirmed this monitoring period during the interview process. The Superintendent also confirmed any allegations reported by another facility or to another facility will be performed from the agency head to the other facilities agency head in writing. This information will then be passed on to the facility PREA investigator promptly.

Conclusion:

During the on-site review of the restricted housing unit, informal inmate interviews indicated concerns with inmates not receiving a handbook, paper, and writing utensils. Upon review of the handbook the auditor noted the outside advocacy provider, "Crime Victims Center" information and address was not readily available in the handbook. This was corrected on site as an addendum was added on page 13 to include the Crime Victim Center address and information. A revision was also provided to the auditor on October 3, 2019, indicating a change to the restricted housing unit property issue form. The new form includes a requirement for a pen, writing paper, and an RHU handbook to be issued to the inmate. The

inmate has the option to sign the document indicating receipt, and a refusal to sign requires a staff witness. The auditor received samples of the new form on October 3, 2019, indicating compliance with this revision.

Based on the review of all evidence supplied by the facility to include: agency policy indicating multiple methods of reporting for the staff and inmates, a policy describing one method for inmates to report anonymously, a policy regarding inmates not being detained solely for immigration purposes, a policy for staff to privately report, accepting reports from inmates in writing, an MOU with the PSP, inmate handbooks, and staff handbooks, the auditor has determined the facility meets the substantial requirements of this standard. The facility has completed and documented all corrective action requirements previously listed within this report regarding updating the inmate handbook. No further action is required regarding the provisions of this standard.

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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.52 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 3. DC-ADM 804, Section 1, Grievances and Initial Review 4. Inmate Handbook 5. 12 Rejected Grievances 6. Intake PREA Pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 25 Randomly Selected Inmates 3. 12 Randomly Selected Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Grievance forms are readily available to the inmate population in all housing units. <p>Findings (By Provision):</p> <p>115.52 (a-g)</p> <p>The Agency does not have a grievance procedure for dealing with inmate grievances regarding sexual abuse. Agency policy DC-ADM 008, Section 12, page 3 advises, "Inmates shall not utilize the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse, as defined in the Glossary of Terms for this procedures manual. However, if an inmate files a grievance related to staff on inmate sexual abuse/sexual harassment or inmate on inmate sexual abuse, the Facility Grievance Coordinator shall reject the grievance and forward it to the facility Security Office and PREA Compliance Manager (PCM)/designee for tracking and investigation. The inmate shall be notified of this action. The Institution PREA Compliance Manager reports that the Security Office/PCM/designee shall be responsible for notifying the Shift Commander for any allegations requiring the implementation of checklist procedures as outlined in Section 4 of this procedures manual." There have been no allegations of sexual abuse submitted through the grievance process in the last 12 months. Interviews with the PREA Compliance Manager revealed that while the grievance process is not set up for reporting of allegations of sexual abuse and sexual harassment, in the instances such allegations are received through this channel, they are forwarded to the PREA Lieutenant and the Security Office for immediate investigation.</p> <p>Agency policy DC-ADM 804, Section 1, page 1 states, "The Inmate Grievance System is</p> |

intended to deal with a wide range of issues, procedures, or events that may be of concern to an inmate. It is not meant to address incidents of an urgent or emergency nature including allegations of sexual abuse. Any allegation of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual abuse must be addressed through Department policy DC-ADM 008, "Prison Rape Elimination Act (PREA)." When faced with an incident of an urgent or emergency nature, the inmate shall contact the nearest staff member for immediate assistance. The auditor reviewed the inmate handbook and the inmate grievance system is not listed as an available method of reporting allegations of sexual abuse, sexual assault, or sexual harassment. The auditor conducted 12 interviews with randomly selected staff, and these interviews indicated knowledge of the inmates not being allowed to submit grievances regarding sexual abuse. The auditor conducted interviews with 25 randomly selected inmates and several of the inmates indicated they could submit a grievance to notify the staff of an allegation of sexual abuse. The auditor reviewed 12 rejected grievances indicating allegations of sexual abuse. The auditor confirmed all 12 of the rejected grievance were investigated by the facility PREA Investigator.

Conclusion:

The Pennsylvania Department of Corrections does not recognize the inmate grievance system as a primary method of reporting for the inmate population. All grievances received relative to sexual abuse will be rejected and forwarded to the facility PREA Lieutenant for immediate investigation. The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Inmates are informed the proper ways to submit allegations in the intake PREA pamphlet, comprehensive education, and Inmate Handbook. The Auditor determined the facility meets the requirements of this standard as its policy is to reject grievances alleging sexual abuse and sexual harassment, and provides other means of reporting.

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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.53 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 3. PREA Intake Pamphlet (Spanish/English) 4. Facility PREA Posters (Spanish/English) 5. 2017 Inmate Handbook, page 9 6. DC-ADM 008, Section 15, pages 1-2, Access to Outside Confidential Support Services 7. Letter of Agreement with Crime Victim Center of Erie County (March 5, 2014) 8. Letter of Agreement with Pennsylvania Coalition Against Rape (PCAR) - 2018 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 25 Random Inmates 2. 6 Inmates Who Reported Sexual Abuse 3. Facility Superintendent 4. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Verified all third-party reporting materials, Crime Victim Center of Erie County, and Pennsylvania Coalition Against Rape (PCAR) materials are posted in the inmate living units in both English and Spanish. 2. Verified telephone and mail monitoring notices are posted in the inmate living units in both English and Spanish. <p>Findings (By Provision):</p> <p>115.53 (a-c)</p> <p>Agency policy DC-ADM 008, Section 15, pages 1-2 advise 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 shall be responsible to ensure the aforementioned support services in SCI Albion. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, and/or in writing. 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. Each facility shall ensure that if facility phones or public pay phones within the facility are monitored, that the level of monitoring is clearly posted next to the phone. This shall be posted in English and Spanish, and If a CCF facility monitors reentrant mail, the level of monitoring must be</p> |

clearly posted in the facility handbook and reentrant bulletin boards.

Policy DC-ADM, Section 15, pages 1-2 includes the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual harassment. SCI Albion utilizes the services of the Crime Victim Center of Erie County, a non-profit organization providing confidential services to persons through counseling, preventive education, and advocacy. SCI Albion also enlists the services of the Pennsylvania Coalition Against Rape (PCAR) to provide an outside reporting mechanism for inmates. This is accomplished by inmates writing a letter to access the services and provide notifications. The PCAR is a community based volunteer program designed to enhance the quality of life for victims of sexual violence, and provide survivors of sexual abuse with emotional support.

SCI Albion established a Letter of Agreement with the Crime Victim Center of Erie County on March 5, 2014, and the Pennsylvania Coalition Against Rape (PCAR) in 2018. The auditor reviewed both documents for clarity and all signatures are current and binding. The Letter of Agreement may be revised at anytime by either party, and the terms of the Letter of Agreement do not expire without written notice by both parties. The Crime Victim Center of Erie County and PCAR information is posted in all inmate living units, near the phones, listed on the website, provided in the inmate handbook, and listed on the initial intake PREA pamphlet provided upon arrival to the facility. The auditor confirmed the facility provides the name and address, at no cost to the inmate and these services are confidential.

Volunteers received training regarding the Pennsylvania mandatory reporting laws, and facility policy regarding volunteer services. Documents provided indicated updated volunteer application forms, volunteer handbook, and training rosters confirmed the information received. Since the conclusion of the site review, this auditor has received notification from the PREA Compliance Manager that all 77 volunteers have received the updated information and training. On September 15, 2019, the auditor contacted the Crime Victim Center of Erie County (Outside Advocate) for the SCI Albion and was provided helpful suggestions, therapeutic intervention, explored options, and interviewed the after hours provider. The SCI Albion does not detain persons solely for civil immigration services. This information was confirmed during the facility Superintendent interview.

The 12 random staff interviewed were able to identify the Crime Victim Center as an option for confidential inmate support services. However, there was confusion regarding whether it was the Crime Victim Center or the Pennsylvania Coalition Against Rape (PCAR) that provided the services. A total of 25 random inmate interviews, and 6 inmate interviews that have reported sexual assault allegations, indicated knowledge of the Crime Victim Center, identified the address, and the poster. The issue with this is the Crime Victim Center is not listed on the poster, the PCAR is the only address listed on the poster. However, with a little guidance the confusion was clarified with the population. The inmates reported feeling confident these services would be useful, but no inmates advised attempts to contact the address. The PREA Compliance Manager was not aware of any current inmates that have utilized the service. The Crime Victim Center volunteer confirmed inmates at SCI Albion have received the services at the facility in the past. Interviews with the 6 inmates that have reported an allegation in the past advised they were offered the PREA pamphlet in the past and have not chosen to use the services.

