

PREA Facility Audit Report: Final

Name of Facility: SCI- Dallas

Facility Type: Prison / Jail

Date Interim Report Submitted: 03/16/2018

Date Final Report Submitted: 09/06/2018

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: Kristi Dietz	Date of Signature: 09/06/2018

AUDITOR INFORMATION	
Auditor name:	Dietz, Kristi
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Telephone number:	
Start Date of On-Site Audit:	01/07/2018
End Date of On-Site Audit:	01/09/2018

FACILITY INFORMATION	
Facility name:	SCI- Dallas
Facility physical address:	1000 Follies Road, Dallas, Pennsylvania - 18612
Facility Phone	570-675-1101
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input checked="" type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
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Warden/Superintendent			
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Facility PREA Compliance Manager			
Name:		Email Address:	
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Facility Health Service Administrator			
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Facility Characteristics			
Designed facility capacity:	1750		
Current population of facility:	2148		
Age Range	Adults: 19-86	Youthful Residents: 0	
Facility security level/inmate custody levels:	2, 3, 4, 5		
Number of staff currently employed at the facility who may have contact with inmates:	860		

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	Title:	Secretary
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.

Introduction

A Prison Rape Elimination Act (PREA) audit was conducted of the Pennsylvania Department of Corrections, State Correctional Institution (SCI) Dallas prison facility. SCI Dallas is located at 1000 Follies Road, Dallas, PA, 18612.

A four state PREA audit consortium was formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Wisconsin Department of Corrections (DOC) and the Pennsylvania Department of Corrections respectfully. Each of the four state agencies shall provide U.S. Department of Justice (DOJ) certified PREA auditors to conduct facility PREA audits during the second three year audit cycle, known as a circular audit process. Wisconsin shall conduct audits in Pennsylvania, Pennsylvania in Michigan, Michigan in Wisconsin/Maryland and Maryland audits Wisconsin. The purpose and objective of the PREA audit conducted of the SCI Dallas is to determine compliance with the U.S. Department of Justice (DOJ) PREA standards which became effective August 20, 2012.

Pursuant to the PREA audit consortium agreement, the Wisconsin DOC audit team members consist of U.S. DOJ trained and certified PREA auditors; Kristi Dietz (lead auditor), Jennifer McDermott (secondary auditor) and Gregory Bucholtz. Additionally, team member Ann Turner, a retired law enforcement detective of sensitive crimes investigations and a five year Wisconsin DOC investigator of sexual abuse, sexual harassment and retaliation investigations was the fourth member of the audit team. The onsite phase of the audit was conducted from Sunday, January 7 – Tuesday, January 9, 2018. SCI Dallas has previously had a PREA audit conducted; the final report was issued July 7, 2015.

Pre-Onsite Audit Phase

The National PREA Resource Center's (PRC) Online Audit System (OAS) was utilized by SCI Dallas' PREA compliance manager and staff in providing agency and facility policies, reports, files, statistics, forms, training and educational information to the audit team members as identified by the PRC's PREA Audit Questionnaire (PAQ) for prisons and jails. The OAS was created and available for uploading facility information on November 20, 2017. The facility completed the PREA audit questionnaire (PAQ) process on December 19, 2017.

The auditor and PCM established audit goals and defined expectations from the beginning of the audit process in late November of 2017. An initial discussion was held regarding the September 2017 implementation of the PRC's PREA Auditor Handbook and how these protocols will affect the four phases of the audit. An overview of the PRC's "Process Map" was discussed and reviewed. A collaborative plan, with goals and milestones was established (i.e. completion of the PAQ within the OAS, posting of the audit notices, ensuring a process is established for staff and inmates to communicate confidentially with the auditor, establishing an onsite audit review agenda etc.).

The auditor provided the facility PREA Compliance Manager (PCM) seven weeks in advance of the onsite

audit, two PREA audit notices (English and Spanish poster versions) for staff, inmates and the public, informing them of the scheduled dates of the audit, the purpose, name of auditor, auditor contact information and the confidentiality of any communications. The PCM facilitated the posting of the notices throughout the facility (all housing units, inmate TV station, work and program areas, visiting area, facility entrances to include intake, staff and inmate dining areas, recreation etc.). Evidence of the PREA audit notice postings was provided to the auditor six weeks in advance of the onsite phase of the audit by sending the auditor 11 photos which included time/date stamps imbedded within each photo.

English and Spanish languages were utilized for the PREA audit notices, since they are the two most common languages spoken within Pennsylvania and within the PA DOC inmate population. The verbiage selected was to target individuals who had at least an 8th grade reading comprehension consistent with PA DOC inmate population.

The lead auditor and the PCM, also the facility point of contact (POC), scheduled weekly re-occurring conference call sessions six weeks prior to the onsite phase of the audit. It was during the pre-onsite audit phase that the auditor and the PCM discussed goals and objectives of the audit, devised processes and a means for the auditors to have full access to; all buildings and areas within each building, documents, records, files and access to staff, contractors, volunteers and inmates to conduct random, targeted and specialized interviews (consistent with the PRC's interview protocols). A diagram of the physical plant was provided and discussed in depth on how the site review would occur based on the size and age of the facility.

A week prior to the onsite review, facility staff provided the audit team members current records, reports and rosters for the auditors' document sampling prior to being onsite. The information included; list of youthful inmates, those with disabilities and are limited English proficient, those that identify as lesbian, gay, bi-sexual, transgender or are intersex (LGBTI), inmates in segregation, those who have reported sexual victimization during risk screening, staff roster, listing of "specialized" staff, contractors and volunteers who have contact with inmates, all grievances and incident reports made in the last 12 months preceding the audit and all allegations of sexual abuse and harassment reported for investigation within the last 12 months to include those inmates who reported sexual abuse. Two days prior to arriving onsite, the facility sent the current inmate roster.

The above information assisted the auditors in assigning primary roles and responsibilities among the audit team members how and with whom they would analyze and assess whether policy directives aligned with institution processes in relationship to the requirements of a each PREA standard and provision.

The audit team members held a conference call with the Victim Resource Center (VRC) staff in advance of the onsite audit. The VRC staff discussed in detail the services and emotional support services that is provided to SCI Dallas inmates who have experienced sexual abuse. Services include accompanying the inmate victim during a SANE, provide emotional support services during site visits to the facility and provide educational materials as appropriate. Additionally, VRC staff recently conducted training at the prison on the impact of crime and trauma, the dynamics of sexual abuse in detention for first responders, and how to effectively and professionally communicate with those who identify as LGBTI.

Contact was made with Just Detention International whether they had received any correspondences or concerning communications specific to SCI Dallas regarding sexual abuse, sexual harassment or retaliation allegations; they responded back to the auditor that they had not.

The auditors researched whether the facility or agency has experienced any recent litigation specific to the PREA, whether they are under a federal consent decree and if US DOJ had any active investigations specific to the conditions of confinement at SCI Dallas. This review did not reveal any such findings.

Prior to the onsite review, the auditors conducted several broad web search reviews to determine if there was any relevant information that may shed light on the history and culture of the facility and agency. A review for budgetary, staffing changes, for history of the facility, its mission, community relations, news

articles specific to the facility, staff and inmates that could inform the audit. Nothing noteworthy was found that would inform or influence the PREA audit.

A website review of the PA DOC website was conducted and the auditor was able to view numerous items and resources specific to the agency's efforts to communicate, educate and promote the PREA goals and objectives; PA DOC has a zero tolerance policy towards all forms of sexual abuse, sexual harassment within the department. Staffs are informed on how to fulfill their responsibilities to prevent, detect, report and respond to sexual abuse and sexual harassment. Inmates are informed they have a right to be free from sexual abuse, sexual harassment and both inmates and staff has a right to be free from retaliation for reporting any allegation. Staff, inmates and the public are informed how to report incidents of sexual abuse, sexual harassment and retaliation incidents.

PA DOC's website provides an extensive series of PREA specific agency policies which include a statement to incorporate best practices for the trauma-informed care of victims of sexual abuse and sexual harassment in a confinement setting.

A review of the state's mandatory reporting laws and information provided by the PC, revealed that there is a mandatory reporting law for sexual abuse of someone under the age of 18. Any reports that are received from someone who is less than 18 would also have to have a report made to "Pennsylvania Child Line" which notifies the county children youth and family agencies to investigate. No inmate under the age of 18 has been placed at SCI Dallas during the past 12 months.

Four correspondences were received from individuals at SCI Dallas in advance of the onsite phase of the audit. The auditors were able to communicate with these individuals when onsite to discuss, review and respond to their concerns. The auditor was able to verify from informal interviews with facility staff and inmates that inmates are routinely provided 10 envelopes per month at no cost. Mailroom staff were informed in advance of the onsite audit that inmates could write to the PREA auditor (as referenced on PREA audit posters) in a confidential manner by not having to provide their name/institution number on the outside of the sealed envelope when addressed to the auditor.

On-Site Audit Phase

Entrance Briefing

The audit team arrived at SCI Dallas on Sunday, January 7, 2018 at approximately 7:45 a.m. and met with the Superintendent, agency PREA coordinator, PREA compliance manager and numerous members of facility's leadership team for an "Entrance Briefing". Staff and auditors were introduced, a review of the tentative three day agenda was discussed, and the logistics of the facility review. The lead auditor shared the objectives of a PREA audit (achieving PREA compliance and sexual safety within the facility) and the audit methodology that will be utilized which may be different than the previous audit (acknowledging the implementation of the PREA Auditor Handbook). The lead auditor provided a handout to all in attendance, which was an overview of the PREA Audit Methodology obtained from the PRC. The handout provides an overview of the audit triangulation (PREA standards, institution practice and policies) process coupled with the information triangulation (document review, site review and interviews) process and analysis. At the conclusion of the "Entrance Briefing" the audit team members, the Superintendent, the PC, PCM and additional facility staff commenced the site review of the facility and grounds.

SCI Dallas is set upon 1,307 acres, 26 of which are inside the secure perimeter. There are 51 operational structures (inside and outside the perimeter). Within the perimeter there are 18 cell blocks, a chapel, gymnasium, academic building, treatment center, medical facility, industrial plants, and a visiting room. Various support facilities, administration building, gatehouse, maintenance and several vocational schools are located outside the secure perimeter. In the basement or below seven cell blocks, are inmate group shower areas, two electronic shops, brick and sheet metal shops, a plumbing and refrigeration

shop, a utility grounds detail area, and the ID room which serves as intake. The inmate population on the day of the site review was 2,135 and 860 individuals were employed at the facility who may have contact with inmates.

The Superintendent and his staff provided complete access to all structures and areas within the facility at the auditors' requests. The general understanding and approach to the site review was; open all doors locked or not and provide the auditors with an understanding of who has access and for what purpose(s). The objective of the review was to assess the day to day practices used by facility staff to promote sexual safety within the facility. In addition the auditors were able to interview specialized staff that were currently onsite since institution operations were limited being a Sunday. Auditors conducted frequent informal interviews with staff and inmates throughout the site review and were able to observe some active work areas and operations. The food service department (dish wash area, cold storage, warehouse dry storage), medical unit, special housing and restricted housing units. The informal interviews proved useful in determining facility culture and were used to supplement the formal interviews throughout the next two days. At approximately 7:30 p.m. the lead auditor and PCM concluded the site review for the day and strategized on what institution processes and areas were left to observe in the remaining days.

Day two began at 8:00 a.m. and shortly thereafter staff and inmate interviews commenced. The school building was closed to accommodate the interviews and the auditor team members occupied four separate classrooms to enhance privacy and confidentiality for each of auditors and the interviewee. The audit team conducted formal interviews with staff, contractors, volunteers and inmates totaling 90 individuals over the course of the three day site review. The PREA Compliance Manager provided an inmate roster list broke down by housing unit. A systematic random sampling technique was utilized to select inmates. For the random sample of inmate interviews, a sample was selected from each housing unit. Similarly, a random sample was selected from the lists of targeted inmates to be interviewed. One staff member/inmate was interviewed at a time with one auditor in a private setting. The National PREA Resource Center's interview protocols were followed as a baseline for asking questions. The objective was to ascertain the individual's knowledge of the PREA standards, sexual safety in confinement, their specific roles and responsibilities and general attitudes about preventing sexual abuse and sexual harassment and their knowledge of how to report same.

Interviews

Staff Interviews Conducted

Warden or designee – 1

PREA Coordinator – 1 (conducted in person on Jan. 10, 2018 at SCI Retreat)

PREA Compliance Manager – 1

Agency Contract Administrator – 1 (PC provided contractor information; interviewed in person on Jan. 10, 2018 at SCI Retreat)

Intermediate or higher-level facility staff – 2

Mental Health Staff – 1

Medical Staff – 2

Humane Resources Staff – 1

SAFE and SANE Staff – 1

Volunteers – 0 (no volunteers were at the facility when the auditors were conducting the onsite audit)

Contractors who have contact with inmates – 1

Investigative facility staff – 2

Investigative agency staff - 1

Staff who perform screening for risk of victimization/abusiveness – 1

Staff who supervise inmates in segregated housing – 1

Staff on the incident review team – 3
Designated staff member charged with monitoring retaliation – 1
First responders security - 2
First responders non-security staff – 1
Intake staff – 1
Random staff (representative of each of the 3 shifts) – 11

Inmate Interviews Conducted

For both the random and targeted inmate population interviews, the PREA Compliance Manager provided a list of inmates from which a systematic random sampling technique was utilized to select inmates. For the random sample of inmate interviews, a sample was selected from each housing unit, striving for a geographically diverse sampling from within the facility. Similarly, a random sample was selected from the lists of targeted inmates to be interviewed (as listed below).

Youthful Inmates – 0 (no inmate under the age of 18 at the facility)
Inmates with a Physical Disability – 1
Inmates who are Blind, Deaf, or Hard of Hearing – 1
Inmates how are LEP – 2
Inmates with a Cognitive Disability – 2
Inmates who identify as Lesbian, Gay or Bisexual – 7
Inmates who identify as Transgender or Intersex – 0 (staff reported no inmate has identified as Transgender or Intersex)
Inmates in Segregated Housing for High Risk of Sexual Victimization – (staff reported no inmate was in restricted housing for high risk of sexual victimization during the past 12 months)
Inmates Who Reported Sexual Abuse – 2
Inmates Who Reported Sexual Victimization During Risk Screening – 4
Random Inmates – 35 (representation from each housing unit; to include the Restricted Housing Unit)

Processes and Areas Observed

One or more of the auditor team members, were able to directly observe the following processes within the facility or have it re-created. This was done for purposes of determining whether the day to day operations demonstrate compliance with the PREA standards.