Conclusion:

During the on-site review of the restricted housing unit, informal inmate interviews indicated concerns with inmates not receiving a handbook, paper, and writing utensils. Upon review of the handbook the auditor noted the outside advocacy provider, "Crime Victims Center" information and address was not readily available in the handbook. This was corrected on site as an addendum was added on page 13 to include the Crime Victim Center address and information. A revision was also provided to the auditor on October 3, 2019, indicating a change to the restricted housing unit property issue form. The new form includes a requirement for a pen, writing paper, and an RHU handbook to be issued to the inmate. The inmate has the option to sign the document indicating receipt, and a refusal to sign requires a staff witness. The auditor received samples of the new form on October 3, 2019, indicating compliance with this revision.

Based on the review of all evidence supplied by the facility to include: agency policy regarding an outside victim advocate for emotional support and services, a policy describing one method for inmates to report anonymously, a policy regarding inmates not being detained solely for immigration purposes, a policy for staff to privately report, accepting reports from inmates in writing, an LOA with the Crime Victim Center and the PCAR, inmate handbooks, and staff handbooks, the auditor has determined the facility meets the substantial requirements of this standard. The facility has completed and documented all corrective action requirements previously listed within this report regarding updating the inmate handbook. No further action is required regarding the provisions of this standard.

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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.54 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 3. Zero-tolerance and third-party reporting poster (English/Spanish) 4. PSP Correspondence from an Attorney (March 7, 2019) 5. 2017 Inmate Handbook, page 9 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 25 Random Inmates 3. 25 Informal Inmate Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Identified the PREA posters in both Spanish/English format indicating the third-party reporting address 2. Reviewed the facility website for the third-party reporting information <p>Findings (By Provision):</p> <p>115.54 (a)</p> <p>The facility has established a procedure to receive third-party reports of sexual abuse and sexual harassment. This is described in facility policy DC-ADM 008, Section 12, page 4. This information is also published on the facility's website and the notification process is to write a letter to the third-party reporting agency. There are posters throughout the facility such as: inmate living units, medical, programs, intake, visitation, and reception regarding third-party reporting and the address required to file the complaint. The inmates are provided an address to contact the Pennsylvania State Police at BCI-PREA Coordinator, and this information is posted on the PREA intake pamphlet, inmate handbook, PREA video, and signs posted near the inmate phones in the living Units. The 25 random and 25 informal inmate interviews indicated knowledge of the third-party reporting methods and inmates advised they felt very comfortable reporting all allegations of sexual misconduct.</p> <p>Conclusion:</p> <p>Based on the evidence provided, the auditor was able to determine the facility provides publicly distributed information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.</p> |

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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.61 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, Reporting Sexual Abuse and Sexual Harassment 3. 9 DC-121 Allegations of PREA Report Forms 4. 38 Investigative Files 5. 45 Incident Reports Relating to Sexual Abuse 6. 15 Incident Reports Relating to Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Randomly Selected Staff 2. 17 Informal Staff 3. Facility Superintendent 4. PREA Compliance Manager 5. 2 Medical Staff 6. 1 Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed 38 Investigative Files 2. Reviewed 60 Incident Reports 3. Reviewed 9 Allegations of PREA Reports Referred to the PREA Investigator 4. Compared the dates received to the date the investigation began <p>Findings (By Provision):</p> <p>115.61 (a-e)</p> <p>Agency policy DC-ADM 008, Section 12, page 1 describes the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against inmates or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the facility Superintendent and the PREA Compliance Manager. The auditor verified this process during the 12 random staff and 17 informal staff interviews as staff conveyed the directive to notify a supervisor immediately. The staff also identified the PREA Lieutenant as the primary source for conducting PREA investigations.</p> <p>Policy DC-ADM 008, Section 12, page 1 indicates apart from reporting to designated supervisor or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management</p> |

decisions. The auditor interviewed 12 random staff indicating knowledge of this policy and the mandatory reporting requirements. The SCI Albion does not house youthful offenders as confirmed during the census report review. Agency policy DC-ADM 008, Section 12 states, "If the alleged victim is under the age of 18, the Department shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws as outlined by the Pennsylvania Department of Human Services". The auditor interviewed 2 medical staff and 1 mental health worker and all 3 interviews indicated knowledge regarding mandatory requirements as one medical staff member advised she will always report an allegation to her supervisor and the Shift Commander.

Agency policy DC-ADM, Section 12, page 2 advises, All reports received by the Sexual Abuse Reporting Address, established for the third-party and anonymous reporting of sexual abuse or sexual harassment to the Pennsylvania State Police (PSP), shall be handled as follows: when the PSP receives Prison Rape Elimination Act (PREA)-related complaint correspondence at this address, the letter shall be scanned and emailed to the Department's PREA Notification email address (CR, DOC PREA Notification) for tracking purposes and dissemination to the appropriate facility, and the PREA Compliance Division (PCD) staff are responsible for monitoring the email box for follow-up and referral purposes. The auditor reviewed 9 DC-121 forms indicating PREA allegations were referred immediately by the Pennsylvania State Police. During the on-site review the auditor reviewed 38 investigative files, 45 incident reports relating to a sexual abuse allegation, and 15 incident reports relating to a sexual harassment allegation. The auditor did not find any concerns relating to a delayed investigation. All investigations began either the same day or the next working day.

Conclusion:

Based on the evidence provided by the facility, the auditor determined the Agency has relevant policies governing the reporting by staff regarding incidents of sexual abuse or sexual harassment, and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to designated investigators. The facility medical staff indicated no limits toward confidentiality regarding the reporting of sexual abuse, sexual assault, or sexual harassment allegations as all staff interviewed advised reporting to the Shift Commander immediately. The facility does not house youthful offenders but the agency policy mandates reporting to the designated State and local services for an alleged victim under the age of 18, or considered a vulnerable adult under a State or local vulnerable persons statute. The auditor reviewed samples of the reports provided by investigators and determined all investigations began immediately. The facility meets the provision requirements of this standard and no further action is required.

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.62 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 1, page 4, Sexual Abuse/Sexual Harassment Prevention and Responsibilities 3. DC-ADM 008, Section 14, page 4, Responding to Reports of Sexual Abuse 4. 24 PREA Allegations and Bed Moves Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head Designee 2. Facility Superintendent 3. 12 Random Staff 4. 2 Inmates in Segregation for High Risk of Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. File review indicated inmate behavior concerns as opposed to high risk for sexual victimization 2. Reviewed 24 PREA Allegations and Bed Moves Reports <p>Findings (By Provision):</p> <p>115.62 (a) Agency policy DC-ADM 008, Section 1, page 4 ensures that when Department staff learn that an inmate is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect that inmate. Alleged inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the alleged victim. The facility Superintendent indicated segregation may be ordered immediately to protect the inmate or others, but the action must be reviewed within 24 hours by the housing committee. The Agency Head Designee interview determined the agency takes all allegations serious and any inmate subject to imminent sexual abuse will receive immediate action.</p> <p>The facility reported 40 incidents in the past 12 months that determined an inmate was subject to a substantial risk of imminent sexual abuse. The auditor reviewed 24 PREA Allegation and Bed Moves reports indicating the housing unit change was performed immediately upon notification. The auditor interviewed 2 inmates identified as being housed in segregation due</p> |

to high risk for sexual victimization. The classification files revealed both inmates were housed in segregation for less than 24 hours. No program activities were interrupted due to this housing assignment. The auditor interviewed both inmates and they indicated satisfaction regarding their housing placement and did not convey any sexual safety concerns. The auditor confirmed both inmates were being housed in segregation due to behavior concerns and not due to the sexual safety.

Conclusion:

The auditor determined the agency has a policy governing the facilities protection duties when inmates are subject to a substantial risk of imminent sexual abuse. The auditor reviewed relevant documentation related to the determination of inmates substantial risks and the agency's response. This includes medical requirements, investigator requirements, and the relevant views of the facility leadership toward compliance. Based on the review of all evidence the facility meets the provision of this standard. No further action is required.

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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.63 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. DC-ADM 008, Section 12, page 5-6, Reporting Sexual Abuse and Sexual Harassment 3. Notification of Sexual Abuse Allegation to Another Facility Form 4. Reviewed 3 case files for notification to another facility 5. Reviewed 5 case files for notification received from another facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head Designee 2. Facility Superintendent 3. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed 3 case files including the case history, email notifications from facility heads, Notification of Abuse Allegation Forms, and investigation report. Reported to another facility 2. Reviewed 5 case files including the case history, email notifications from facility heads, Notification of Abuse Allegation Forms, and investigation report. Received from another facility <p>Findings (By Provision):</p> <p>115.63 (a-d)</p> <p>Agency policy DC-ADM 008, Section 12, pages 5-6 indicates upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility Superintendent indicated he would personally contact the Superintendent at the facility where the abuse occurred, and he would expect the other agency to return the same courtesy. The Superintendent explained, "All allegations are taken seriously and treated with an immediate response".</p> <p>The agency policy DC-ADM 008, Section 12, pages 5-6 indicates the documented notification will occur within 72 hours and must be documented in the PREA Tracking System (PTS). SCI Albion has reported 4 allegations of sexual abuse to other facilities in the past 12 months. SCI Albion has also received 5 allegations of sexual abuse from other facilities in the past 12 months. The auditor received the PTS number and confirmed the investigative actions. The auditor reviewed email notifications for compliance regarding previously reported incidents and the notification was provided within the mandated 72-hour timeframe to the facility head</p> |

and documented in an incident report. The agency head designee advised all notifications are received by the agency PREA Coordinator and the Agency Head. The auditor reviewed 3 case files of allegations reported to another facility. Each case file included the following documents: the case history, email notifications from facility heads, Notification of Abuse Allegations Form, and the investigative report. The auditor reviewed 5 case files for allegations received from other facilities including the following: the case history, email notifications from the facility head, Notification of Abuse Allegation Forms, and the investigative report. All documents indicated notification between the facility Superintendents within 72 hours.

The PREA Compliance Manager states, "We send the inmate to medical, they are offered medical and mental health referrals, they are offered rape crisis counseling, they are followed for retaliation monitoring, Psychology meets with them and completes paperwork and then follows them for 90 days. All of this is then forwarded to the facility where the allegation occurred".

Conclusion:

The facility has a policy to ensure reporting of allegations of sexual abuse of inmates while confined at another facility. The agency policy requires all allegations of sexual abuse received from another facility is investigated immediately. All investigations and notifications are documented and referred to the investigator within 72 hours of the receipt of the allegation. The auditor reviewed the documentation of allegations that an inmate was abused while in confinement, documentation that the notifications occurred within 72 hours, and the documentation of the notification from each agency head or appropriate staff person. Based on the evidence provided the facility meets the provisions required within this standard and no further action is required.

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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.64 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Emergency Response Cards 3. DC-ADM 008, Section 14, Responding to Reports of Sexual Abuse 4. Initial Response Checklist - Alleged Victim 5. Initial Response Checklist - Alleged Abuser <p>Interviews:</p> <ol style="list-style-type: none"> 1. 2 Non-Security Staff First Responder 2. 1 Security Staff First Responder 3. 6 Inmates Who Reported Sexual Abuse 4. 12 Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the Initial Response Checklist for the victim and the abuser 2. Reviewed the Emergency Response Card being utilized by the staff <p>Findings (By Provision):</p> <p>115.64 (a-b)</p> <p>Agency policy DC-ADM 008, Section 14, page 2 describes the staff first responder duties. The policy indicates the staff responsibilities for security and non-security employees. The directives for the security staff include the following four step action plan: separate the alleged victim and abuser, preserve and protect the scene, collect the evidence if time is allotted, and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating. If the first responder is a non-security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a security staff member immediately. The auditor interviewed 6 inmates who reported an allegation of sexual abuse, and all 6 inmates indicated a feeling that the staff respected the incident and kept them safe from their abuser.</p> <p>The facility reported 40 allegations of sexual abuse within the past 12 months, 40 cases that involved the separation of the victim and the abuser, 5 cases where physical evidence was collected, and the staff informed the inmates to not make any attempts to destroy the physical evidence. The auditor concluded staff knowledge regarding these actions throughout the facility as the auditor interviewed 1 security staff designated as a first responder, and 2 non-security staff. The common response was to notify a supervisor immediately and follow the</p> |

four-step action plan. The action plan was also noted in the employee handbook, staff training curriculum, and verified during the Superintendent interview. The auditor interviewed 12 random staff members, and all 12 were able to convey the action plan steps required within the policy to provide an immediate response. The staff also carry emergency response cards that indicate the four-step action plan. The auditor observed the staff carrying these cards throughout the on-site review. The auditor reviewed 1 Initial Response Checklist for the alleged victim and 1 Initial Response Checklist for the alleged abuser that included the 4 step action plan.

Conclusion:

The agency has a policy governing the staff first responder duties to include a security and non-security staff response. The policy mandates the four-step action plan previously mentioned within the body of the narrative. The auditor reviewed documentation and interviews indicating full compliance with this standard. No further action is required by the facility as they have met substantial compliance.

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| 115.65 | Coordinated response |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 587 360">Standard 115.65 Analysis</p> <p data-bbox="252 371 571 405">Auditor Brian Sutherland</p> <p data-bbox="252 416 387 450">SCI Albion</p> <p data-bbox="252 461 1238 495">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="252 539 411 573">Documents:</p> <ol data-bbox="252 584 1449 707" style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Agency Policy DC-ADM 008, Section 14, page 1, Responding to Reports of Sexual Abuse 3. DC- ADM 008, Local Policy, ALB 001, Effective April 22, 2019 <p data-bbox="252 752 395 786">Interviews:</p> <ol data-bbox="252 797 643 954" style="list-style-type: none"> 1. Facility Superintendent 2. PREA Coordinator 3. 12 Random Staff 4. 17 Informal Staff Interviews <p data-bbox="252 1010 595 1043">Site Review Observations:</p> <ol data-bbox="252 1055 834 1088" style="list-style-type: none"> 1. Reviewed the First Responder Duty Cards <p data-bbox="252 1144 563 1178">Findings (By Provision):</p> <p data-bbox="252 1223 387 1256">115.65 (a)</p> <p data-bbox="252 1267 1477 1648">SCI Albion has a written plan to coordinate actions for all staff during reported allegations of sexual abuse, sexual assault, and sexual harassment. The action plan describes the procedures for the following participants: volunteers and contractors, support staff, security staff, shift commanders, shift supervisors, first responder duties, medical and mental health practitioners, investigators, and facility leadership. The facility plan is documented, provides detailed actions for providers, and the staff were able to convey their specific duties during the 12 random and 17 informal staff interviews. The facility Superintendent and the PREA Coordinator interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.</p> <p data-bbox="252 1693 403 1727">Conclusion:</p> <p data-bbox="252 1783 1477 2074">The SCI Albion has a facility institutional response 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 response plan is separate from the agency response plan and it is more locally individualized to meet the specific needs of the facility. The auditor reviewed documents and conducted staff interviews in order to measure the effectiveness of the written plan. Based on the evidence provided by the facility, substantial compliance was indicated and no further action is required.</p> |

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Standard 115.66 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Policy – 4.1.1 Human Resources and Labor Relations, Section 5 pg. 1-3 3. Memorandum from Secretary of Corrections 4. Pennsylvania Doctors Alliance Agreement 5. American Federation of State, County and Municipal Employees Agreement 6. Correctional Institution Vocational Education Association, Pennsylvania State Education 7. Association, National Education Association Agreement 8. Federation of State Cultural and Educational Professionals Agreement 9. Pennsylvania State Corrections Officers Association Agreement 10. OPEIU Healthcare Pennsylvania Memorandum of Understanding 11. SEIU Agreement 12. Service Employees International Union Healthcare Pennsylvania, CTW, CLC Agreement <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. Agency Head Designee <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed a memo provided by the PREA Compliance Manager discussing evidence supported by a previous audit. <p>Findings (By Provision):</p> <p>115.66 (a)</p> <p>The Pennsylvania Department of Corrections has not entered into any agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>In deciding to suspend an employee pending investigation, the Department must be able to demonstrate that the “nature of the allegations” are such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offenses. The FLSA regulations, for exempt employees, permit suspensions of less than a full workweek for violations of written workplace policies applicable to all employees. This provision applies to generally applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual</p> | |

harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law. Discipline for these infractions should be consistent with Section 6 of this procedures manual.