- Intake process – recreated, no intakes were scheduled while the auditors were onsite. Medical and psychologists provide inmate intake PREA education and conduct the initial risk assessment screening upon admission to the facility (typically within hours of arrival).
- Risk screening – auditor was able to observed a 30 day risk re-assessment with staff and inmate.
- Records storage and security of risk screening data – auditor was provided a tutorial of the PA DOC agency WebTAS software system. The auditor was able to view the security measures within the system which is designed to protect and restrict access to an inmate’s confidential and sensitive information; available only those staff that have a working need to know.
- The inmate grievance system was explained and a secured grievance collection box was viewed in each of the housing units.
- Signage was stenciled on each of the cell block doors of the inmate living areas which read “ALL FEMALES ENTERING THIS HOUSING AREA MUST ANNOUNCE THEIR PRESENCE WHEN ENTERING”. The auditors frequently observed female staff announce their presence, but the design, age

and size of the housing units would make it difficult for all inmates to hear this verbal announcement (physical make up of unit is two-story and linear design).

- Inmate phones were observed in each housing unit. Signage was posted next to the phones “ABUSE HOTLINE” and a number listed for reporting physical abuse. Inmate and staff consistently stated this would be a means to report incidents of sexual abuse and sexual harassment. The auditor dialed the number listed, and learned the pre-recorded message states in part if you are reporting a PREA incident, hang up the phone and write to the following address to make your report. This was discussed with the PCM and the agency PC. Within a couple of weeks, the pre-recorded message was updated by removing the reference to hanging up if this is a PREA reporting incident. The auditor again called the ABUSE HOTLINE number and verified that the recording no longer stated to hang up if reporting a PREA incident. Staff state that the vendor of the ABUSE HOTLINE will forward any sexual abuse and sexual harassment allegations received; but the agency will not message this number as a means for reporting sexual abuse and sexual harassment allegations to staff, inmates or the public. There is no other phone method for inmates to utilize for reporting allegations while at SCI Dallas.

- PREA posters were observed throughout the facility (English and Spanish) which provides information to inmates; write to the Pennsylvania BCI/PREA Coordinator for reporting incidents of sexual abuse outside the facility/agency. Additional information is made available to the inmates to contact the Pennsylvania Coalition Against Rape for emotional support services.

- The linear two story design of numerous cell blocks within the facility is not conducive to open lines of sight to monitor inmate activities and interactions. A typical two person cell (unless the inmate has been identified as “single cell” status) has a “barred” cell front. Inmates have placed what appears to be a white bed sheet like material covering half of the front of the cell. Staff state this is used for inmate privacy to prevent cross gender viewing by female staff when inmates are toileting and changing clothes within the cell; the sheet is in place throughout the day not just during times of toileting and changing clothes, this is part of the normal operations within the facility. It should be noted, staff has good visibility into each cell as they pass by the cell front when conducting hourly wellness checks and other duties within the housing unit.

- Staff acknowledges and shared there is limited camera surveillance within or outside the secure perimeter of the facility and have made agency requests for more, but the cost is prohibitive because of the age of the facility. This challenges the investigative staff when trying to substantiate or unfound allegations of sexual abuse, sexual harassment and retaliation. To access the six work shop areas below the cell blocks and the inmate group showers, you must walk down two sets of stairs from the housing unit. There are no mirrors or cameras to assist staff in monitoring this movement or for monitoring the activities that occur in the lower basement areas. No cameras were observed in the linear housing units. Any additional surveillance equipment in these housing units, day rooms, and work shop areas would enhance the sexual safety and security within the facility for staff and inmates.

- When first observing the kitchen area, the auditor provided feedback on the open line of sight when the inmate was toileting at the inmate urinals (no privacy partition for three urinals adjacent to each other). Prior to our departure, staff had installed privacy panels in between each of the urinals enhancing sexual safety and security.

- The auditor observed an inmate toileting in the designated inmate bathroom by the kitchen receiving dock during the site review. This is a common work area within the foodservice area. Any person passing by would have been able to observe an inmate seated on the toilet (facing those walking by). The auditor shared their concerns for the lack of privacy. Staff and the auditor discussed a plan to have an additional “panel” painted that would obstruct the line of sight to the toilet when a person is seated, but still allowing visibility into the bathroom by staff and camera surveillance to verify if only one person is present (as allowed). Staff would still be able to view the upper torso of the inmate while seated on the toilet, still allowing for safety and security supervision. The painting plan was completed the same day!

- The Health Services area is a multi-purposed unit serving inmates from SCI Dallas and SCI Retreat as needed. Medical, dental and psychiatric care is delivered on site with the ability to provide inpatient (30 beds) and outpatient care.

First responder evidence kits were observed secured behind a locked door but the individual kits were not secured. Investigative staff stated they were receptive to securing each box; minimizing the risk of cross contamination for evidence collection.

- The Correctional Industries program consists of a mattress factory and garment factory and employs 85 inmates and 8 staff. This large, vast space allows for open and unobstructed lines of sight enhancing sexual safety and the security of staff and inmates. This is primarily the only area within the prison where the auditors observed numerous, strategically placed video surveillance cameras. This is a good model to work from for the other work, program and housing areas within the institution.

- The auditors viewed the camera placements and monitoring techniques utilized by staff in master control. The designated video monitor post is a gender specific post, and only male officers are allowed to work at this post. Some of the institution cameras are positioned in areas of the facility where strip searches of male inmates occur and as a result the video monitor post is gender specific to male staff.

Onsite Documentation Review

A sampling of documents and video records were reviewed during the onsite phase of the audit. The information gleaned from these reviews will supplement the information that the facility provided in the OAS. Documentation, observations and interviews were used to corroborate one and other and to determine whether policy directives were institutionalized as part of the day to day operations.

The auditor team members reviewed a sampling of the following documents, files and records during the onsite phase of the audit (this is an abbreviated list of the items reviewed, further detail is provided within each of the specific standards as applicable):

- Human resource files specific to SCI Dallas personnel (stored at SCI Retreat, viewed the files this same week).

- 10 investigation files specific to sexual abuse and sexual harassment were reviewed during the onsite review. The total number of investigations consisted of the following:

- 25 sexual abuse (7 unsubstantiated, 6 unfounded and 12 of the allegations were found not to be a sexual abuse, sexual harassment or of a retaliatory nature. These incidents may have been submitted anonymously, the alleged victim may not have provided any additional facts or abuser details, if known, and therefore the facility's investigators could not provide further outcomes).

- 18 Sexual harassment investigations – 3 unsubstantiated, 1 unfounded and the remaining 14 were determined to be single incidents (PREA definition of sexual harassment includes "repeated" incidents).

- Zero allegations of retaliation for reporting sexual abuse/sexual harassment were reported by investigative staff (WebTAS tracking system verified this as well).

- Training records (staff, contractors and volunteers) and staff verification forms acknowledging training received was understood. These records are archived electronically and in hardcopy format. The auditor reviewed 96 of the 96 contractors and volunteer training records that were provided in the OAS. The documentation indicated all 96 individuals had completed PREA education training in 2017. 14 employee investigation training records were reviewed by the auditor which indicated staff had received specialized training in 2017 specific to the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

- Medical and mental health records in response to sexual abuse allegations and incidents. The documentation indicated 44 medical and mental health employees and contractors attended PREA Specialized Medical and Mental Health training in 2017.

- Inmate grievances; when an inmate submits a grievance specific to sexual abuse by staff, the grievance is “rejected” from the grievance system and forwarded for investigation to specialized staff. Four grievances were filed during the 12 month review period; all four grievances and corresponding documentation were reviewed by the auditor.
- Risk assessments for risk of victimization and abusiveness records were selected and reviewed during the onsite audit. Six random months (of a 12 month period) were selected and records randomly selected from each month were viewed. Each record selected in the ICAR system showed that the inmate had a PRAT completed within the first 72 hours of arriving at the facility (typically same day of arrival). Additionally, six random records were selected from the WebTAS system and all six records indicated the inmates had received a PRAT reassessment within 20-30 days of arrival to the facility consistent with agency policy.
- Inmate education records; intake and comprehensive education sessions. Five randomly selected inmate records were selected by the auditor during the onsite phase of the audit. It was observed staff had documented in the ICAR (inmate case notes) system indicating that the inmate had attended the PREA education session and signed the DC ADM 008 attachment 2-J on file (hard copy filed in the inmate record).
- Supervisory rounds “log book” entries were reviewed by the auditors at each officer post (housing units, work and program areas, visitation, and cafeteria to name a few) located throughout the facility. These observations and verification of rounds were made by the auditors during the onsite phase of the audit. Management and supervisory staff routinely sign the log which is constructed in weekly calendar increments.

Exit Briefing

Day three of the onsite phase of the audit began at 5:00 a.m. enabling the auditors to have access to third shift staff and conduct the remaining interviews. Several additional area observations occurred this day; religious services in the chapel, site review of the visitation area and the ID room operations (intake) which were re-enacted for the auditor.

An exit briefing occurred with the Superintendent, PREA compliance manager, the agency PREA coordinator participated by phone and numerous management team members as well as all four members of the audit team. The audit team members recognized and thanked those SCI Dallas staff who provided consistent support of our daily requests and for providing timely answers to our extensive list of questions.

The lead auditor provided an over view of the next phase of the audit; “Evidence Review and Interim Report” (as applicable) which officially began the next calendar day (completion of the onsite audit) January 10, 2018.

Post-Onsite Audit Phase

The auditor’s interim report was originally scheduled for submission by February 23, 2018 (45 days after the onsite audit review). The agency’s PREA compliance manager provided an extension of the audit report submission (at the request of the auditor) until March 16, 2018. This time extension allowed the auditor to submit the SCI Dallas report to the PRC for a review and incorporate feedback to the auditors prior to delivering the report to the facility.

Saturday, March 10, 2018 the auditor scheduled a conference call to discuss corrective action measures with the PREA compliance manager, SCI Dallas personnel (as determined by the facility), the PA DOC

PREA coordinator and the audit team members for Wednesday, March 14, 2018.

Tuesday, March 12, 2018 at the request of the agency, an interim report briefing was held with the PREA coordinator, the agency's Director of Standards, Audits and Accreditation and PREA auditors Dietz and Bucholtz. Three of the four standards requiring corrective action are agency specific issues. The discussion was focused on the auditors' rationale and methodology used to determine non-compliance. The agency was informed that the National PREA Resource Center was offering technical assistance to develop an objective screening tool to screen for risk of victimization and abusiveness §115.41(c).

On March 14, 2018 the auditor held a conference call briefing facility staff and the agency PC on the corrective action items the auditors had identified;

§115.15(d). Limits to cross gender viewing and searches – facility corrective action

§115.33(a). Inmate education – agency corrective action

§115.41(c). Screening for risk of victimization and abusiveness-agency corrective action

§115.42(a). Use of screening information – agency corrective action

The PREA Coordinator (PC) informed SCI Dallas staff and the auditors that he will be the agency point of contact (POC) going forward to work with the auditors on developing milestones and deliverables to address the three agency level standards in need of corrective action.

On March 16, 2018, the PC informed the auditor that the agency had been in discussions with the PREA Resource Center (yesterday) and they (PRC) have agreed to take the agency's concerns to the PREA Management Office for interpretive guidance.

- All deficiencies and recommended corrective action steps were reviewed as identified in the auditor's interim report;
- A list of required deliverables and changes the auditor must verify to determine that the facility is in compliance with all PREA Standards;
- A proposed methodology for how the auditor will verify compliance has yet to be determined with the agency;
- An agreed upon timeline for implementing all the required actions is yet to be determined with the agency.

The auditor completed the interim report in the PRC's Online Audit System on Friday, March 16, 2018.

Corrective Action Period

115.15(d) Limits to cross gender viewing and searches; states in part that the facility shall implement policies and procedures that enable inmates to perform bodily functions (toilet) without staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances or when viewing is incidental to routine checks.

During the onsite phase of the audit, the auditor identified two inmate bathroom areas located within the foodservice area that required corrective action. The first location is where the inmate urinals are located; a half wall with glass allows individuals passing by to view into the inmate bathroom. Staff installed privacy patricians to restrict cross gender viewing and allow inmates to position themselves for privacy while standing at the urinals.

The second location is the individual inmate bathroom located by the loading dock. Windows and half walls surround this bathroom area and enables cross gender viewing when a female staff passes by and an inmate is toileting. In addition, a surveillance camera is located in an adjacent room which also could view into the bathroom area and would capture video footage of an inmate standing at the toilet urinating. SCI staff and the auditor agreed upon corrective action where staff would paint approximately eight inches of the glass surrounding (from the half wall up onto the glass) the bathroom thereby restricting the

viewing of genitalia while an inmate toilets (either seated or standing) from the camera and when individuals pass through this work area. Staff's line of sight into the bathroom is still intact and allows for wellness checks, security rounds etc. to still occur. The painting was completed within 24 hours and the auditors were able to view the corrective action during the site review.

§115.33 Inmate education

Corrective Action:

1. Update or replace the agency Sexual Assault Awareness Information handout, attachment 2-H specific to the following:
 - a. Remove the reference to www.tipsubmit.com to file an anonymous report of sexual abuse, sexual harassment and replace with current information that allows for anonymous inmate reporting.
 - b. Remove the asterisk marked comment on the inmate information Sexual Assault Awareness Information handout that reads “* If someone is a known or believed to be LGBTI, it does not mean that they are automatically agreeing to sexual acts.”
 - c. Provide a revision/effective date on the handout.
 - d. Place the agency's policy reference to the handout: Sexual Assault Awareness Information on the handout (top/title area).
 - e. Utilize definitions consistent with the PREA Standards:
 - i. Sexual Abuse
 - ii. Sexual Harassment
 - iii. Voyeurism
 - f. Educate staff and inmates on the revised handout.
 - g. Provide documentation that demonstrates staff and inmates have been informed and educated on the revision/replacement of the Sexual Assault Awareness Information handout and the information contained within the handout.

§115.41(c) Screening for risk of victimization and abusiveness

Corrective Action:

1. Adopt terms and definitions current and consistent with the PREA standards and the National PREA Resource Center resources for use in revising the agency policy, objective screening instrument (PRAT), training curriculum and staff user guide.
2. Eliminate compound assessment questions and replace with singular.
3. Develop a training curriculum that informs staff on the importance and means by which to have effective and professional communication with LGBTI inmates. This requires a basic understanding of:
 - Sexual orientation;
 - Gender identity;
 - Gender expression;
 - How sex is assigned at birth;
 - Staff's own gaps in knowledge and cultural beliefs;
 - How the above factors may impact the ability to conduct effective interviews and assessments;
4. Request technical assistance from the National PREA Resource Center (PRC) to develop an objective risk screening instrument and training on same. The PRC provides technical assistance at no cost.
5. Recommendation to establish oversight and monitoring of the WebTAS to assess “glitches” or errors in the system.

§115.42 Use of screening information

1. Utilize screening information from an objective screening tool to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those of high risk of being sexually abusive.

2. Adopt terms and definitions current and consistent with the PREA standards and the National PREA Resource Center resources for use in revising the agency policy, objective screening instrument (PRAT), training curriculum and staff user guide.
3. Eliminate compound assessment questions and replace with singular.
4. Develop a training curriculum that informs staff on the importance and means by which to have effective and professional communication with LGBTI inmates. This requires a basic understanding of:
 - Sexual orientation;
 - Gender identity;
 - Gender expression;
 - How sex is assigned at birth;
 - Staff's own gaps in knowledge and cultural beliefs;
 - How the above factors may impact the ability to conduct effective interviews and assessments;
5. Request technical assistance from the National PREA Resource Center (PRC) to develop an objective risk screening instrument and training on same. The PRC provides technical assistance at no cost.
6. Recommendation to establish oversight and monitoring of the WebTAS to assess "glitches" or errors in the system.

Corrective Action Verification (1 of 4 standards):

§115.15(d). On March 14, 2018 during the interim report briefing, the auditor asked the facility to provide pictures of the two bathrooms for record purposes and to demonstrate the corrective measures are being sustained. The auditor received the photos with time/date stamps embedded in the photos on March 15, 2018.

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring the use of an objective-screening instrument. The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

Correction Action Period

On March 14, 2018 the lead auditor scheduled and held a conference call to provide an overview and results of the interim report findings to the facility staff and agency PREA coordinator. The interim report was submitted March 16, 2018 via the OAS and the auditor provided a copy of the report electronically to the facility's PREA compliance manager and the agency PREA coordinator this same date.

On March 30, 2018 the first of a series of scheduled conference calls was held to devise a plan in partnership to address the corrective action identified in the interim report and to establish milestones over the next 180 days. The corrective action required was at the agency level (not at the facility) therefore communications were held primarily with the PC and on occasion involved agency level leadership personnel as appropriate.

On April 12, 2018 a "Kick Off Session" was held with representatives of the National PREA Resource Center (PRC), the PC and his director, auditors Dietz and Bucholtz and subject matter expert Bernadette Brown who was under contract with the PRC to provide the agency technical assistance (per the agency's request) in revising the PREA Risk Assessment Tool (PRAT), PRAT User Manual and training materials to support the PRAT revisions. A 30 day plan was identified to incorporate the technical assistance revisions and recommendations specific to the PRAT, PRAT User Manual and agency policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention Training.

The PC and auditors remained in regular communications during the next 30 days as the revisions were received, adopted and incorporated into the agency's PRAT WebTAS software system, agency policy, PRAT training curriculum and user guide. On May 15, 2018 the PC provided a memorandum to all

agency PCMs and training coordinators informing them required training for all staff that administer PRATs is scheduled for May 23-25, 2018 (five separate sessions). Staff was required to register through the employee training software called the LSO, as a result electronic training records were available for the auditors' review and enabling the verification of individual staff training records. Additionally, the auditors were provided a link to participate in training.

The agency's revised PRAT went "live" in the agency WebTAS software system on May 25, 2018 and from this date forward the revised PRAT was in use throughout the agency. On June 1, 2018 a conference call was held to discuss and identify collectively the methodology the auditors would use to verify compliance, identify deliverables and establish a timeline with milestones to achieve corrective action. The following items were agreed upon:

115.33 (a) Inmate education – During the intake process, inmates shall receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

a. Revisions to the agency's inmate education handout, Sexual Assault Awareness Information Handout (Attachment 2-H) which was re-titled to PREA Inmate Intake Handout (Attachment 2-H) includes the following;

b. Informs the reader that the agency has a zero tolerance policy regarding sexual abuse and sexual harassment;

c. Lists multiple ways that an inmate may report incidents or suspicions of sexual abuse or sexual harassment;

d. Definitions of sexual abuse and sexual harassment are consistent with the definitions in the PREA standards;

e. The agency has removed the statement from the previous 2-H handout that read, "If someone is known or believed to be LGBTI, it does not mean they are automatically agreeing to sexual acts."

f. The agency has removed the statement from the previous 2-H handout that read how to report "Go on line to www.tipsubmit.com to file an anonymous report."

g. Auditors will plan to interview inmates and staff on the re-vised resource information document on a date to be determined.

h. Auditors will observe an intake process (or re-created version) during the next site review.

i. Auditors will review facility records specific to inmates receiving the 2-H handout upon intake within 72 hours of arrival to the facility.

j. Auditors will be notified when the 2-H handout has been implemented and being provided to inmates (June 14, 2018 effective date agency wide).

115.41 (c) Screening for risk of victimization and abusiveness – Such assessments shall be conducted using an objective-screening instrument.

1. Adopt terms and definitions current and consistent with the PREA standards and National PRC resources. The agency adopted and incorporated the technical assistance recommendations provided.

2. The agency eliminated compound questions and replaced with singular versions.

3. The agency adopted the technical assistance recommendations provided to enhance effective and professional communications with LGBTI inmates and implemented those into staff training, the PRAT and the PRAT User Guide.

4. The PC will provide the auditors with a copy of staff training records for those who perform PRATs at the facility.

5. The PC will provide the auditors with a copy of the revised PRAT training curriculum and PRAT User Guide for review prior to implementing.

6. The auditors will interview staff when on site and observe a PRAT being administered or have the process re-created.

7. The auditors will be provided a list of all inmate admissions for the months of June and July to conduct

random interviews of inmates who have been admitted to the facility during these months and to review PRAT WebTAS records that initial and reassessments have occurred during this time frame utilizing the revised PRAT.

115.42 (a) Use of screening information – The agency shall use information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

1. Utilize screening information from an objective-screening tool to inform housing, bed, work, education and program assignments. With the proposed changes to the PRAT, incorporate those items into the training curriculum and staff user guide as recommended by the PRC's technical assistance personnel. On June 14, 2018 the agency issued a policy bulletin to all staff signed by the agency Secretary informing staff that revisions to several DC-ADM 008, Section 2-01, PREA policy provisions had occurred and became effective this same date. The PC provided the auditors a copy of this memorandum and the revised policies and forms. The following are policy summary highlights;

1. Attachment 2-H has been updated, renamed to PREA Inmate Intake Handout (Attachment 2-H) and is reissued in its entirety. The revised attachment clearly articulates the Department's zero tolerance policy and defines sexual abuse and sexual harassment in accordance with PREA standard definitions.
2. The timelines for reporting options have been added to identify immediate reporting methods available to inmates.
3. During the intake process, all inmates shall receive information explaining the zero tolerance policy regarding sexual abuse and sexual harassment or retaliation, and what to do if he/she is the victim of sexual abuse, sexual harassment, or retaliation. Medical shall provide a copy of the PREA Inmate Intake Handout (Attachment 2-H) to the inmate immediately upon facility intake.
4. A copy of the revised PREA Inmate Intake Handout, (2-H attachment) in English and Spanish.
5. A copy of the revised PRAT in English and Spanish.
6. PRAT Instructions (2-E attachment).
7. PRAT Revised Questions;
 - a. Attachment 2-E has been updated and questions have been reworded for clarity. Significant changes have been made to questions 5 through 8 to more accurately capture sexual orientation, gender identity, and gender expression.
 - b. Question 5 now includes the scoring options of Heterosexual/Straight, Bi-Sexual, Gay/Lesbian, Self-Identified (a text box is included to record responses) and No Response.
 - c. Question 6 now solely addresses intersex medical conditions and eliminates perception of sexual orientation.
 - d. Question 7 now includes an option for inmates to identify their gender expression to aid in determining perception of gender non-conformity.
 - e. Question 8 now includes revised options for scoring gender identity, Man, Woman, Transgender, Self-Identified (a text box is included to record responses) and No Response.
 - f. Question 9 now includes an option to document whether an inmate accepts the offering of a referral for medical or mental health evaluations after disclosure of sexual victimization.

Corrective Action Verification Process

The following evidence was analyzed in making the compliance determination:

1. Additional Documentation Reviewed:
 - a. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention Training
 - b. PREA Risk Assessment Tool (PRAT), effective 6/14/18 in both English and Spanish
 - c. PRAT Instructions, attachment 2-E, effective 6/14/18

- d. PRAT User Guide, updated May 2018
- e. Staff training records; LSO Software
- f. PREA Inmate Intake Handout, (Attachment 2-H), effective 6/14/18 in both English and Spanish
- g. Bulletin, Commonwealth of Pennsylvania, Department of Corrections memorandum, effective date 6/14/18

2. Interviews:

- a. Specialized staff
- b. PREA Coordinator
- c. PREA Compliance Manager
- d. 10 randomly selected inmates

Site Review Observations:

- a. PRAT re-assessment with staff and inmate
- b. Re-created initial PRAT assessment
- c. Re-created inmate intake session

In coordination with the agency PC and his director, an onsite review to verify corrective action was scheduled for and occurred on Monday, July 23, 2018. Auditors Bucholtz and Dietz arrived onsite at 7:00 a.m. and met with the facility PCM, a deputy superintendent and the agency PC to review the mutually agreed upon goals and objectives for the day and how to accomplish them logistically.

The following is a list of activities that occurred during the onsite review and were utilized to evaluate and analyze for corrective action compliance.

- a. Based on the intake list of all inmates who arrived at the facility in June and July of 2018, (generated in the WebTAS software system), the auditors conducted a random sampling of 5 inmates to interview from each month.
- b. The inmates interviewed consistently stated they had received a copy of the revised 2-H attachment and could articulate how to report incidents of sexual abuse and sexual harassment at this facility.
- c. These same inmates recalled having had a PRAT administered the same day they arrived at the facility. Two of the inmates interviewed stated they were aware that the first question in the PRAT had been changed from a two-part question to a singular question. They did not want to be “labeled or treated as a sex offender”. When asked to elaborate, they simply stated they did not want their DOC records to reflect they had been involved in a sex offense when answering that they had a violent offense history.
- d. A specialized staff member was interviewed who administers the initial PRAT on the day of admission. This individual could articulate the changes to the PRAT and had acknowledged receiving training in late May. They also kept their notes from the training in a folder at their workspace where PRATs are administered which they shared with the auditor. Staff recreated an intake session with the auditor to include a PRAT assessment and making available the revised 2-H Attachment (PREA Inmate Intake Handout, effective date 6/14/18).
- e. A second specialized staff was interviewed on a housing unit who was preparing to administer a 20-30 day PRAT reassessment. Both the inmate and staff allowed the auditor to observe the session. The revised PRAT was visible in the WebTAS system and the staff person was knowledgeable of the revisions to the risk assessment tool and found them easier to explain to the inmate if and when there were questions.
- f. The PC was able to provide the auditors paper copy records of screen shots from the WebTAS system of the 10 inmates who were randomly selected for interviews and also for verification that they received the revised PRAT upon arrival and documentation that they received the revised 2-H attachment at intake. All 10 records verified compliance with agency policy.

Submission of Final Report

Conclusion:

115.33 (a) Inmate education

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring an inmate to receive information regarding the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

115.41 (c) Screening for risk of victimization and abusiveness

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring the use of an objective-screening instrument.

The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

115.42 (a) Use of screening information

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring the agency to use information from the risk screening required by 115.41 (utilizing an objective screening instrument) to inform housing, bed, work, education and programming assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

The lead auditor, via the OAS on Thursday, September 6, 2018, re-submitted (original submission date Aug. 15, 2018) the final PREA audit report for SCI Dallas and an electronic copy was provided to the agency PREA coordinator and the facility PREA compliance manager. The auditor was able to correct, and accurately reflect in the OAS for the three standards in corrective action that the radio buttons were selected as "Meets Standards" to align with the final findings.

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.

Facility Characteristics

SCI Dallas is located approximately ten miles from Wilkes-Barre, PA in Jackson Township, Luzerne County. The facility opened in 1960 and is set upon 1,307 acres, 26 of which are inside the secure perimeter. There are 51 operational structures (inside and outside the perimeter). The prison operates as an adult medium security male facility with a rated capacity of 1,750. On the first day of the site review, the inmate population was 2,135. The average length of stay for an inmate is 37.8 months. The average age is 43 and the age range was reported as 19-86. SCI Dallas employs 860 personnel who may have contact with inmates.

SCI Dallas has 16 general housing units which include; a special needs unit, a Therapeutic Community program unit, a Recovery Unit, a Veterans Unit, 1 dormitory-style housing unit and two Restricted Housing Units and an infirmary unit. Additional facility structures inside the secure perimeter include a chapel, gymnasium, academic building, treatment center, medical facility, industrial plants, and a visiting room. Various support facilities, the administration building, maintenance and several vocational schools are located outside the secured perimeter.

The administrative building is located outside the secure perimeter. This area is not accessible to the inmate general population, only for those whose security classification allows work outside the secure perimeter and under direct staff supervision.

A number of academic, vocational education, treatment, recreation and work programs are available to inmates at SCI Dallas, they include:

- Food Service; 239 inmates are employed in this area currently, preparing and serving approximately 7,000 meals daily for inmates and staff. The main dining room is split into two; one with a seating capacity of 476 and the other at 270. The auditor observed numerous work and prep areas within the centralized cafeteria and food service facility. (cleaning and food prep stations, dry storage warehouse, numerous walk in refrigerators and freezers, bakery, receiving dock, inmate bathrooms, staff office etc.). Quality supervision and oversight of this many inmates in a multi-purposed and faceted area is challenging at best. Each of the three days onsite, the auditor smelled tobacco smoke and observed a cigarette butt in the inmate toilet when escorted by staff. Staff acknowledged the supervision challenges and stated they are currently reviewing the inmate worker assignments and schedules which may be curtailed for better supervision and monitoring.
- There is a gymnasium and outdoor "main yard" area for recreation activities daily or as weather permits. These areas are monitored by staff direct supervision.
- The Chapel provides numerous religious programs and services by contract and volunteer staff. There is a corrections officer assigned to the area.
- There are currently 1,889 inmates employed in the following departments:
Janitorial

Food Service

Maintenance

Education

Library

Correctional Industries

Peer Educators

Certified Peer Support Specialists

Community Work Program

Vocational program descriptions include: building trades, welding and horticulture

Non-Vocational Job Trainings include: plumbing shop, electrical maintenance, machine shop, sheet metal shop, refrigeration/HVAC, automotive, welding and masonry.