Conclusion:

The auditor reviewed the evidence provided by the facility and found no evidence to deny satisfactory compliance toward this standard. These documents do not limit the agency's ability to remove alleged staff sexual abusers from the contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility Superintendent interview confirmed this process, and the Agency Head Designee interview indicated disciplinary action will be followed by notification to the Pennsylvania State Police for criminal acts, and certifying bodies for certification review.

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.67 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Retaliation Monitoring Form 3. DC-ADM 008, Section 13, pages 1-2, Protection Against Retaliation <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head Designee 2. Facility Superintendent 3. 1 Staff Member Assigned to Monitor Retaliation 4. 6 Inmates who Reported Sexual Abuse 5. 3 High Risk of Sexual Victimization Inmates 6. 12 Random Staff 7. 25 Random Inmates 8. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed an email transcript from the facility Superintendent to the compliance monitor extending the 90 day review. <p>Findings (By Provision):</p> <p>115.67 (a-e)</p> <p>The agency has established a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation and this is described in agency policy DC-ADM 008, Section 13. The Department shall protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.</p> <ol style="list-style-type: none"> 1. Any individual, who seeks to deter an inmate or other individual from reporting sexual abuse or sexual harassment, or who in any manner, harasses or intimidates any person who reports the alleged contact is subject to discipline. 2. Staff that require retaliation monitoring due to report of sexual abuse or sexual harassment, or because of an expressed fear of retaliation due to cooperation with an investigation of inmate sexual abuse or sexual harassment shall meet with: <ol style="list-style-type: none"> a. the Deputy Superintendent for Centralized Services (DSCS) in State Correctional Institutions (SCIs); |

- b. the Facility Director in Community Corrections Centers (CCCs); and
- c. the District Director/Deputy District Director in Pennsylvania Board of Probation and Parole (PBPP) offices/sub-offices.

The facility PREA Compliance Manager and unit counselors are the designated staff members charged with monitoring possible retaliation. These positions are provided the necessary support by the Superintendent, and during the interview process indicated an active role toward retaliation monitoring advising this is an ongoing process.

The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for inmate victims and abusers, removal of staff through termination, emotional support services, monitoring the inmate and staff performance evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and the inmates are provided with materials to assist the communication process. Literature is posted in the inmate handbook, posters, and methods of reporting retaliation described in the daily PREA video. The Superintendent indicated additional reviews may be considered once the 90-day review has concluded. The auditor reviewed email communication between the facility Superintendent and the PREA Compliance Manager extending the 90-day review. Random interviews with 12 staff members and 25 random inmates indicated no cause for concern with retaliation. As one inmate indicated they are keeping us safe and watching us all the time. The auditor interviewed the PREA Compliance Manager, 6 inmates that previously reported sexual abuse, and 3 inmates identified as high risk for sexual victimization and no interviews indicated retaliation concerns. The facility reported 2 allegations of retaliation in the past 12 months, and the classification files documented the 90-day review. The auditor reviewed the Retaliation Monitoring Form for both cases and indicated a review was conducted on the following days: within 96 hours, within 15 days, within 30 days, within 60 days, and within 90 days. All reviews indicated no concerns regarding retaliation.

Conclusion:

The Pennsylvania Department of Corrections has an agency policy protecting all inmates and staff who report abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. This extends from retaliation from inmates or staff, and includes the monitoring of inmates and staff following a report, and the agency response to the suspected retaliation. The auditor reviewed documentation and interviews to support these findings and the auditor finds the facility has met the provisions of this standard with substantial compliance. No further action is required.

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.68 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. DC-ADM 802, Section 2, Administration Hearing 3. DC-ADM 008, Section 5, page 1, Sexual Abuse/Sexual Harassment Prevention - Protective Custody <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. 2 Staff Supervising Segregated Housing 3. 3 Inmates in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed records and documentation of housing assignments of inmates who alleged to have suffered sexual abuse. Documentation of in-cell AND out- of-cell programs, privileges, education, and work opportunities for inmates in segregated housing. 2. Reviewed if the facility restricts access to programs, privileges, education, or work opportunities. 3. Reviewed records for length of placement in segregated housing for those who alleged to have suffered sexual abuse. 4. Reviewed records indicating inmates are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days. 5. Reviewed Case files of inmates who alleged to have suffered sexual abuse held in involuntary segregated housing in the past 12 months. <p>Findings (By Provision):</p> <p>115.68 (a) Policy DC-ADM 008, Section 5, page 1 clearly defines the information within this standard. Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate will not be held for more than 24 hours to complete the assessment.</p> <p>Adherence to the guidelines set forth in Section 1, Subsection A. of this procedures manual shall occur when inmates at a high risk for sexual victimization or inmates who have alleged sexual abuse are involuntarily placed into Protective Custody (PC) after a determination has been made that no other available alternative means of separation exist from likely abusers. An administrative hearing shall be conducted as outlined below.</p> |

1. The hearing shall be conducted by the Program Review Committee (PRC).

When an inmate is placed into involuntary Administrative Custody (AC) due to high risk for sexual victimization or after allegedly suffering sexual abuse, the hearing shall take place within 24 hours of placement or the next business day.

2. The reason(s) for the inmate's AC confinement must be explained to the inmate in writing and the inmate must be provided with the DC-141, Part 1, Other Report. When an inmate is placed into involuntary AC due to high risk for sexual victimization or after allegedly suffering sexual abuse, the DC-141, Part 1, must articulate:

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

This policy was confirmed during the interview with the facility Superintendent. This policy allows for programming, privileges, education, and work opportunities to the extent possible.

This auditor reviewed the segregated housing records and spoke with the staff that supervise inmates in segregated housing. Two inmates in the past 12 months was identified to be housed in segregated housing involuntary. The initial review was conducted within 24 hours. Both inmates were reassigned to general population. The facility documented the privileges such as recreation, education, and programming. The inmate was not authorized work opportunities due to behavior concerns and this was documented on the segregation forms. The auditor interviewed both inmates and they advised no concerns with their housing considerations, they were able to utilize the therapeutic activity chairs, recreation areas, and games. The auditor determined the 2 inmates were housed in segregation due to behavior concerns and not sexual safety concerns.

Conclusion:

The agency has a policy governing the use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse. The auditor reviewed the facility evidence provided, interviews, and on-site compliance determinations. Based on the evidence provided the facility demonstrates substantial compliance to all provisions within this standard. No further action is required.

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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.71 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Inmates who Reported Sexual Abuse 3. Facility Superintendent 4. PREA Coordinator 5. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports <p>Findings (By Provision):</p> <p>115.71 (a-l)</p> <p>The Pennsylvania State Police conducts all criminal investigations regarding allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment for the Pennsylvania Department of Corrections as required in State policy. This information was confirmed during the investigator interview. Agency policy requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment. The auditor reviewed 38 investigative reports to include reports from the third-party allegations and 22 cases are still active, 40 cases are closed, 10 unfounded, 27 unsubstantiated, and 3 substantiated.</p> <p>Agency policy requires the agency use investigators who have specialized training in sexual abuse investigations. This training includes 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 action or prosecution referral. The Pennsylvania State Police will prepare compelled interviews and communicate all activities with the County Prosecutor. The compelled interviews would be conducted while moving forward throughout the investigative process and truth telling devices, such as a polygraph, would not be utilized strictly to continue the investigation. The</p> |

Pennsylvania State Police authorizes investigators to support the SCI Albion and the PDOC. The auditor verified investigators have received the specialized PREA investigator training. All 38 investigative records reviewed by the auditor were conducted by trained investigators. The facility spreadsheet used to track the investigations listed the PREA Lieutenant as the investigator in administrative investigations. The auditor confirmed the investigator has received the specialized PREA training. The shift supervisors gather the information and the certified PREA investigator conducted all investigations and support was provided by staff interviews, reviewing investigative records, email notifications, and revised spreadsheets. The shift supervisors gathered personal data, secured the scene, and performed first responder duties.