• Treatment Programs consist of: Therapeutic Community, Thinking for a Change and Sex Offender Treatment

• Correctional Industries: A mattress factory and garment factory employ 85 inmates. They are responsible for the production of mattresses for all of PA DOC and state hospitals. They manufacture T-shirts, pajamas, sweat shirts, polo shirts and robes for the PA DOC and state hospitals.

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.

Number of standards exceeded:	0
Number of standards met:	39
Number of standards not met:	0
Not audited at the facility level: Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	6

Summary of Audit Findings

Number of Standards Exceeded: 0

Number of Standards Met: 39

Number of standards Does Not Meet Standards: 0

*Includes six standards audited at the agency level:

*115.12 Contracting with other entities for the confinement of inmates

*115.66 Preservation of ability to protect inmates from contact with abusers

*115.87 Data collection

*115.88 Data review for corrective action

*115.89 Data storage, publication, and destruction

*114.403 Audit contents and findings

Submission of Final Report

Conclusion:

115.33 (a) Inmate education

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring an inmate to receive information regarding the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

115.41 (c) Screening for risk of victimization and abusiveness

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring the use of an objective-screening instrument. The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

115.42 (a) Use of screening information

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring the agency to use information from the risk screening required by 115. 41 (utilizing an objective screening instrument) to inform housing, bed, work, education and programing assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none">• 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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. SCI-Dallas Pre-Audit Questionnaire (PAQ) b. Policy DC-ADM 008 Section 2 (PREA Procedures Manual) 19 pages c. Policy DC-ADM 008 Section 7 (PREA Procedures Manual) 2 pages d. Policy DC-ADM 008 (PREA Procedures Manual) Glossary of Terms e. Agency Table of Organization f. Agency Mission Statement g. SCI-Dallas Table of Organization h. PREA Resource Center (PRC) List of Certified Auditors i. Inmate Handbook 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager 3. Site Review Observations <ol style="list-style-type: none"> a. Facility walkthrough <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections policy DC-ADM 008 PREA Procedures Manual Section 2 requires the Department to take appropriate actions to ensure zero tolerance toward all forms of sexual abuse and sexual harassment in order to promote the safety of inmates. It will also implement the PREA Standards to ensure that all aspects of operations work toward preventing, detecting, and responding to such conduct resulting in a safer environment. A glossary of terms is also set forth by the Department in DC-ADM008. A list of terms is provided related to prohibited behaviors of sexual abuse and sexual harassment as defined in the National Standards to Prevent, Detect, and Respond to Prison Rape.</p> <p>Sanctions for those found to have participated in prohibited behaviors is described in DC-ADM 008 PREA Procedures Manual Section 7 (Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation) for both staff and inmates. For staff, Section 7 maintains that any employee who violates the Department’s zero tolerance policy by engaging in, failing to report or knowingly condones sexual abuse or sexual harassment of an inmate shall be subject to disciplinary or administrative action up to and including termination. Additionally, terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are required to be reported to law enforcement agencies, unless the activity was not clearly criminal, and to any relevant licensing bodies. DC-ADM008 Section 7 also discusses in detail the sanctions for inmates who have participated in prohibited behaviors.</p> <p>Subsection (b):</p>

The Pennsylvania Department of Corrections has one statewide PREA Coordinator, Mr. David Radziewicz, who is responsible for PREA compliance for all state correctional institutions and community corrections centers. Policy DC-ADM 008 PREA Procedures Manual Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training), stipulates that the PREA coordinator's sole responsibility is to develop, implement, and oversee the Department's efforts to comply with the federal PREA Standards in all facilities. So 100% of the PREA coordinator's time is allocated to obtaining and maintaining compliance with the federal PREA Standards. This was also confirmed during the Auditor's interview with the PREA coordinator.

According to the Department's table of organization, the PREA coordinator reports directly to the Director of the Bureau of Standards, Audits and Accreditation. The Director reports to the Executive Secretary for the Department of Corrections. According to the Auditor's interview with the PREA coordinator, he also meets regularly with the Secretary of the Department of Corrections on all PREA related matters. The PREA coordinator also maintained that he has sufficient authority within the Department of Corrections to make decisions and provide guidance to the PREA compliance managers at each institution to ensure compliance with the PREA Standards.

Subsection (c):

The Corrections Classification and Program Manager (CCPM) at each state facility have been designated as the PREA Compliance Manager (PCM), and have been given sufficient time and authority to coordinate compliance with departmental policies and federal PREA Standards. At SCI-Dallas, the PCM is Michael Goyne. Mr. Goyne confirmed during his interview that he had sufficient time and authority to serve as the PCM, in addition to the duties as a CCPM.

Pennsylvania Department of Corrections policy DC-ADM008 PREA Procedures Manual Section 2 also describes in detail the duties of the PREA compliance manager. The organizational chart for SCI-Dallas graphically shows that the CCPM at the facility is also the PCM. At the facility level, Mr. Goyne reports directly to the Deputy Superintendent for Centralized Services. At the agency level, the PCM reports to the PREA coordinator who indicated during his interview that he communicates with the PREA compliance managers on a regular basis via telephone, email, video conference, site visits and during an annual 1 ½ day annual conference. This was also confirmed by the PREA compliance manager. Each PCM is also required to submit monthly reports to the PREA coordinator.

The Superintendent also indicated during informal discussions during the onsite audit phase that he allows the PCM as much time as needed to manage the facility's compliance with the PREA Standards. Informal discussions with inmates during the walkthrough of the facility during the onsite audit phase also indicated that they were aware of who the PREA compliance manager was at SCI-Dallas.

Corrective Action: The audit team recommends no corrective action.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. SCI-Dallas Pre-Audit Questionnaire (PAQ) b. Policy DC-ADM 008 Section 2 (PREA Procedures Manual) 19 pages c. Policy BCC-ADM 008 Section 2 (Bureau of Community Corrections PREA Procedures Manual), Prevention and Training, Attachment 2-B d. Commonwealth of Pennsylvania, Department of General Services, Bureau of Procurement (Invitation for Bids) 96 pages e. Memorandum of Understanding between the Commonwealth of Pennsylvania and the County of Cambria, 29 pages f. Memorandum of Understanding between the Commonwealth of Pennsylvania and the County of Chester, 25 pages g. Memorandum of Understanding between the Pennsylvania State Police and the Indiana County Jail, 16 pages h. Pennsylvania Department of Corrections, Bureau of Community Corrections (PREA Contract Compliance Monitoring Report, 2017) i. Armstrong County Jail (2016 PREA audit report) j. CEC Chester Treatment Center (2015 PREA audit report) k. Firetree LTD, Conewago Snyder (2016 PREA audit report) l. Gaudenzia First (2016 PREA audit report) m. Gaudenzia Washington House (2015 PREA audit report) n. GEO Group, Inc. Luzerne Treatment Center (2015 PREA audit report) o. Treatment Trends, Inc. Keenan House (2017 PREA audit report) 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections policy DC-ADM 008 PREA Procedures Manual Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) requires that the Department include in any new contract or contract renewal for the housing of an inmate with a private entity or other entities, including other government agencies, the obligation to adopt and comply with the PREA Standards and the agency’s policies related to PREA compliance. Additionally, Section 2 maintains that contracted entities shall undergo regular, mandated audits on a three-year basis, as required by the PREA Standards. All contracted entities are expected to have an official PREA audit by a certified Department of Justice (DOJ) PREA auditor once during every three year audit cycle as directed in the PREA Standard.</p> <p>Subsection (b):</p> <p>Policy DC-ADM 008, Section 2 also stipulates that the Department provide for contract monitoring to ensure that the contract service provider is complying with the PREA Standards with any new contract or contract renewal. The Department completes a PREA Contract Compliance Monitoring Report during the years in which a PREA audit is not completed.</p>

During the pre-onsite audit phase, copies of the PREA Contract Compliance Monitoring Reports were provided to the Auditor for review and showed that they were detailed in regard to explaining any changes made by the facility to ensure compliance with the PREA Standards and/or deficiencies in need of corrective action. The monitoring report is maintained as an attachment (Attachment 2-B) as part of policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 (Prevention and Training).

Although the Statewide PREA coordinator indicated that no contracts have been renewed since the last PREA audits within the agency in October, 2017, SCI-Dallas provided sample copies of PREA audits during the pre-onsite audit phase that included the following:

Armstrong County Jail (2016 PREA Audit Report);
CEC Chester Treatment Center (2015 PREA Audit Report);
Firetree LTD, Conewago Snyder (2016 PREA Audit Report);
Gaudenzia First (2016 PREA Audit Report);
Gaudenzia Washington House (2015 PREA Audit Report);
GEO Group, Inc. Luzerne Treatment Center (2015 PREA Audit Report);
Treatment Trends, Inc. Keenan House (2017 PREA Audit Report).

In addition, Memorandum of Understandings (MOUs) between the Department and Pennsylvania State Police were reviewed by the Auditor (Indiana County Jail, Cambria County Prison, and Chester County Prison). The interview with the PREA coordinator indicated that the cooperation that the institutions maintain with the Pennsylvania State Police is excellent and that law enforcement is frequently involved in the investigative process when warranted. All MOUs contain PREA language under Section 15 that stipulates that the county must agree to adopt the federal PREA Standards.

An interview with the agency's contract administrator did not occur as the agency was previously audited. Notes from the interview with the agency's contract administrator were reviewed prior to the onsite audit phase as the previous Auditor is also an employee of the Wisconsin Department of Corrections, similar to the Auditor for SCI-Dallas. However, the Statewide PREA coordinator was interviewed and provided further information regarding the Department's contracting with other entities for the confinement of inmates.

Correction Action: The audit team recommends no corrective action.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. SCI-Dallas Pre-Audit Questionnaire (PAQ) b. Policy DC-ADM 008, PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) 19 pages c. Policy 6.3.1, Facility Security Procedures Manual, Section 15 (Correctional Officer Staffing System) 12 pages d. Policy 6.3.1, Facility Security Procedures Manual, Section 19 (Managerial Visits/Inspections) 5 pages e. 2017 SCI-Dallas Approved Staffing Survey f. Housing Unit Administration/Management Inspection Sign-In Log Books g. PIDS (Perimeter Intrusion Detection System) Monthly Meeting Minutes h. SCI-Dallas Position Worksheet i. SCI-Dallas Corrections Officer Post Assignment Report and Summary of Security Activities j. Mandatory Overtime Reports for COI k. Rosters and Overtime Logs (8/17, 9/17, 10/17, 11/17, 12/17) l. Memorandum, Staffing Plan Review (December, 2017) m. Monthly PREA Tour Schedule n. Overhead Map of SCI-Dallas 2. Interviews <ol style="list-style-type: none"> a. Superintendent b. PREA Coordinator c. PREA Compliance Manager d. Intermediate or Higher-Level Facility Staff e. Random Staff Interviews <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections policy DC-ADM 008, PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) requires each facility to develop a staffing plan and address the 11 required elements of this standard. During the onsite audit phase, interviews with the Superintendent, PREA coordinator and PREA compliance manager each confirmed that the 11 required elements are taken into consideration on an annual basis when reviewing the staffing plan. During the pre-onsite audit phase, SCI-Dallas provided a copy of the memorandum showing when the annual staffing plan meeting review would occur. According to the Superintendent, PREA coordinator and PREA compliance manager, SCI-Dallas has not had any judicial findings of inadequacy, any findings of inadequacy from federal investigative agencies, or any findings of inadequacy from internal or external oversight bodies.</p> <p>The Auditor's review of the staffing plan materials provided by SCI-Dallas was detailed in terms of defining what positions are required to meet minimum staffing levels and what</p>

positions are needed to meet the staffing levels at the time of the annual staffing plan review. SCI-Dallas reported a need for a total of 443 security staff positions during their 2017 staffing plan review. The "Corrections Officer Post Assignment Report" provides a detailed description of the security activities for each post within the facility for all three (3) shifts for each hour of the shift, including the number and placement of supervisory staff. Additionally, the "Summary of Security Activities" details all components of the facility's physical plant that is broken down into three (3) distinct categories (Security Control, Essential Services, and Inmate Programs). Each of the categories is then broken down further regarding institutional function and activity. The security control category includes outside control (e.g., towers, vehicle entrance, perimeter patrol), inside control (e.g., gates, movement control, inside escort), and security support (e.g., inspections, inmate dining, correctional industries). Essential services includes inmate housing (e.g., rover, unit control room), special housing (e.g., RHU, MHU, exercise/showers), and health services (e.g., sick call, outside hospital, medical lobby). Inmate programs includes core programs (e.g., education/programs, treatment services), ancillary programs (e.g., commissary, visiting room, library), and recreation (e.g., yard/recreation, gymnasium, auditorium).

Policy 6.3.1, Facility Security Procedures Manual, Section 15 (Correctional Officer Staffing System) was provided during the pre-on-site audit phase and demonstrates the methodology and tasks required (including the agency head, executive deputy secretary, regional deputy secretary, chief of security, human services, PREA coordinator, and PREA compliance manager), for the calculation of each facility's staffing patterns. The local union is also provided the opportunity to provide input by documenting any concerns and/or suggestions they may have and submitting them to the Major-of-the-Guard for review prior to the annual staffing plan audit.

During every third year, a security staffing survey is conducted by the Department's Central Office Staffing Audit Team. The Central Office Staffing Audit Team reviews seven (7) consecutive days of rosters for all shifts, union agreements that affect staffing, facility written justification of posts being requested, and post orders for any new posts being requested. The Audit Team also conducts interviews with the Superintendent, PREA compliance manager, and a representative of the local union. A walkthrough of the facility is also conducted in an effort to identify any blind-spots or areas where staff or inmates may be isolated, and to determine the need for any technological additions or upgrades.

Auditor interviews with the Superintendent and PREA coordinator confirmed that the PREA compliance manager is an integral component to the staffing plan review, and has the authority to provide input by documenting any concerns and/or suggestions they may have and submitting them to the Major-of-the-Guard for review. Policy 6.3.1, Facility Security Procedures Manual, Section 15 (Correctional Officer Staffing System) also requires the Central Office Staffing Audit Team meet with the PREA compliance manager, and discuss any concerns, questions, and/or suggestions.