This auditor reviewed 38 investigative reports and determined the a documented credibility assessment. The considerations for credibility was included as discussed throughout the investigative staff interviews. The Pennsylvania State Police will review the evidence provided throughout the investigation to determine if the case will be deemed criminal or administrative. A criminal case will be consulted with the local prosecutor and the administrative case will be directed back to the facility Superintendent for administrative action. The Superintendent will consult with the investigator to determine if staff actions or failures to act contributed to the incident. All cases will be reviewed and determinations made based on the following: written reports, physical and testimonial evidence, credibility assessments, and the investigative facts and findings. All investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter.

Agency policy explains the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating the investigation. All parties will cooperate with the investigation and outside licensing bodies will be notified. This was confirmed during the investigator and Superintendent interviews.

Conclusion:

The Pennsylvania Department of Corrections has an agency policy related to the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. The auditor reviewed all evidence provided, reviewed case files, conducted interviews, and reviewed a sample of the retained investigations, the auditor finds SCI Albion meets the provisions of this standard with substantial compliance. No further action is required.

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| 115.72 | Evidentiary standard for administrative investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard 115.72 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports <p>Findings (By Provision):</p> <p>115.72 (a) Agency policy requires the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the facility PREA investigator revealed the facility standard is preponderance of the evidence. This evidence was verified through monitoring the results of 60 total investigations conducted. The auditor reviewed 38 investigative files, there were a total 40 closed cases, 20 pending cases, 3 substantiated, 27 unsubstantiated, and 10 unfounded.</p> <ol style="list-style-type: none"> 1. In administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated. (28 C.F.R. §115.72) <p>Conclusion:</p> <p>The agency has a policy imposing a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment is substantiated. Based on the evidence provided, the auditor has determined substantial compliance with the provisions of this standard. No further action is required.</p> |

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| 115.73 | Reporting to inmates |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Standard 115.73 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Inmate Notification <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Facility Superintendent 3. Inmates who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Inmate Notifications <p>Findings (By Provision):</p> <p>115.73 (a-e)</p> <p>Agency policy requires, following an investigation into an inmates allegation of sexual abuse, the agency must inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed a documented investigation and written notification to the inmate was provided as an unfounded complaint. The PREA Compliance Manager reported 11 investigations completed in the last 12 months and 11 notifications were documented as issued to the inmate. Agency policy requires if the allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate whenever the staff member is no longer posted in the inmates unit, no longer employed at the facility, indicted on a charge, or have been convicted on a charge related to sexual abuse. The policy reflects these steps are not required if the results of the allegation are unfounded. The facility reported zero substantiated allegations documented within the last 12 months against a staff member.</p> <p>Agency policy requires when the allegation is the result of sexual abuse by another inmate, the facility must notify the victim when the agency learns that the alleged abuser has been indicted on a charge, or convicted on a charge, and these steps are not required if the results of the allegation is unfounded. The facility Superintendent and the PREA investigator confirmed this communication process during the on-site review. The PREA Coordinator</p> | |

indicated knowledge of this occurring throughout the investigative process. This auditor reviewed documentation of this notification process occurring during the on-site review.

Conclusion:

The agency has a policy requiring that any inmate who makes an allegation of suffering sexual abuse in an agency or facility is informed, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the evidence provided the SCI Albion meets the provisions of this standard with substantial compliance. No further action is required.

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.76 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Inmate Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. DC-ADM 008, Section 17, Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation 9. 4.1.1 Human Resource and Labor Relations Bulletin (Effective 02-17-15) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Inmate Notifications 4. Reviewed the MOU between the PSP and the PDOC <p>Findings (By Provision):</p> <p>115.76 (a-d)</p> <p>The presumptive disciplinary sanction for staff who has engaged in sexual abuse at the SCI Albion is termination and this is explained in agency policy. This policy was confirmed by the facility Superintendent during the interview process and reviewed by the auditor in the employee handbook. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The disciplinary action is commensurate with the acts committed, staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>The auditor reviewed documentation in attempts to determine if other staff actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused an inmate. No findings of this</p> |

nature were reported within the 38 investigative reports reviewed.

The facility reported 0 incidents in the past 12 months for staff who have been terminated or disciplined for violation of the agency sexual abuse or sexual harassment policies. The auditor reviewed the disciplinary action of staff with the facility Superintendent and the sanctions imposed for violation of this policy is termination. The facility Superintendent confirmed past incidents being referred to law enforcement for prosecution and notifying the applicable licensing board such as the Criminal Justice Services, Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. This is required by agency policy 4.1.1 Human Resource and Labor Relations Bulletin effective February 17, 2015. The Pennsylvania State Police conducts all criminal investigations and the auditor reviewed the Memorandum of Understanding provided by the facility.

Conclusion:

The Pennsylvania Department of Corrections has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the evidence provided by the facility such as: sample records of terminations, resignations, other sanctions, and law enforcement referral the auditor determined the SCI Albion meets the provisions required within this standard. No further action is required and the presumptive expectation of disciplinary actions is termination.

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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.77 Analysis Auditor Brian Sutherland SCI Albion The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Inmate Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. DC-ADM 008, Section 17, Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation 9. 4.1.1 Human Resource and Labor Relations Bulletin (Effective 02-17-15) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Inmate Notifications 4. Reviewed the MOU between the PSP and the PDOC <p>Findings (By Provision):</p> <p>115.77 (a-b) Agency policy requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies. This procedure is not enforced if the activity is clearly not criminal or the allegation is unfounded. Notifications will also be made to relevant licensing bodies and the facility shall take appropriate remedial measures to determine further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment. This was confirmed during the facility Superintendent interview and informal interviews with the command staff.</p> <p>The auditor reviewed documentation in attempts to determine if other volunteer or contractor actions may have contributed to the incident that led to disciplinary sanctions for staff such as:</p> |

failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused an inmate. No findings of this nature were reported within the 38 investigative reports reviewed.

Conclusion:

The Pennsylvania Department of Corrections has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the evidence provided by the facility such as: sample records of terminations, resignations, other sanctions, and law enforcement referral the auditor determined the SCI Albion meets the provisions required within this standard. No further action is required and the presumptive expectation of disciplinary actions is termination.

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| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.78 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Inmate Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. DC-ADM 008, Section 17, Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation 9. 4.1.1 Human Resource and Labor Relations Bulletin (Effective 02-17-15) 10. Inmate Classification Files 11. Inmate Disciplinary Files 12. Inmate Medical Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. 2 Medical Staff 3. 1 Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Inmate Notifications 4. Reviewed the MOU between the PSP and the PDOC <p>Findings (By Provision):</p> <p>115.78 (a-g)</p> <p>Agency policy informs inmates shall be subject to disciplinary sanctions pursuant to a 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 sexual abuse. The facility reported no administrative findings of inmate-on-inmate sexual abuse or criminal findings in the past 12 months. This was confirmed by the facility Superintendent, 1 Mental Health staff, 2 medical staff members, and 49 inmate medical files reviewed. The Mental Health staff indicated potential screenings to address or correct the underlying reasons or motivations for abuse. The facility utilizes medical staff for assistance and the Crime Victim Center of Erie</p> |

County for counseling services. SCI Albion also provides counseling services for stabilization, transitional theory, weekend activities, recreation, group activities, painting, therapeutic community group, and mentoring classes.

Agency policy advises the facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish enough evidence to substantiate the allegation. The facility prohibits all sexual activity between inmates and may discipline inmates for such activity.

Conclusion:

The agency has a policy which states inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. The auditor reviewed all records and findings associated with the provisions of this standard and no further action is required. The SCI Albion meets the substantial compliance required with this standard.

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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.81 Analysis Auditor Brian Sutherland SCI Albion The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. 49 Inmate Medical Files 3. Policy – DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1 4. Classification Records 5. Mental Health Confidential Disclosure Statement 6. Medical and Mental Health Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. 2 Medical Staff 3. 1 Mental Health Staff 4. Inmate Reporting Prior Sexual Victimization <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed files and records logs <p>Findings (By Provision):</p> <p>115.81 (a-e) The auditor reviewed 49 random selected electronic medical files and reviewed the facility policy regarding inmates experiencing prior victimization and abusiveness. Agency policy provides this information and verifies staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake process. This was also confirmed during the interview with the Mental Health staff.</p> <p>Agency policy DC-ADM 008 indicates that "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 or mental health practitioner within 14 days of the intake screening or sooner, if clinically indicated". This information is documented in the medical incident injury report, as well as DC-121. Interviews with one inmate who disclosed sexual victimization during PRAT and review of corresponding documentation is consistent with the policy requirement and adhere to this standard. The auditor interviewed an inmate that reported prior sexual victimization during the risk screening and the inmate confirmed being offered a follow up referral with mental health. The inmate advised this was conducted within a few days and the inspection of the medical file indicated 2 days.</p> |

The auditor did not identify any concerns with the tracking mechanism presented by the medical staff regarding the 14 day reviews. The staff member from intake will generate the referral request based on the information received during the inmate risk screening (PRAT). The referral will be noted in the medical files and this begins an internal time clock to track the number of days until the 14 day review is completed.

The medical staff and authorized staff are provided a user name and password to access the medical records. This information is strictly for treatment plans, housing decisions, bed assignments, work details, educational programming, or as otherwise required by federal, state, and local law. The medical screening form is signed by inmates to provide consent for professional health care services and to receive instructions regarding access to medical, dental, and mental health care. Interviews with medical and mental health staff revealed that a consent form is signed by the inmates regarding the limits to confidentiality.

Conclusion:

The Pennsylvania Department of Corrections has a policy governing the facility response to medical and mental health services in correlation with the review of the inmate risk assessment screenings. The policy stresses confidentiality within the medical environment and manages the immediate health needs, security risks, and the determination for further treatment. A review of all evidence provided by the facility indicates full compliance with the provisions of this standard. No further action is required.

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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.82 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. 49 Inmate Medical Files 3. Policy – DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1 4. Classification Records 5. Mental Health Confidential Disclosure Statement 6. Medical and Mental Health Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. 2 Medical Staff 3. 1 Mental Health Staff 4. Inmate Reporting Prior Sexual Victimization <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed files and records logs <p>Findings (By Provision):</p> <p>115.82 (a-d)</p> <p>Agency policy requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility offers 24-hour medical care and 24-hour crisis intervention services. The facility provides on site emergency room care and utilizes the OPEIU Healthcare, UPMC Hamot, and St. Vincent Health Center for the SAFE/SANE exams. The Crime Victim Center provides 24-hour counseling and crisis intervention services and the facility supports it own crisis stabilization and transitional care units. The UPMC Hamot performs all sexual assault examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE provides the notification to the Crime Victim Center for on-site advocacy during the exam. The volunteers will be notified to provide crisis intervention services and advocacy. The level of care at the SCI Albion is consistent with the level of care demonstrated within the community. The auditor spoke with the SANE staff and confirmed on-site exams are conducted with the presence of a volunteer advocate. The auditor reviewed the MOU for the Crime Victim Center and the UPMC Hamot.</p> <p>This auditor reviewed the inmate handbook provided by the facility to ensure compliance. The treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident. This was confirmed by the Health Services Administrator and no concerns were present</p> |

during the informal inmate interviews. No victims of sexual assault were available during the on-site review as this facility has not reported an substantiated allegations in the past 12 months. The auditor interviewed 4 inmates who have reported sexual abuse and they did not indicate any concerns within this standard.

Conclusion:

Based on the evidence provided the facility is fully compliant with this standard.

115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.83 Analysis

Auditor Brian Sutherland

SCI Albion

The following evidence was analyzed in making compliance determinations:

Documents:

1. SCI Albion Pre-Audit Questionnaire Responses
2. 49 Inmate Medical Files
3. Policy – DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records

Interviews:

1. Facility Superintendent
2. 2 Medical Staff
3. 1 Mental Health Staff
4. Inmate Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.83 (a-h)

The facility Mental Health Director indicated the facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse. The Mental Health Director advised the evaluation and treatment plans are consistent with the level of care demonstrated within the community. At times, the inmate may qualify for additional services due to their status. The inmate treatment plans may consist of referrals for continued care, medications, transfers to other facilities, or accommodations upon release. SCI Albion does not house female offenders.

Agency policy advises inmate victims will be offered tests for sexually transmitted infections and all treatment services will be provided at no cost to the victim. This information is supported in the inmate handbook. The Crime Victim Center will also provide outside emotional support services and their volunteers are also on-site conducting programs. This information was confirmed during the Health Services interview and the informal staff interviews. The informal inmate interviews expressed knowledge regarding the free medical, mental health, and emotional support services offered at the facility. The Crime Victim Center information was posted near every phone in the inmate living units. All 25 random inmate interviews confirmed knowledge of this service. The Mental Health Director confirmed the 60 day mental

health assessments are conducted for inmate-on-inmate abusers.

Conclusion:

Based on the evidence provided the facility was found in compliance with the provisions of this standard. No further action is required.

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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.86 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Agency Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. PREA Coordinator 3. Incident Review Team Member <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Discussed the Incident Review Team Process <p>Findings (By Provision):</p> <p>115.86 (a-e)</p> <p>Agency policy mandates the facility conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30 days of the conclusion of the investigation. This process was confirmed by the Superintendent and PREA Compliance Manager interviews. The incident review team consists of the following: Assistant Warden, Security Chief, Classification Supervisor, and the team receives input from line supervisors, investigators, and medical and mental health staff.</p> <p>The facility presents a report of its findings from the sexual abuse incident reviews and makes a final recommendation for improvement or documents the reasons for not performing improvements. The criteria included within the reviews consists of the following: policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and inmates, appropriate supervision, notifications, and operational considerations. The Superintendent confirmed the facility recently received a grant for additional video monitoring equipment and is requesting additional cameras in the future. The auditor reviewed 2 incident review documents and noted the information was provided within the form. The Superintendent confirmed review of 11 reported facility incident reviews.</p> <p>Conclusion:</p> <p>The auditor determined the facility met this standard with substantial compliance and no</p> |

further action is required.

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| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.87 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Agency Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. PREA Coordinator 3. Incident Review Team Member <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Discussed the Incident Review Team Process <p>Findings (By Provision):</p> <p>115.87 (a-f)</p> <p>The auditor reviewed the facility uniform data for every allegation of sexual abuse and compared the data to the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility aggregates the incident-based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence. The auditor reviewed the data collected in 2017, 2018, and to date in 2019 as the data is compiled for a one-year (calendar) period after December. The SCI Albion does not operate another facility or contract with other facilities for the confinement of its inmates. The PREA Compliance Manager securely maintains all documentation used to compile the information and the Pennsylvania State Police maintains the investigative data and records. Approved data is posted on the Agency website and available upon request by the Department of Justice.</p> <p>Conclusion: No further action required.</p> |

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.88 Analysis Auditor Brian Sutherland SCI Albion The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Agency Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. PREA Coordinator 3. Incident Review Team Member <p>Findings (By Provision):</p> <p>115.88 (a-d) Agency policy requires the facility to review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the facility website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual misconduct by inmate-to-inmate and staff-to-inmate reports in 2017, 2018, and current data for 2019. This information is approved by the facility Superintendent and posted on the facility website for review.</p> <p>The agency PREA Coordinator advised this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The facility Superintendent confirmed the use and data associated with this report during the interview. The data report demonstrates huge efforts toward a reduction in facility sexual assault allegations as the 2018 figures are much lower than the 2017 report. No facility data was redacted from the annual report for publication and this was verified by the PREA Compliance Manager. The facility video monitoring equipment upgrades have contributed significantly to the reduction of allegations and required reviews.</p> <p>Conclusion: No further action required as the data meets the provision requirements for the standard.</p> |

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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.89 Analysis Auditor Brian Sutherland SCI Albion The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Agency Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. PREA Coordinator 3. Incident Review Team Member <p>Findings (By Provision):</p> <p>115.89 (a-d) The PREA Coordinator indicated all documentation utilized for data collection is maintained by the PREA Compliance Manager. The PREA Compliance Manager collects the data and maintains electronic files on a secure server. The data report is approved by the Agency Director and the Facility Superintendent and posted on the Agency website annually. The auditor reviewed the report and did not observe any personally identifying information. Agency policy requires the facility shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>Conclusion: Meets Standard.</p> |