The PREA compliance manager also works with facility administration on an annual basis to assess, determine, and document whether adjustments are needed to the staffing plan, deployment of video monitoring systems and other monitoring technologies, and the resources available to the facility in order to ensure adherence to the staffing plan. The Auditor was able to confirm through interviews and the staffing plan documents provided that

the PREA compliance manager plays a direct role in both the agency and facility level reviews.

SCI-Dallas had their agency level review in 2017, which was approved in 12/17. The updated approved agency staffing plan for SCI-Dallas was provided during the onsite audit phase, as approval at the agency level was completed after the pre-onsite audit phase. The approved staffing plan indicated 443 required custody positions, with 436 custody positions currently staffed; a difference of 7 positions. Although SCI-Dallas has a rated capacity of 1,750, the staffing plan was predicated on the average daily population since their last PREA audit in 2015 which is 2,216 inmates according to the information provided during the pre-onsite audit phase. As such, SCI-Dallas incorporated the overcrowding that it has been experiencing with a request to the agency level to meet the required custody positions in order to not deviate from its staffing plan.

According to the Auditor's interview with the Superintendent, any reduction in staffing realized by the facility is augmented through the use of voluntary or mandatory overtime in order to comply with the approved staffing plan. This was also supported through a review of 5 months of overtime logs for all 3 shifts (8/17, 9/17, 10/17, 11/17, 12/17).

Subsection (b):

Policy 6.3.1 Facility Security Procedures Manual, Section 15 (Correctional Officer Staffing System) is specific to security staff and requires any deviations from the required staffing plan to be documented. In the past 12 months, SCI-Dallas reported that there have been no deviations from the staffing plan. According to the Auditor's interview with the Superintendent, the staffing plan is fulfilled through either voluntary or mandatory overtime. This was verified through a review of 5 months of SCI-Dallas' overtime logs for all 3 shifts.

Subsection (c):

Policy 008 PREA Procedures Manual, Section 2 ((Sexual Abuse/Sexual Harassment Prevention and Training) provides the duties of the PREA coordinator and sets forth the requirement of working with each facility on an annual basis regarding their staffing plan. Specifically, the policy states that the PREA coordinator will, "Work with each facility on an annual basis to assess, determine, and document whether adjustments are needed to: the staffing plan, deployment of the video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan.

The statewide PREA Coordinator is also required to review any documentation for non-compliance with the staffing plan. During the onsite audit phase, SCI-Dallas' compliance manager indicated that the annual staffing survey review meeting is attended by the superintendent, PREA coordinator, and representative of the local union. Other staff is also permitted to attend. During the onsite audit phase, an interview with the PREA coordinator confirmed that he participated with the annual reviews at each facility during their scheduled staffing plan meeting.

SCI-Dallas also provided documentation/meeting minutes of the monthly Perimeter Intrusion Detection System (PIDS) meetings for 1 year (10/16-10/17). The meetings are intended to ensure that video monitoring/electronic surveillance systems and other monitoring

technologies are operational in order to enhance their ability to protect inmates from sexual abuse. SCI-Dallas reported that between 10/16-10/17 additional cameras were installed at the following locations: One (1) in I-Block stairwell, one (1) in courtyard between I-Block and J-Block, 14 in the school, and one (1) in the gym annex. Minutes from the PIDS meeting that were reviewed indicated that the location of the cameras installed between 10/16-10/17 were due to previously identified blind spots as well as the need to enhance security.

However, there is a concern that during the onsite audit phase it was revealed that no video surveillance is available in any of the cellblocks that house inmates. Although each cellblock is under direct supervision by security staff, SCI-Dallas acknowledged that the lack of cameras was a concern that has been discussed at the agency level. Additionally, the walkthrough of the facility presented areas where mirrors could be utilized in order to protect inmates from sexual abuse. The use of security mirrors, particularly in the stairwells was discussed frequently during the onsite audit phase with SCI-Dallas administration who escorted the Auditor team.

Subsection (d):

Policy 6.3.1 Facility Security Procedures Manual, Section 19 (Managerial Visits/Inspections) requires that intermediate and higher level personnel conduct and document unannounced rounds of each housing unit once per week including unoccupied areas, and all other major areas of the facility at least once per month. Intermediate and higher level personnel are defined as the facility manager, deputies, majors, intelligence captain, security lieutenant, corrections superintendent's assistant, and the corrections classification program manager (PREA compliance manger). Additionally, policy 6.3.1, Section 19 maintains that staff members are prohibited from informing anyone that these visits are occurring and if found to be alerting other staff or inmates to the unannounced rounds, will be subject to disciplinary action.

SCI-Dallas provided copies of the housing unit administration/management inspection sign-in logbooks during the pre-onsite audit phase that noted rounds were being conducted on a weekly basis of all housing units on each shift by intermediate and higher level personnel, and monthly documentation of all other major areas of the facility including those outside of the secure perimeter of the facility. Staff that is required to complete and document their rounds includes the Superintendent, Deputy for Facility Management, Deputy for Centralized Services, Major of the Guard, and the Classification Program Manager/PCM.

During the onsite audit phase, the Auditor verified that intermediate and higher level personnel were conducting unannounced rounds by reviewing 1 year (2017-2018) of administration/management inspection sign-in logbooks in all housing units and other areas of the facility. The logs showed that intermediate and higher level personnel were completing their rounds at irregular intervals during the week.

Interviews with 11 random staff and informal interviews with housing unit staff during the onsite audit phase facility walkthrough confirmed that unannounced rounds were being conducted. All confirmed that they are prohibited by policy 6.3.1 from notifying other staff. Interviews with intermediate and higher level staff also verified that unannounced rounds were being completed per policy on a weekly basis. Additionally, intermediate and higher level staff

indicated that when entering into a cellblock they initially sign the administrative logbook and then conduct a round of the housing unit, frequently speaking with inmates.

Corrective Action: The audit team recommends no corrective action.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. SCI-Dallas Pre-Audit Questionnaire (PAQ) b. Policy DC-ADM 008 Section 2 (PREA Procedures Manual) 19 pages c. Agency’s Information System DOCNET (Basic Inmate Query) 2. Interviews <ol style="list-style-type: none"> a. PREA Compliance Manager <p>Subsection (a-c)</p> <p>Pennsylvania Department of Corrections policy DC-ADM008 PREA Procedures Manual Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) mandates that, “Upon initial reception to the Department, youthful inmates shall enter into an expedited classification process as outlined in Department policy 11.2.1, “Reception and Classification.” All male youthful inmates shall be transferred to SCI-Pine Grove within 24 hours of reception by the Department, and female youthful inmates under the age of 18 shall immediately be placed into the Youthful Inmate Unit at SCI-Muncy. SCI-Dallas is not a reception facility within the Department of Corrections. Therefore, no youthful inmates are transferred to SCI-Dallas.</p> <p>The Pre-Audit Questionnaire submitted by SCI-Dallas reported that inmates under the age of 18 are not housed at the facility. During the on-site review, the Auditor verified through the Department’s DOCNET: Basic Inmate Query, that no youthful inmates under the age of 18 were being housed at the facility. Informal interviews with staff in the housing units and with the PREA compliance manager confirmed that no youthful inmate is housed at SCI-Dallas. No youthful inmates, education and program staff who work with youthful inmates or staff who supervise youthful inmates were interviewed specific to this PREA Standard.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. SCI-Dallas Pre-Audit Questionnaire (PAQ) b. Policy DC-ADM 008, PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) 19 pages c. Policy DC-ADM 008, PREA Procedures Manual, Section 9 (Working with Transgender and Intersex Inmates) 6 pages d. Policy 6.3.1, Facility Security Procedures Manual, Section 30 (Searches) 32 pages e. Cross-Gender Search Validation Form (Attachment 2-D), Policy DC-ADM 008, PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) 2 pages f. Memo from PREA Compliance Manager, Announcing Female Presence on Housing Units (2015, 2017) g. Memo from Executive Deputy Secretary to Superintendents on Gender Specific Posts (2015) h. Facility Narrative Summary, State Correctional Institution at Dallas, 2017 i. Contraband and Searches PowerPoint, 129 slides j. Staff In-Service Training Roster for “Searches of Inmates” course (3 shifts) 2. Interviews <ol style="list-style-type: none"> a. Random Staff b. Random Inmates c. Targeted Inmates d. PREA Lieutenant 3. Site Review Observations <ol style="list-style-type: none"> a. Facility walkthrough b. Cellblock Entry Slider Doors <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections policy DC-ADM 008 PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) mandates that staff shall not conduct cross-gender strip searches except under exigent circumstances. Body cavity searches can only be conducted when performed by a physician. During the pre-onsite audit phase, SCI-Dallas reported that in the past 12 months, zero cross-gender strip or cross-gender visual body cavity searches were performed. Interviews conducted during the onsite audit phase with random staff (non-medical) and inmates confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed except under exigent circumstances and are not being conducted at SCI-Dallas.</p> <p>Subsection (b):</p>

Policy 6.3.1 Facility Security Procedures Manual, Section 30 (Searches) maintains that female staff members may search female, male, transgender, or intersex inmates. Male staff members may search male, transgender, or intersex inmates housed in a male facility. Absent exigent circumstances, male staff members shall not search female, transgender, or intersex inmates housed in a female facility. During the pre-onsite audit phase, SCI-Dallas stated that they do not conduct cross-gender pat-down searches of female inmates as the facility only houses male inmates. This was confirmed by the Auditor during the onsite audit phase. The onsite audit phase also verified that SCI-Dallas does not house offenders based upon their gender identity.

According to policy 6.3.1., Section 30, staff is also required to be trained in how to conduct cross-gender pat searches, and in searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible. Policy 6.3.1, Section 30, Searches, also provides detailed, step-by-step instructions on how to professionally conduct pat searches. During the pre-onsite audit, SCI-Dallas uploaded the Department's training curriculum for "Contraband and Searches" that was developed by the agency's training academy and which provides specific instructions on completing inmate searches, including transgender and intersex inmates.

Subsection (c):

Policy DC-ADM 008 PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) requires that all cross-gender strip searches be documented on the Cross-Gender Search Validation Form (Attachment 2-D). A copy of the form is then maintained by the security office. During the pre-onsite audit phase, SCI-Dallas stated that they do not conduct cross-gender strip searches of female inmates as the facility only houses male inmates.

Although Department policy 6.3.1 permits female staff to search male inmates, SCI-Dallas reported that no cross-gender strip searches or cross-gender visual body cavity searches by female staff has been conducted during this PREA audit period. During the onsite audit phase, the Auditor confirmed that no cross-gender strip searches or cross-gender visual body cavity searches of male inmates occurred in the past 12 months, as no Cross-Gender Search Validation forms were on file at the facility. This was also confirmed during interviews with 11 random staff, and 35 random inmates who all indicated that they were not aware of any female officers conducting cross-gender strip searches. The PREA Lieutenant who was also interviewed stated that no female officers have conducted a strip search at the facility. The PREA lieutenant is responsible for conducting investigations of allegations of sexual abuse and sexual harassment at SCI-Dallas and works closely with the PREA compliance manager.

Subsection (d):

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

At the agency level, the Department's Executive Deputy Secretary also sent a memorandum (7/15/15) to all DOC Superintendents regarding gender specific posts. A plan of action was developed to remove the viewing capabilities from monitoring stations of cameras that had the potential to violate this PREA Standard (115.15) and provide justification for individual posts that were being requested to be gender specific by Facility Managers. A total of approximately 20 security posts were identified to where staff was either required to be gender specific (if one person post), or where one of the staff members had to be gender specific (if 2 or more staff on post). Examples of agency-wide gender specific posts include visiting room search officer, infirmary/dry cell, and transport and search team (at least one staff gender specific).

During the onsite audit phase, the walkthrough of inmate housing, gymnasium, kitchen, programming, and other areas of the facility where inmates would be able to shower, perform bodily functions and change clothing showed that inmates had a degree of privacy available to them. The shower areas in the cellblocks at SCI-Dallas are located in the basement level and occur in an open area where inmates are visible to each other. Although a gender-specific officer supervises the shower area when in use, limited privacy is available to inmates. As such, a vast majority of inmates shower with their undergarments. However, privacy is available when inmates utilize the bathroom in their cells. Interviews conducted with 35 random inmates and 19 targeted inmates also confirmed that staff does not view them when they perform bodily functions or change clothes except during routine cell checks. All also indicated that the officer who monitors the shower areas is gender specific.

There were two areas identified within the facility where corrective action was warranted during the onsite audit phase with both located in the kitchen. When first observing the kitchen area, the Auditor provided feedback on the open line of sight when the inmate was toileting at the urinals where no privacy partitions were in place between each of three (3) adjacent urinals. Prior to the completion of the onsite audit phase, maintenance had installed privacy panels in between each of the urinals to provide privacy without compromising sexual safety and security.

An additional inmate bathroom located by the kitchen receiving dock was also identified as in need of corrective action. Due to the size of the bathroom door window panel, any person passing by would be able to observe an inmate seated on the toilet where they are positioned facing those walking by. Staff and the Auditor discussed a plan to have an additional panel painted that would obstruct the line of sight to the toilet when a person is seated, but still allow visibility into the bathroom by staff to verify that only one person is inside. Staff would still be able to view the upper torso of the inmate to ensure safety and security. The painting of the panel was also completed during the onsite audit phase.

Policy also requires that staff of the opposite gender announce their presence when entering an inmate housing unit when either, a) the status quo of the gender supervision on a housing unit changes from exclusively same gender, to mixed or cross-gender supervision, or b) when an opposite gender staff member is entering a housing unit and it is unknown to him/her whether any other opposite gender staff are present. The announcement is required for both custody and non-custody staff. SCI-Dallas also provided 2 memorandums (2015 and 2017) addressed to staff from the PREA compliance manager that provide guidelines for female staff to announce their presence when entering a housing unit.

The tour of SCI-Dallas also discovered that text was painted on the slider doors at the entrance to the inmate housing units. The text stated, "ALL FEMALES ENTERING THIS HOUSING AREA MUST ANNOUNCE THEIR PRESENCE WHEN ENTERING." The Auditor requested and received a photo of the text during the onsite audit phase.

During the onsite audit phase, the Auditor did observe that female staff made the cross-gender announcement when entering into the inmate housing units. Approximately 85 percent of the inmates who were interviewed (random and targeted) indicated that female staff consistently announced their presence when entering the housing units. However, a small number did state that they either have not heard the announcement being made, or that it occurs occasionally or sometimes. Custody staff that was randomly interviewed (11) also confirmed that the announcement is consistently being completed.

Department policy requires that staff of the opposite gender announce their presence when entering an inmate housing unit and the Auditor witnessed the announcement during the facility walkthrough. As such, SCI-Dallas is found to be in compliance with this subsection of PREA Standard 115.15. However, from a correctional best practices perspective, there is a concern that inmates housed in SCI-Dallas' large cellblocks may be unable to hear the announcement when it originates at the entrance to the housing unit. It was recommended that administration review additional options to the opposite gender announcement such as completing it at intervals when walking down the corridors of the cellblocks.

According to SCI-Dallas' Facility Narrative Summary for 2017 (pages 3-4), most of the cellblocks maintain a capacity of over 100 beds, with some closer to 200 beds (e.g., C-Block 204 beds, B-Block 199 beds, J-Block 196 beds, F-Block 186 beds), which maintain two tiers of linear cells lining a lengthy open corridor. During the post-onsite audit phase, SCI-Dallas reported that 12 of the 19 inmate housing units contain two tiers of cells. Thus, depending on an inmate's cell location, it is reasonable to infer that it would be difficult to hear the opposite gender announcement particularly when the inmate population is out of their cells or in the dayroom. This would be further personified for inmates diagnosed with a hearing disability. However, during interviews with random (35) and targeted inmates (19), approximately 85 percent indicated that female staff consistently announced their presence when entering the housing units.

Again, SCI-Dallas is found to be in compliance with this subsection of PREA Standard 115.15 by meeting the minimum requirements. As stipulated in the PREA Resource Center's FAQ response to questions related to this subsection, "The announcement in this standard is intended to put inmates on notice as to the presence of opposite gender staff on the unit." It is recommended that SCI-Dallas review the feasibility of strengthening its compliance by implementing an additional mechanism(s) to the opposite gender announcement procedures as a supplement/enhancement to the current verbal announcement.

Subsection (e):

Policy DC-ADM 008 PREA Procedures Manual, Section 9 (Working with Transgender and Intersex Inmates) prohibits the search or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined by conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical

examination conducted in private by a medical practitioner.

During the pre-onsite audit phase, SCI-Dallas reported zero such searches occurring in the past 12 months. During informal discussions with staff during the onsite audit phase, it was stated that if a transgender inmate was identified, the inmate would be transferred to another state facility due to a variety of factors such as the classification of the inmate population, physical design of the institution, and large open bay shower setup in the cellblocks. As such, no transgender or intersex inmate was interviewed at SCI-Dallas as none were reported to be confined at the facility. A review of the facility's documentation during the onsite audit phase for the random selection of targeted inmates showed that no transgender inmates were identified as being housed at SCI-Dallas, with only gay and bi-sexual inmates being recorded for the LGBTI targeted population.

Subsection (f):

Policy DC-ADM 008 PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) requires that staff be trained in how to conduct cross-gender pat searches, and in searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. During the pre-onsite audit phase, SCI-Dallas reported 100 percent of staff has received training on conducting cross-gender pat-down searches, and searches of transgender and intersex inmates. SCI-Dallas also indicated staff that has been on extended leave due to work related injuries will be trained upon their return to duty.

A PowerPoint presentation was also provided as validation of the training materials, as were staff in-service training rosters for the course titled "Offender Searches." A review of SCI-Dallas in-service records for 2017 confirmed that all staff in work status had been trained. The Auditor reviewed the training curriculum "Offender Searches" that was developed by the Department's Training Academy during the pre-onsite audit and found it to be appropriate and consistent with national standards for conducting inmate searches. The 9 random interviews with staff indicated that they were all trained within the past 12 months, confirming the staff in-service training rosters provided.

Corrective Action:

- a. Kitchen area inmate bathroom has an open line of sight for opposite gender staff to view inmates toileting at the urinals: Recommended to add privacy partitions between each of the three (3) adjacent urinals. Completed and verified during the onsite audit phase with photos provided on March 15, 2018.
- b. Kitchen area inmate bathroom door and window panels located by the receiving dock provides no privacy where persons passing by would be able to observe an inmate seated on the toilet when walking by. Recommended to have additional window panel painted (8") that would obstruct the line of sight to the toilet when an inmate is seated, but still allow visibility into the bathroom by staff to verify that only one person is inside (maintain safety and security). Completed and verified during the onsite audit phase and a picture provided March 15, 2018.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. SCI-Dallas Pre-Audit Questionnaire (PAQ) b. Policy DC-ADM 008 Section 2, PREA Procedures Manual, (Sexual Abuse/Sexual Harassment Prevention and Training) 19 pages c. Policy DC-ADM 006 Section 1, Reasonable Accommodations for Inmates with Disabilities Procedures Manual (General Procedures) d. Policy DC-ADM 006 Section 2, Reasonable Accommodations for Inmates with Disabilities Procedures Manual (Accommodations) e. Policy DC-ADM 006 Section 3, Reasonable Accommodations for Inmates with Disabilities Procedures Manual (Specific Disabilities) 2. Interviews <ol style="list-style-type: none"> a. PREA Compliance Manager b. Staff Interpreter (Spanish) c. Inmates with a Cognitive Disability (2) d. Inmates who are LEP (2) e. Inmates who are Blind, Deaf, or Hard of Hearing (1) 3. Site Review Observations <ol style="list-style-type: none"> a. PREA signage throughout the facility (English and Spanish) b. Test telephone call to PROPIO language services contractor <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) provides for the access to information for Special Populations. Policy DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities Procedures Manual Section 1 (General Procedures), DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities Procedures Manual Section 2 (Accommodations), and DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities Procedures Manual Section 3 (Specific Disabilities) also outline the Department’s approach to providing services to inmates with disabilities. In effect, these policies maintain that an inmate will not be denied services solely for reason of their disability.</p> <p>During the onsite audit phase, interviews were conducted with two (2) inmates with a cognitive disability, two (2) with limited English proficiency, and one (1) which is hard of hearing. Each indicated that they are provided with access to facility services and are provided with material</p>

on their rights to be free from sexual abuse and sexual harassment, as well as information on how to report sexual abuse and sexual harassment.

DC-ADM 008 PREA Procedures Manual Section 2 provides that the agency will ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Written materials are required to either be delivered in alternative formats that accommodate an inmate's disability or the information be delivered through alternative methods, such as reading it to the inmate or communicating through an interpreter, which ensures the understanding of the PREA-related material.

Although the current audit of SCI-Dallas did not include an interview with the Department's agency head (previously completed in 2017), the Secretary indicated that the Department maintains materials in Spanish and braille. A braille shop is operational at the agency's female prison. The state also maintains a contract for a sign language interpreter and a TTY system available for deaf and hard of hearing inmates and translators for PREA related matters. The Auditor confirmed that the Department of Corrections maintains a TTY system and also has developed a list of all staff throughout the agency who speak a language other than English who can be utilized for interpreter services.

Subsection (b):

For inmates who are limited English proficient, the Department requires facilities to take reasonable steps to ensure access to the efforts to prevent, detect, and respond to sexual abuse, including steps to provide qualified interpreters. It is the PREA compliance manager's responsibility to ensure that only staff members or qualified contractors that can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, provide translation for inmates. If a multi-lingual staff member is not available, then the current contracted translation service (PROPIO LS LLC) must be utilized.

Subsection (c):

Department policy also requires that facilities not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety, the performance of first response duties or the investigation of the inmate's allegations. Justification for any use of an inmate interpreter must be documented.

Although the Agency Head was not interviewed during the audit of SCI-Dallas, notes from an earlier interview indicated that the Department of Corrections has a contract with a sign language interpreter, as well as access to PREA resources in braille to ensure equal opportunity and participation for inmates with disabilities to prevent, detect, and respond to sexual abuse and sexual harassment. Two (2) inmates with limited English proficiency were interviewed with the assistance of an interpreter during the onsite phase of the PREA audit at SCI-Dallas. Additionally, one (1) inmate who was hearing impaired and two (2) inmates identified with cognitive disabilities were interviewed as well. Each indicated that they had no problems reading the PREA information (e.g., handouts, video, posters) made available at the facility and knew how to access interpretation services via staff. Each was also able to

clearly articulate how they could report sexual abuse or sexual harassment and were aware of their rights pursuant to the Prison Rape Elimination Act.

The Auditor's interview with SCI-Dallas' PREA compliance manager verified the information provided during the pre-on-site audit phase that there have not been any instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used. SCI-Dallas provided a list of staff and qualified contractors who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. If necessary, the agency maintains a contract through 6/30/18 with PROPIO LS LLC for their language translation needs if no qualified staff or contractor is available. The Auditor was able to successfully test that the telephone number for PROPIO language services was operational. Interviews with random staff confirmed that they were not aware of any instance where an inmate interpreter was used to report an allegation of sexual abuse or sexual harassment.

During the walkthrough of SCI-Dallas, the Auditor observed PREA posters displayed throughout the facility in Spanish as well as English. Information pertaining to the Prison Rape Elimination Act is also provided to inmates in Spanish and English during the intake process. The contracted language line, PROPIO LS LLC, includes over 200 languages for interpreter services.

Corrective Action: The audit team recommends no corrective action.

115.17	Hiring and promotion decisions
	<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 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="252 416 432 450">1. Documents <ol style="list-style-type: none"> <li data-bbox="252 506 831 539">a. SCI-Dallas Pre-Audit Questionnaire (PAQ) <li data-bbox="252 551 1477 618">b. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 41 (Employment of Job Applicants Having Prior Adverse Contacts with Criminal Justice Agencies) <li data-bbox="252 629 1331 696">c. Policy DC-ADM 008 Section 1, PREA Procedures Manual, (Sexual Abuse/Sexual Harassment Prevention and Training) 19 pages <li data-bbox="252 707 1362 786">d. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 3 (Employee Arrests – Felony, Misdemeanor, or Summary Offense) <li data-bbox="252 797 1378 875">e. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 40 (Conducting Pre-Employment Background Investigations) <li data-bbox="252 887 1453 965">f. Policy 1.1.4 Centralized Clearances Procedures Manual, Section 4 (Centralized Clearance Check Procedures) <li data-bbox="252 976 1011 1010">g. Pennsylvania Department of Corrections Code of Ethics <li data-bbox="252 1021 1177 1055">h. Pennsylvania Department of Corrections Application for Employment <li data-bbox="252 1066 683 1099">i. Position Vacancy Interest Form <li data-bbox="252 1111 746 1144">j. PREA Current/Prior Employer Letter <li data-bbox="252 1155 1018 1189">k. Centralized Clearance Check Information Request Form <li data-bbox="252 1200 1171 1234">l. Sample of employee background checks and completed applications <li data-bbox="252 1267 416 1301">2. Interviews <ol style="list-style-type: none"> <li data-bbox="252 1357 810 1391">a. Administrative (Human Resources) Staff <li data-bbox="252 1402 512 1435">b. PREA Lieutenant <li data-bbox="252 1447 724 1480">c. Random selection of security staff <p data-bbox="252 1536 448 1570">Subsection (a):</p> <p data-bbox="252 1626 1477 1861">Pennsylvania Department of Corrections policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 41 (Employment of Job Applicants Having Prior Adverse Contacts with Criminal Justice Agencies) maintains that the Department will ensure that any job applicant who has had adverse contact with a criminal justice agency be evaluated as to his/her suitability for employment. Consistent with PREA, the Department shall not hire or promote anyone who:</p> <ol style="list-style-type: none"> <li data-bbox="252 1917 1477 2119">a. 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) to include state facilities for persons who are mentally ill, disabled, or retarded or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care;

- b. has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and/or
- c. has been convicted of any offense under the following (or equivalent out of state offense):

- 1. Title 18 Pa. C.S.A. Chapter 31 – Sexual Offenses; or
- 2. Title 18 Pa. C.S.A. Chapter 59 – Public Indecency.

Also, consistent with the PREA, the Department considers any incidents of sexual harassment in determining whether to hire or promote anyone. During the pre-onsite audit phase, SCI-Dallas provided sample copies of personnel files that included 1) PREA Current Prior Employer Letter (Attachment 40-B, Policy 4.1.1 Section 40-Conducting Pre-Employment Background Investigations), 2) Position Vacancy Interest Form, 3) Application for Employment (including Consent to Release Information for Prison Rape Elimination Act Compliance form) and, 4) Centralized Clearance Check Information Request Form.

During the onsite review, the Auditor interviewed an administrative (Human Resources) staff member whose duties in human resources have been consolidated to oversee two facilities (SCI-Dallas and SCI-Retreat). The Auditor was informed that all hiring and background checks are now completed by the agency at the Department's central office. The Auditor was able to review approximately seven (7) additional personnel records (one which was a contractor) and accompanying forms that were randomly selected from the human resource staff members office that document the application process. The interview with human resources confirmed that the forms were a mandatory component of the application process to be hired.

Subsection (b):

Policy 1.1.4 Centralized Clearances Procedures Manual Section 4 (Centralized Clearance Check Procedures) requires that consistent with the Prison Rape Elimination Act (PREA), prior to the engagement of any contractors, the contractor and all of the contractor's employees and/or subcontractors that may have contact with inmates will be investigated to ensure that the Department does not enlist the services of any person(s) who has either engaged in sexual abuse in a prison, jail, lockup, community facility, juvenile facility, or other institution, as defined in 42 U.S.C. §1997, and/or has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The Department is required to also consider any incidents of sexual harassment when determining whether to enlist the services of any contractor who may have contact with inmates.

In addition, Department policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 40 (Conducting Pre-Employment Background Investigations) requires the consideration of any incidents of sexual harassment in determining whether to hire or promote, including contractors or volunteers who may have contact with inmates. The PREA Current/Prior Employer Letter (Attachment 40-B, Policy 4.1.1 Section 40-Conducting Pre-Employment Background Investigations) is also used by the agency for potential contractors. The interview with human resources during the onsite audit phase confirmed that all

applicants for employment, including contractors, are required to sign a consent release for a criminal background check to be completed.

Subsection (c):

Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 40 (Conducting Pre-Employment Background Investigations) stipulates that human resource offices submit a background check request for all prospective new hires and rehires that have been separated for more than 60 days to the Office of Special Investigations and Intelligence (OSII). SCI-Dallas requires all prospective employees or contractors to disclose any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This was also confirmed during the Auditor interview with human resources during the onsite audit phase. Three (3) of the personnel files reviewed were of staff who had been hired in the past 12 months.