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| 115.401 | Frequency and scope of audits |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 606 358">Standard 115.401 Analysis</p> <p data-bbox="252 369 574 403">Auditor Brian Sutherland</p> <p data-bbox="252 414 391 448">SCI Albion</p> <p data-bbox="252 459 1236 492">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="252 537 406 571">Documents:</p> <ol data-bbox="252 582 901 750" style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Agency Policy 3. PREA Audit Notice Verification 4. 8 Postal Communications from Inmates <p data-bbox="252 795 391 828">Interviews:</p> <ol data-bbox="252 840 774 963" style="list-style-type: none"> 1. Facility Superintendent 2. PREA Coordinator 3. 8 Inmates Receiving Correspondence <p data-bbox="252 1008 598 1041">Site Review Observations:</p> <ol data-bbox="252 1052 909 1086" style="list-style-type: none"> 1. Reviewed the Agency Website and Facility Data <p data-bbox="252 1131 566 1164">Findings (By Provision):</p> <p data-bbox="252 1176 422 1209">115.401(a-n)</p> <p data-bbox="252 1220 1484 1556">The SCI Albion conducted its first cycle PREA audit May 11, 2016, and the facility was found in compliance on 43 standards, 4 standards exceeded expectation, 37 met the standards, and 2 standards were documented as not applicable. The auditor reviewed the report on the facility website during the pre-audit phase. The SCI Albion conducted its second cycle PREA audit on April 11, 2017, and the facility was found in compliance on 45 standards, 3 standards exceeded expectation, 36 evaluated with a meets determination, and 6 standards were noted as not applicable. This data was confirmed by the facility PREA Compliance Manager during the on-site review.</p> <p data-bbox="252 1601 1484 2150">The auditor was authorized complete access to the entire facility and provided this access during the on-site review. No restrictions were placed on the auditor during the pre-audit, onsite review, and post audit phases. The auditor received all documents requested and was provided electronic viewing upon request. The on-site review provided the auditor the opportunity to conduct private interviews with inmates, staff, volunteers, and contractors without limitations. The facility PREA Compliance Manager provided photographic evidence regarding the posting of the PREA Audit Notification in all inmate living units on August 2, 2019. This posting provided the inmates and staff a name and mailing address for the auditor. The auditor confirmed this posting during the on-site review as staff and inmate interviews validated the posting at least 6 weeks prior to the on-site review. The auditor received 8 postal communications from inmates at SCI Albion and 0 correspondence from staff. The auditor was able to interview all 8 of the inmates that submitted correspondence to the auditor. None of the correspondence received involved issues relative to the sexual safety of the facility.</p> |

Conclusion:

Based on the evidence provided by the facility as reviewed, by the auditor from the facility website, SCI Albion meets substantial compliance with the provisions of the standard. No additional action is required.

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.403 Analysis Auditor Brian Sutherland SCI Albion</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCI Albion Pre-Audit Questionnaire Responses 2. Agency Policy 3. PREA Audit Notice Verification 4. 8 Postal Communications from Inmates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the Agency Website and Facility Data <p>Findings (By Provision):</p> <p>115.403 (a-f)</p> <p>The auditor verified the final audit reports were published on the facility website, and the auditor reviewed all documentation and compliance efforts. The auditor attempted to confirm all prior recommendations were completed from the previous audit. The facility has received 2 prior PREA audit reports and the auditor confirmed both audit reports are published on the agency website. The SCI Albion conducted its first cycle PREA audit May 11, 2016, and the facility was found in compliance on 43 standards, 4 standards exceeded expectation, 37 met the standards, and 2 standards were documented as not applicable. The auditor reviewed the report on the facility website during the pre-audit phase. The SCI Albion conducted its second cycle PREA audit on April 11, 2017, and the facility was found in compliance on 45 standards, 3 standards exceeded expectation, 36 evaluated with a meets determination, and 6 standards were noted as not applicable. This data was confirmed by the facility PREA Compliance Manager during the on-site review.</p> <p>Conclusion:</p> <p>Based on the evidence provided by the facility, the SCI Albion meets substantial compliance with the provisions of this standard, and no further action is required.</p> |

Appendix: Provision Findings

| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|------------|---|-----|
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |

| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|------------|--|-----|
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |

| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|------------|---|-----|
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |

| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
|------------|---|-----|
| | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |

| | | |
|-------------------|---|-----|
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |

| | | |
|-------------------|---|-----|
| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | | |

| | | |
|--|---|-----|
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |

| | | |
|-------------------|--|----|
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | na |

| | | |
|-------------------|---|-----|
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |

| 115.13 (d) | Supervision and monitoring | |
|------------|--|-----|
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |

| 115.14 (a) | Youthful inmates | |
|------------|---|----|
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |

| 115.14 (b) | Youthful inmates | |
|------------|--|----|
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |

| 115.14 (c) | Youthful inmates | |
|------------|--|----|
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |

| 115.15 (a) | Limits to cross-gender viewing and searches | |
|------------|---|-----|
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |

| 115.15 (b) | Limits to cross-gender viewing and searches | |
|------------|--|----|
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | na |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | na |

| 115.15 (c) | Limits to cross-gender viewing and searches | |
|------------|---|-----|
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | na |

| 115.15 (d) | Limits to cross-gender viewing and searches | |
|------------|---|-----|
| | Does the facility have policies that enables inmates 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? | yes |
| | Does the facility have procedures that enables inmates 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? | yes |

| 115.15 (e) | Limits to cross-gender viewing and searches | |
|------------|--|-----|
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during 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? | yes |

| 115.15 (f) | Limits to cross-gender viewing and searches | |
|------------|---|-----|
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
|------------|--|-----|
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |

| | | |
|--|--|-----|
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |

| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
|------------|---|-----|
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
|------------|---|-----|
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |

| 115.17 (a) | Hiring and promotion decisions | |
|------------|---|-----|
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who 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? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who 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? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |

| 115.17 (b) | Hiring and promotion decisions | |
|------------|---|-----|
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |

| 115.17 (c) | Hiring and promotion decisions | |
|------------|--|-----|
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |

| 115.17 (d) | Hiring and promotion decisions | |
|------------|--|-----|
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |

| 115.17 (e) | Hiring and promotion decisions | |
|------------|--|-----|
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |

| 115.17 (f) | Hiring and promotion decisions | |
|------------|---|-----|
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |

| | | |
|-------------------|---|-----|
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |

| | | |
|-------------------|--|-----|
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |

| | | |
|-------------------|---|-----|
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |

| | | |
|-------------------|---|-----|
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |

| 115.21 (a) | Evidence protocol and forensic medical examinations | |
|------------|---|-----|
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

| 115.21 (b) | Evidence protocol and forensic medical examinations | |
|------------|--|-----|
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

| 115.21 (c) | Evidence protocol and forensic medical examinations | |
|------------|---|-----|
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |

| 115.21 (d) | Evidence protocol and forensic medical examinations | |
|------------|---|-----|
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |

| 115.21 (e) | Evidence protocol and forensic medical examinations | |
|------------|---|-----|
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |

| 115.21 (f) | Evidence protocol and forensic medical examinations | |
|------------|--|-----|
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |

| 115.21 (h) | Evidence protocol and forensic medical examinations | |
|------------|---|----|
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na |

| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
|------------|---|-----|
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
|------------|--|-----|
| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |

| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
|------------|--|-----|
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | yes |

| 115.31 (a) | Employee training | |
|------------|--|-----|
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |

| 115.31 (b) | Employee training | |
|------------|---|-----|
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |

| 115.31 (c) | Employee training | |
|------------|--|-----|
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |

| 115.31 (d) | Employee training | |
|------------|---|-----|
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |

| 115.32 (a) | Volunteer and contractor training | |
|------------|---|-----|
| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |

| 115.32 (b) | Volunteer and contractor training | |
|------------|---|-----|
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |

| | | |
|-------------------|---|-----|
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

| | | |
|-------------------|---|-----|
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |

| | | |
|-------------------|--|-----|
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |

| | | |
|-------------------|--|-----|
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |

| 115.33 (d) | Inmate education | |
|-------------------|---|-----|
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |

| 115.33 (e) | Inmate education | |
|-------------------|---|-----|
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |

| 115.33 (f) | Inmate education | |
|-------------------|---|-----|
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? | yes |

| 115.34 (a) | Specialized training: Investigations | |
|-------------------|---|-----|
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

| 115.34 (b) | Specialized training: Investigations | |
|------------|---|-----|
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

| 115.34 (c) | Specialized training: Investigations | |
|------------|--|-----|
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

| 115.35 (a) | Specialized training: Medical and mental health care | |
|------------|---|-----|
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

| 115.35 (b) | Specialized training: Medical and mental health care | |
|------------|--|----|
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |

| 115.35 (c) | Specialized training: Medical and mental health care | |
|------------|--|-----|
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