Human Resources also indicated that when an employee or contractor reports having been employed by another Department facility and is requesting employment at SCI-Dallas, contact is made with the prior facility to inquire into past discipline, with the PREA Current/Prior Employer Letter sent and returned completed. According to human resources, the Commonwealth of Pennsylvania maintains a human resources computer program that allows any state agency to “flag” any employee or contractor who has resigned their position in lieu of termination, including for sexual abuse.

The Office of Special Investigations and Intelligence conducts a full background investigation, and notifies the facility’s Human Resources of the results. As noted in the comments in subsection (a) of Standard 115.17, all hiring and background checks are now completed by the agency at the Department’s central office.

The information provided by SCI-Dallas during the pre-onsite audit phase included documentation of the agency’s background check packet that included the Application for Employment, Centralized Clearance Check Information Request form, PREA Current Prior Employer Letter, and Position Vacancy Interest form. SCI-Dallas reported 50 individuals hired in the past 12 months who may have contact with inmates who have had a criminal background record check completed.

Subsection (d):

Policy 1.1.4 Centralized Clearances Procedures Manual Section 4 (Centralized Clearance Check Procedures) maintains that prior to the engagement of any contractors, the contractor and all of the contractor’s employees and/or subcontractors that may have contact with inmates will be investigated to ensure that the Department does not enlist the services of any person(s) who has either engaged in sexual abuse in a prison, jail, lockup, community facility, juvenile facility, or other institution, as defined in 42 U.S.C. §1997, and/or has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The Department is required to also consider any incidents of sexual harassment when determining whether to enlist the services

of any contractor who may have contact with inmates.

Additionally, policy 1.1.4 provides that, "If a contractor or the contractor's employee or subcontractor indicates on the Centralized Clearance Check Information Request Form (Public) that he/she has worked in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined in 42.U.S.C. §1997, the Requestor shall send a PREA Current/Prior Employer Letter (Attachment 4-A) to that candidate's previous employer, wait two weeks for a response from the employer, document the request for information, and provide that documentation to the facility Security Office." Contract service providers, volunteers, and PA Prison Society Official Visitors may be approved for a period of access up to 24 months. All other recurring visitors may be approved for a maximum of 12 months.

In the past 12 months, SCI-Dallas reported 9 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates. All 9 requests had a criminal background check conducted, representing a 100 percent completion rate.

Subsection (e):

Policy 1.1.4 Centralized Clearances Procedures Manual Section 4 (Centralized Clearance Check Procedures) stipulates that the Centralized Clearance Unit (CCU) is responsible for conducting criminal history checks on all contractors every two (2) years.

Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 3 (Employee Arrests - Felony, Misdemeanor, or Summary Offenses) stipulates that employees charged with criminal misconduct shall be dealt with appropriately, which is dependent upon the seriousness of the charge and any resultant violations of the Department of Corrections Code of Ethics, as well as the Governor's Code of Conduct. All Department employees are cross-checked against the Justice Network (JNET) system on a daily basis to identify employees that have had a negative contact with law enforcement. If an employee has a negative contact with law enforcement, JNET sends an alert to the agency's central office who then notifies the facility.

During the pre-onsite audit phase, SCI-Dallas provided documented examples of the JNET report that is sent to the agency. The Auditor's interview with human resources also confirmed the use of the JNET system. Notification to the agency via JNET is in "real-time," thus exceeding the requirement of this subsection of Standard 115.17 of conducting documented background checks for employees at least every five (5) years. During the pre-onsite audit, SCI-Dallas uploaded two (2) examples of the documentation provided by the JNET system.

Subsection (f):

Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 38 (Recruitment, Selection, and Placement for Non-Civil Service Positions) contains the agency's Application for Employment (Attachment 38-A) and Background Investigation Questionnaire (Pages 1-8). Both contain questions about an applicant's previous misconduct as described in paragraph (a) of this section. Additionally, policy 4.1.1 Section 3 (Employee Arrests - Felony, Misdemeanor, or Summary Offenses) maintains that the employee is responsible for reporting any negative contact with law enforcement to his/her supervisor, security, or designee.

Further, the employee is required to report such contact as soon as possible or no later than his/her next scheduled work day.

The Employee Code of Ethics handbook also requires the applicant to disclose any previous misconduct. During the Auditor's interview with human resources it was explained that the application process for staff and contractors is the same. All staff is required to sign a consent release, provide any criminal history, and affirm that the information being provided is accurate and complete. The information is included in the Department of Corrections employee application packet which was reviewed during both the pre-onsite audit and onsite audit phases. Random interviews with staff confirmed that employees are required to notify their supervisor of any negative contact with law enforcement.

Subsection (g):

Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 38 (Recruitment, Selection, and Placement for Non-Civil Service Positions) contains the agency's Application for Employment (Attachment 38-A) and Background Investigation Questionnaire (Pages 1-8). The Application for Employment contains the "Consent to Release Information for Prison Rape Elimination Act Compliance" which requests that the applicant (staff or contractor) authorize the Department of Corrections to investigate and ascertain any and all information concerning their prior employment as it relates to sexual abuse and sexual harassment. The consent form maintains that if the applicant does not desire to sign the authorization they will not be hired for a position that requires contact with inmates without conducting a background investigation compliant with the Prison Rape Elimination Act.

The Background Investigation Questionnaire also maintains an "Oath and Signature" section that states, "I do solemnly swear (or affirm) that this Application and any attachments contain no misrepresentation or falsification, omission or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I understand that any material omission or provision of materially false information will be grounds for non-selection or discipline, up to and including termination of employment." Human resources also confirmed that all background checks completed by the Office of Special Investigations and Intelligence review applications for misrepresentation or falsification, omission or concealment of material fact and are grounds for non-employment or termination.

Subsection (h):

Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 40 (Conducting Pre-Employment Background Investigations) requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receipt of a request from another facility for whom the person has applied to work. The policy also stipulates that human resource offices are responsible for sending the PREA Consent to Release of Information Form, along with the PREA Current/Prior Employer Letter to the applicant's prior employers, receiving and reviewing their responses, and determining whether the applicant may be hired.

Upon a former employee signing the "Authorization to Obtain Information/Waiver" form that is

included in the application packet, the applicant has authorized the Department to release their Official Personnel Folder to the Department if they were a former Commonwealth employee. Human resources confirmed that this process occurs, and indicated that SCI-Dallas receives these requests from other agencies on a regular basis and that they have complied according to Department policy.

Corrective Action: The audit team recommends no corrective action.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. SCI-Dallas Pre-Audit Questionnaire (PAQ) b. Policy DC-ADM 008 Section 2, PREA Procedures Manual, (Sexual Abuse/Sexual Harassment Prevention and Training) 19 pages 2. Interviews <ol style="list-style-type: none"> a. Superintendent b. PREA Compliance Manager 3. Site Review Observations <ol style="list-style-type: none"> a. Facility walkthrough <p>Subsection (a):</p> <p>Pennsylvania Department of Corrections policy DC-ADM008 PREA Procedures Manual Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) requires that when designing or acquiring any new facility and in planning any substantial expansion or modification of an existing facility, it is mandatory to consider the effect of the design, acquisition, expansion, or modification on the ability to protect inmates from sexual abuse. During the pre-onsite audit phase, SCI-Dallas reported that the facility has not made a substantial expansion or modification since their last PREA audit on June 15-17, 2015. During the onsite audit phase, the Auditor did not observe any new structures to the physical plant. Interviews with the Superintendent and PREA Compliance Manager confirmed that SCI-Dallas has not acquired a new facility or made any substantial expansion or modification since the last PREA audit in 2015.</p> <p>Subsection (b):</p> <p>Pennsylvania Department of Corrections policy DC-ADM008 PREA Procedures Manual Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) requires that the installation or updating of video monitoring, electronic surveillance, or other technology, the Department will consider how such technology may enhance the ability to protect inmates from sexual abuse. During the pre-onsite audit phase, SCI-Dallas reported that cameras were added to the facility between 10/16-10/17 at the following locations: One (1) in I-Block stairwell, one (1) in courtyard between I-Block and J-Block, 14 in the school, and one (1) in the gym annex. Minutes from the PIDS meeting that were reviewed indicated that the location of the cameras installed between 10/16-10/17 were due to previously identified blind spots as well as the need to enhance security.</p> <p>It should also be noted that SCI-Dallas maintains a biometric system that monitors the entrance and egress of staff from the facility. SCI-Dallas also conducts monthly Perimeter Intrusion Detection System (PIDS) meetings to ensure that video monitoring/electronic surveillance systems and other monitoring technologies are operational in order to enhance</p>

their ability to protect inmates from sexual abuse. The PREA compliance manager attends the monthly PIDS meetings.

Corrective Action: The audit team recommends no corrective action.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§115.21 – Evidence protocol and forensic medical examinations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pennsylvania Department of Corrections Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual b. Memorandum of Understanding (MOU) with Pennsylvania State Police (PSP) c. WebTAS Entries d. Random criminal and administrative investigations. e. Pre-Audit Questionnaire (PAQ) f. Staff investigation pocket guide. g. Form DC-457, Medical Incident/Injury Report h. Memorandum for Record-Meeting at Wilkes Barre General Hospital (WGBH, PREA Letter of Understanding) 2. Interviews: <ol style="list-style-type: none"> a. PREA Investigative Lieutenant b. Investigative Staff c. Administrative Staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Evidence Collection Kits <p>Findings (By Provision):</p> <p>115.21 (a). SCI Dallas has adopted a comprehensive agency policy, that staff are responsible for conducting administrative investigations pertaining to allegations of sexual abuse and sexual harassment in confinement, including inmate-on- inmate sexual abuse or staff sexual misconduct. PA DOC Policy DC-ADM 008 Section 5—Investigating Allegations of Sexual Abuse and Sexual Harassment.</p> <p>During the onsite phase of the audit, auditors interviewed random staff who stated they were aware and understood the department policy for obtaining usable physical evidence. They also knew who was designated as the primary investigator at the facility for allegations of sexual abuse and sexual harassment.</p> <p>The auditor observed that evidence collection kits are made available to first responders, medical staff and investigative staff to aid their efforts in collecting timely usable evidence. DC-ADM 008 states in part, that investigators shall gather and/or preserve direct and circumstantial evidence, including any available physical, DNA, and any electronic monitoring data; interview alleged victims, suspected abusers, and witnesses; and shall review prior complaints and reports if sexual abuse involving the suspected abusers.</p> <p>During the onsite phase of the audit, the auditor observed evidence boxes stored in the security office. The boxes were secured and were stored behind a locked door.</p> <p>The auditor observed that each evidence box contained step by step instructions as to how to</p>

collect physical evidence such as clothing, instructions for interviews of alleged inmate victims and suspects, directions as to who to report to as far as chain of command within the facility. The instructions also include reminders to obtain and collect video footage if possible. During the onsite phase of the audit, the auditor observed during staff interviews, that staff carried their pocket guide for investigative steps. These investigative steps included instructions on who to notify within the facility, and what active steps to take in response to an allegation of sexual abuse. The auditor observed that the guide instructs staff to separate the alleged victim and abuser inmates, take the alleged victim inmate to medical for evaluation, and secure the scene etc.

Responsibility for conducting criminal investigations falls under the jurisdiction of the PSP. The auditor was provided a copy of a current memorandum of understanding outlining the scope of responsibilities to comply with the applicable PREA standards.

During specialized staff interviews, staff stated that PSP shall be contacted regarding all allegations of sexual abuse and sexual harassment. The PSP investigator provides guidance as to whether a Sexual Assault Nurse Examine (SANE) is appropriate or not. The PSP, SCI Dallas personnel, and PA DOC utilize a 96-hour guideline for determining whether a SANE exam shall be performed or not.

115.21 (b). The uniformed evidence protocol was adapted from "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

The auditors were able to verify through facilities records and staff interviews that there were no youth housed at SCI Dallas during the 12-month review period.

115.21 (c). SCI Dallas offers all inmates who experience sexual abuse access to forensic medical examinations without financial cost to the victim. This practice is in PA DOC agency policy DC-ADM 008, stating the alleged victim shall be evaluated by facility medical personnel immediately when there is an allegation of sexual abuse that involved physical contact, to ensure the absence of any injury requiring urgent treatment. The medical staff shall document any injuries on the DC-457, Medical Incident/Injury Report.

DC-ADM 008 Section 6 states treatment services shall be provided to the alleged victim without financial cost and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident.

SCI Dallas medical staff are not responsible for conducting forensic examinations of inmates.

The PREA Compliance Manager (PCM) at SCI Dallas completed a document titled, Memorandum for Record-Meeting at Wilkes Barre General Hospital (WGBH, PREA Letter of Understanding) dated December 22, 2017. This document details the efforts to complete an MOU with Wilkes Barre General Hospital. There is currently no signed MOU in place.

An interview with a staff member at Wilkes Barre General Hospital indicates that the hospital has SANE/SAFE staff available at the hospital. The SANE/SAFE staff are on call and will arrive within an hour if they are not currently at the hospital.

During the onsite phase of the audit, the auditor interviewed specialized staff and inmates who reported prior sexual abuse. These individuals indicated there is no charge to the inmate for the hospital visit or a SANE/SAFE exam.

115.21 (d). SCI Dallas entered into an MOU with the Victim Resource Center (VRC) in Wilkes Barre, Luzerne County, and secured services of qualified staff as a victim advocate service provider. A copy of the MOU was provided to the auditor. Specialized staff were interviewed and also corroborated this agreement.

The VRC staff indicated during pre-onsite phone interview with the auditors that an advocate is available to meet with the inmate victim during a SANE exam upon request. The advocate

indicated that services have been provided to inmates during the past calendar year. Follow-up care is provided to the inmates on an as needed or requested basis. When the auditors interviewed VRC staff they stated they did not maintain a tracking system to record the number of contacts or services provided to inmates at SCI Dallas.

The Victim Resource Center provides services for victims of sexual assault and other crimes in Luzerne County PA. The VRC Director stated that staff employed by this agency are qualified to serve in this role and received education concerning sexual assault and forensic examination issues in general. They have assisted in training SCI Dallas staff about victim dynamics in regard to sexual assault in a detention setting. Services are limited to sexual assault victims at SCI Dallas.

115.21 (e). When requested by the inmate victim, a victim advocate from VRC accompanies and supports the inmate through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as appropriate. This was corroborated by the VRC staff. The current MOU agreement with VRC is consistent with this practice. Per the VRC staff, follow up and on-going care and support is provided to the inmates as requested.