| 115.35 (d) | Specialized training: Medical and mental health care | |
|------------|---|-----|
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |

| 115.41 (a) | Screening for risk of victimization and abusiveness | |
|------------|---|-----|
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |

| 115.41 (b) | Screening for risk of victimization and abusiveness | |
|------------|--|-----|
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |

| 115.41 (c) | Screening for risk of victimization and abusiveness | |
|------------|---|-----|
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

| 115.41 (d) | Screening for risk of victimization and abusiveness | |
|------------|--|-----|
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? | yes |

| 115.41 (e) | Screening for risk of victimization and abusiveness | |
|------------|--|-----|
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |

| 115.41 (f) | Screening for risk of victimization and abusiveness | |
|------------|---|-----|
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |

| 115.41 (g) | Screening for risk of victimization and abusiveness | |
|------------|---|-----|
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |

| 115.41 (h) | Screening for risk of victimization and abusiveness | |
|------------|---|-----|
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |

| | | |
|-------------------|--|-----|
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? | yes |

| | | |
|-------------------|--|-----|
| 115.42 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |

| | | |
|-------------------|---|-----|
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |

| 115.42 (c) | Use of screening information | |
|------------|--|-----|
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? | yes |

| 115.42 (d) | Use of screening information | |
|------------|--|-----|
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |

| 115.42 (e) | Use of screening information | |
|------------|---|-----|
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |

| 115.42 (f) | Use of screening information | |
|------------|---|-----|
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |

| 115.42 (g) | Use of screening information | |
|------------|--|-----|
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |

| 115.43 (a) | Protective Custody | |
|------------|---|-----|
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |

| 115.43 (b) | Protective Custody | |
|------------|--|-----|
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |

| 115.43 (c) | Protective Custody | |
|------------|--|-----|
| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |

| 115.43 (d) | Protective Custody | |
|------------|---|-----|
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |

| 115.43 (e) | Protective Custody | |
|------------|---|-----|
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |

| 115.51 (a) | Inmate reporting | |
|------------|---|-----|
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

| 115.51 (b) | Inmate reporting | |
|------------|---|-----|
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |

| 115.51 (c) | Inmate reporting | |
|------------|---|-----|
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |

| 115.51 (d) | Inmate reporting | |
|------------|---|-----|
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |

| 115.52 (a) | Exhaustion of administrative remedies | |
|------------|--|----|
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |

| 115.52 (b) | Exhaustion of administrative remedies | |
|------------|---|----|
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | no |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | no |

| 115.52 (c) | Exhaustion of administrative remedies | |
|------------|---|----|
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | no |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | no |

| 115.52 (d) | Exhaustion of administrative remedies | |
|------------|---|----|
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | no |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | no |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | no |

| 115.52 (e) | Exhaustion of administrative remedies | |
|------------|--|----|
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | no |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | no |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | no |

| 115.52 (f) | Exhaustion of administrative remedies | |
|------------|--|----|
| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | no |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | no |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | no |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | no |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | no |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | no |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | no |

| 115.52 (g) | Exhaustion of administrative remedies | |
|------------|--|----|
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |

| 115.53 (a) | Inmate access to outside confidential support services | |
|------------|---|-----|
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | na |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |

| 115.53 (b) | Inmate access to outside confidential support services | |
|------------|--|-----|
| | Does the facility 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? | yes |

| 115.53 (c) | Inmate access to outside confidential support services | |
|------------|--|-----|
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |

| 115.54 (a) | Third-party reporting | |
|------------|---|-----|
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |

| 115.61 (a) | Staff and agency reporting duties | |
|------------|--|-----|
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |

| 115.61 (b) | Staff and agency reporting duties | |
|------------|--|-----|
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |

| 115.61 (c) | Staff and agency reporting duties | |
|------------|---|-----|
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |

| 115.61 (d) | Staff and agency reporting duties | |
|------------|--|-----|
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |

| | | |
|-------------------|--|-----|
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |

| | | |
|-------------------|---|-----|
| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |

| | | |
|-------------------|--|-----|
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |

| | | |
|-------------------|---|-----|
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |

| | | |
|-------------------|--|-----|
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |

| | | |
|-------------------|--|-----|
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

| 115.64 (a) | Staff first responder duties | |
|------------|---|-----|
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |

| 115.64 (b) | Staff first responder duties | |
|------------|--|-----|
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |

| 115.65 (a) | Coordinated response | |
|------------|---|-----|
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |

| | | |
|-------------------|---|-----|
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |

| | | |
|-------------------|--|-----|
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |

| | | |
|-------------------|---|-----|
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

| 115.67 (c) | Agency protection against retaliation | |
|------------|---|-----|
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |

| 115.67 (d) | Agency protection against retaliation | |
|------------|---|-----|
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |

| | | |
|-------------------|---|-----|
| 115.67 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |

| | | |
|-------------------|---|-----|
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |

| | | |
|-------------------|--|-----|
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |

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| 115.71 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |

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|-------------------|--|-----|
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |

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| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |

| | | |
|-------------------|--|-----|
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |

| | | |
|-------------------|---|-----|
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |

| | | |
|-------------------|--|-----|
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |

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| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |

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|-------------------|--|-----|
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |

| | | |
|-------------------|--|-----|
| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |

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|-------------------|--|-----|
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

| | | |
|-------------------|--|-----|
| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |

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| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |

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|-------------------|---|-----|
| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |

| 115.73 (c) | Reporting to inmates | |
|------------|--|-----|
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |

| 115.73 (d) | Reporting to inmates | |
|------------|--|-----|
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |

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|-------------------|---|-----|
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |

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| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |

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|-------------------|--|-----|
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

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|-------------------|---|-----|
| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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? | yes |

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|-------------------|--|-----|
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are 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, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are 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, reported to: Relevant licensing bodies? | yes |

| 115.77 (a) | Corrective action for contractors and volunteers | |
|-------------------|--|-----|
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |

| 115.77 (b) | Corrective action for contractors and volunteers | |
|-------------------|--|-----|
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |

| 115.78 (a) | Disciplinary sanctions for inmates | |
|-------------------|---|-----|
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |

| 115.78 (b) | Disciplinary sanctions for inmates | |
|-------------------|--|-----|
| | Are sanctions 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? | yes |

| 115.78 (c) | Disciplinary sanctions for inmates | |
|-------------------|--|-----|
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |

| | | |
|-------------------|---|-----|
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |

| | | |
|-------------------|---|-----|
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

| | | |
|-------------------|---|-----|
| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |

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|-------------------|--|-----|
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |

| | | |
|-------------------|---|-----|
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |

| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
|------------|--|-----|
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |

| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
|------------|---|-----|
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |

| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
|------------|---|-----|
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |

| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
|------------|---|-----|
| | Do medical and mental health practitioners 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? | yes |

| 115.82 (a) | Access to emergency medical and mental health services | |
|------------|---|-----|
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |

| 115.82 (b) | Access to emergency medical and mental health services | |
|------------|---|-----|
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |

| 115.82 (c) | Access to emergency medical and mental health services | |
|------------|--|-----|
| | Are inmate victims of sexual abuse 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? | yes |

| 115.82 (d) | Access to emergency medical and mental health services | |
|------------|--|-----|
| | Are treatment services 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? | yes |

| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
|------------|--|-----|
| | Does the facility 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? | yes |

| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
|------------|--|-----|
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |

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| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |

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|-------------------|---|-----|
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |

| | | |
|-------------------|---|-----|
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |

| | | |
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| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |

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| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services 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? | yes |

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| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes |

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| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |

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| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |

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| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

| 115.86 (d) | Sexual abuse incident reviews | |
|------------|---|-----|
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |

| 115.86 (e) | Sexual abuse incident reviews | |
|------------|--|-----|
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

| 115.87 (a) | Data collection | |
|------------|--|-----|
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |

| 115.87 (b) | Data collection | |
|------------|---|-----|
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

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|-------------------|--|-----|
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |

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| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |

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| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | yes |

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|-------------------|--|-----|
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |

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| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |

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| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |

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| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |

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|-------------------|---|-----|
| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |

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| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |

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| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |

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|-------------------|--|-----|
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |

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|-------------------|---|-----|
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |

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| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

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| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |

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| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |

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| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |

| | | |
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| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |

| | | |
|--------------------|---|-----|
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |

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| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) | yes |