115.21 (f). SCI Dallas is responsible for conducting administrative investigations of sexual abuse and sexual harassment. Allegations of a potentially criminal nature are referred to PSP for investigation. The auditor was provided a copy of the MOU agreement with PSP that was signed at the agency level on February 16, 2017. A portion of the MOU states, "The PSP will develop a policy for conducting criminal investigations of sexual abuse allegations as required by 28 C.F.R. Part 115, including but not limited to SS 115.22 and 115.71, and review allegations of sexual crimes committed within state correctional facilities and:

a. Perform a criminal investigation when appropriate:

b. Refer cases to the prosecutorial agency having jurisdiction when such referral is consistent with its policies, procedures and practices "

During the onsite review, the auditor was able to corroborate the above practices and partnerships through specialized staff interviews and with the PSP representative. SCI Dallas investigative staff report that all allegations of sexual abuse and harassment are referred to PSP, regardless of whether there is a potential for violation of criminal statutes. During the onsite phase, the auditor verified this through specialized staff interviews and when conducting a random sample review of investigatory files that included both administrative and criminal investigation notes in the file.

115.21 (g). Responsibility for conducting criminal investigations is under the jurisdiction of the PSP. The auditor was provided a copy of the memorandum of understanding between agencies outlining the scope, responsibility and necessity to comply with the applicable PREA standards.

115.21 (h). NA

Corrective Action: The audit team recommends no corrective action.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§115.22 – Policies to ensure referrals of allegations for investigations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pennsylvania Department of Corrections Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual b. Memorandum of Understanding (MOU) with Pennsylvania State Police (PSP) c. WebTAS Entries d. Random criminal and administrative investigations. e. Pre-Audit Questionnaire (PAQ) 2. Interviews: <ol style="list-style-type: none"> a. Investigative staff b. PSP staff 3. Site Review Observations: <ol style="list-style-type: none"> a. WebTAS b. Random criminal and investigative files <p>Findings (By Provision):</p> <p>115.22 (a). SCI Dallas has adopted a comprehensive agency policy. SCI Dallas ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Agency policy DC-ADM 008, Section 5 general responsibilities states in part that every report, complaint, or allegation of sexual abuse and sexual harassment, including third party and anonymous reports, shall be investigated promptly, thoroughly, and objectively.</p> <p>The Pennsylvania DOC employs a tracking system, WebTAS, to ensure accountability, progress and completion of all allegations of sexual abuse and sexual harassment in accordance with DC-ADM 008. WebTAS is a web-based application designed to track all incidences of sexual abuse and sexual harassment for U.S. Department of Justice reporting purposes. WebTAS entries go directly to Pennsylvania DOC Office of Special Investigations and Intelligence (OSII) for final review.</p> <p>During the onsite review, the auditor conducted interviews with investigative staff responsible for conducting sexual abuse, sexual harassment and retaliation investigations at SCI Dallas. The auditor completed a random sampling of nine administrative files and one criminal investigative file. Through this review the auditor concluded that the investigations, consistent with agency policy included the following:</p> <ul style="list-style-type: none"> • interview the inmate complainant(s) and obtain an Inmate Written Statement of Sexual Abuse/Harassment (Attachment 5-A) following the interview. If the complainant refuses to be interviewed or provide a written statement, said refusal, including date, time, and persons present, shall be documented and included in the investigative report; • interview all inmate witnesses and obtain an Inmate Written Statement of Sexual

Abuse/Harassment from the inmate(s) following the interview;

- interview all staff member witnesses and/or undeveloped leads and obtain a Staff Written Statement of Sexual Abuse/Harassment (Attachment 5-B);
- when appropriate, interview all alleged abusers and obtain written statements utilizing the designated form for inmate(s) or staff;
- review all available video footage and save the video footage to a media storage device to submit with the investigative report;
- review and copy corroborating evidence, including but not limited to: all housing unit log books, medical documentation, work-related reports, misconduct reports, inmate grievances, and other pertinent documentation specific to the allegation of sexual abuse and include the documentation in the investigative report; and
- make an effort to determine whether staff actions or failures to act contributed to the abuse, specifically as it applies to administrative investigations.

The auditor reviewed a 12 month period in the WebTAS system found 25 sexual abuse investigations, 18 sexual harassment and zero retaliation allegations assigned for investigation. 20 of 43 investigations had determinate outcomes noted in the WebTAS system.

- 25 Sexual abuse investigations – 7 unsubstantiated, 6 unfounded, 12 of the allegations were found not to be a sexual abuse, sexual harassment or of a retaliatory nature. These incidents may have been submitted anonymously, the alleged victim may not have provided any additional facts or abuser details (if known) therefore the facility's investigators could not provide further outcomes.

- 18 Sexual harassment investigations – 3 unsubstantiated, 1 unfounded and the remaining 14 were determined to be single incidents (PREA definition includes "repeated" incidents).

There were no substantiated sexual abuse or sexual harassment investigations in the past year. All allegations of sexual abuse, sexual harassment and retaliation for were referred to the PSP. The PSP investigated three of all the allegations they received. This was confirmed when the auditor spoke with the PSP representative. The auditor further inquired to the status of the three remaining investigations and was informed these still remain under review by PSP.

115.22 (b). PA DOC policy DC-ADM 008 states in part, if a case is being investigated for criminal charges, the department investigators shall suspend the administrative investigation and allow the criminal investigation to take precedence. The department investigators and/or Office of Special Investigations and Intelligence (OSII) shall coordinate with the criminal investigator/District Attorney's Office (as applicable) to determine when to resume the administrative investigation so as to avoid interference with the criminal investigation.

The auditor observed that the agency's policy regarding outside referrals is made available on the Pennsylvania DOC website. Additionally, memorandums of understanding are completed between the agency and PSP outlining responsibilities of each agency as they relate to investigations of allegations of sexual abuse and sexual harassment. All referrals to outside law enforcement are documented and included in the investigation packet.

The auditor noted through review of investigative files and through interviews that SCI Dallas follows provisions of policy DC-ADM 008 by referring all allegations of sexual abuse and sexual harassment to the PSP. These referrals were included in the investigatory files that were reviewed by the auditor.

115.22 (c). The agency's policy regarding outside referrals is made available on the Pennsylvania DOC website which the auditor observed. Additionally, memorandums of understanding are completed between the agency and PSP outlining responsibilities of each

agency as they relate to investigations of allegations of sexual abuse and sexual harassment. The auditor was provided a copy of the current MOU between the two agencies.

115.22 (d). PSP and Pennsylvania DOC have a signed MOU dated February 16, 2017. A copy of the current MOU was provided to the auditor and staff from both agencies confirmed that the provisions within the MOU outlining each agencies duties and responsibilities do occur and are part of their working practice.

115.71 (e). NA

Corrective Action: The audit team recommends no corrective action.

115.31	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>SCI Dallas Final Feb. 23, 2018 115.31 Employee Training</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. PA DOC Agency Procedures Manual; DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training b. Participant Basic Training Guide c. Individual employee training transcripts d. PREA Training and Understanding Verification Form e. 2017 Basic Training Lesson Plan f. Handout 1 – Sexual Abuse and Sexual Harassment g. 115.31 PREA Essentials (Staff Refresher training) h. PA DOC PREA video i. Rodney Hulin Story, Video j. Post Orders 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Specialized Staff c. Random Staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Numerous PREA posters were observed throughout the facility in staff, inmate and public areas, informing the reader that the facility has a zero tolerance for sexual abuse and sexual harassment (English and Spanish versions) and how to report these types of incidents. b. Several times per day on the inmate TV system, a PREA educational video is played “PREA What You Need to Know”, created by Just Detention International, this was observed by the auditor when onsite. Additionally, the Victims’ Resource Center information, with contact information is also made available daily on the inmate TV. c. During informal contacts, I observed correctional officers and non-uniformed staff referring to their “pocket” PREA – Immediate Response Procedures cards. This card outlines the staff response duties upon witnessing or receiving a report of sexual abuse. d. Staff received an annual “color groups calendar” to track their assigned work schedule throughout the year. Included in this “on person” calendar is additional PREA information; the employee’s duty to report any knowledge of sexual abuse, sexual harassment and by what means they may report. e. The PCM office staff has created and “Fast Facts” email distribution as new PREA information or updated information is disseminated to all staff. This information is intended to convey information to the reader in less than a minute. The memos are distributed to staff and inmates alike depending on the content. The agency also provides and makes available to staff a comprehensive PREA pamphlet; which covers introduction to the PREA standards, definitions, prevention, detection and response to sexual abuse and sexual harassment 	

4. Findings (By Provision):

115.31 (a) 1-10. SCI Dallas has adopted a comprehensive written policy DC-ADM 008 and has designated the PREA Compliance Manager (PCM), in conjunction with the training coordinator at each facility, who shall ensure that all employees who have contact with inmates receive training on the agency's zero tolerance policy against sexual abuse and sexual harassment within the department.

The auditor reviewed the agency 2017 Basic Training (BT) lesson plan and the Participant Basic Training Guide which are utilized to educate all new staff that will have contact with inmates on how to fulfill their responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The training resources state that inmates have the right to be free from sexual abuse and sexual harassment and the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. All employees receive education regarding the dynamics of sexual abuse and sexual harassment in confinement, how to detect and respond to signs of threatened and actual sexual abuse and how to avoid inappropriate relationships with inmates. Additionally, new employees are provided training on how to communicate effectively and professionally with inmates, including lesbian, gay, bi-sexual, transgender, intersex, or gender nonconforming inmates. Lastly staff is instructed how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Staff who was interviewed as random and specialized staff reported they received training consistent with each of the ten elements listed above. Staff were able to articulate training content, had knowledge of the agency's zero tolerance for sexual abuse and sexual harassment policy, that all staff and inmates have a right to be free from retaliation for reporting sexual abuse and sexual harassment and were familiar with their reporting responsibilities.

115.31 (b) 1-2. SCI Dallas has adopted a comprehensive written policy DC-ADM 008 which in part states (p. 2-15) that staff shall receive training that shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa. Through interviews with staff, it is reported during the past 12 months, no staff transferred to SCI Dallas from a female inmate facility. They further state that training materials are applicable to both male and female staff and there is no specific additional training that would be received for staff arriving from a female facility.

Records reveal (consistent with staff's account) no female staff have transferred or arrived at SCI Dallas from a female inmate facility, it is recommended the facility develop a training curriculum tailored to male inmates. This should include the agency/facility policies specific to cross gender strip searches and visual body cavity searches, opposite gender viewing of inmates showering, toileting and changing clothes (except in exigent circumstances), and opposite gender announcements when entering the housing unit.

115.31 (c) 1-3. SCI Dallas has adopted a comprehensive written policy DC-ADM 008 which in part states (p. 2-15) that beginning in 2016 and every even year thereafter, the annual staff

PREA education shall be provided in the form of refresher of the initial Basic Training. Beginning in 2017 and every odd year thereafter, the annual PREA education shall be provided in the form of update to the agency PREA Procedures Manual for all staff.

The agency utilizes an internet based training management system, Learning Solutions (LSO) that tracks staff training and creates an employee training record. This software has the ability to run reports and therefor can track who, when and which employee has completed training or has training past due. Specialized staff responsible for training efforts was not available during the onsite audit but a phone call interview was arranged during the interim phase of the audit. Staff confirmed the function of the LSO software which tracks and records staff training records and that staff who complete PREA training sign the PREA Training and Understanding Verification Form.

During the onsite audit, the auditor was able to confirm through casual interviews with staff that staff has their initial training at a central state training facility in Pennsylvania and also onsite training at the facility prior to having one on one contact with inmates. These trainings include information on the agency's zero tolerance policy and how to report incidents of sexual abuse, sexual harassment and retaliation for reporting an incident.

All staff has access to a yearly pocket sized calendar which contains PREA - Immediate Response Procedure educational information. The auditor was able to view these PREA pocket resources during the onsite portion of the audit when interacting with numerous random staff.

115.31 (d). SCI Dallas has adopted a comprehensive written policy DC-ADM 008, which states (p. 2-15) that staff shall be required to verify they have received the training information and understand the included items by signing the PREA Training and Understanding Verification Form. The statement on the form for which the employee is required to sign reads "I acknowledge on this date ____ I received and understand the training on the Prison Rape Elimination Act (PREA). I understand that the Department of Corrections maintains a zero tolerance policy in regard to inmate sexual abuse, sexual harassment, and retaliation. I have a statutory obligation to report ALL forms of sexual abuse and sexual harassment." The exception to signing the hardcopy form is when training is completed through web-based training, and then an electronic signature is captured and recorded. The PREA Training and Understanding Verification Form shall be kept in the staff member's training file. Electronic signatures are captured and maintained in the agency's LSO system, or known as the Employee Training Transcript.

The auditor asked specialized staff if there was any means or process being utilized that demonstrated that employees receiving PREA training understood the training information provided? Staff responded the PREA Training and Understanding Verification Form are utilized. The auditor recommends enhancing the current system by incorporating a pre-test, posttest or quiz. This would assist identifying individuals in need of remedial training and for the revision of training curriculum and lesson plans as needed.

Corrective Action: The audit team recommends no corrective action.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.32 Volunteer and contractor training</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. PA DOC Agency Policy, DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training b. PA DOC Contractors/Volunteers PREA Training c. Contractor/Volunteer hours of work d. PREA Training Understanding and Verification Form, for classroom training 2. Interviews: <ol style="list-style-type: none"> a. Contractors and volunteers b. PREA Compliance Manager c. Training personnel 3. Site Review Observations: <ol style="list-style-type: none"> a. Numerous PREA posters were observed throughout the facility in staff, contractor, volunteer, inmate and public areas, informing the reader that the facility has a zero tolerance for sexual abuse and sexual harassment (English and Spanish versions) and how to report these types of incidents. 4. Findings (By Provision): <p>115.32 (a)(1-2). SCI Dallas has adopted a comprehensive written policy DC-ADM 008 and has designated the PREA Compliance Manager (PCM), in conjunction with the training coordinator at each facility, who shall ensure that all volunteers and contracts who have contact with inmates receive training on their responsibilities under the agency’s zero tolerance policy against sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This was corroborated during interviews with volunteers and contractors. The facility reports that 96 full and part-time volunteers and contractors have contact with inmates. Two contractors/volunteers were interviewed during the onsite phase of the audit. These individuals were selected for an interview based on their schedule and availability while at the facility in relationship to the schedule of the auditors.</p> <p>115.32 (b)(1-2). SCI Dallas has adopted a comprehensive written policy DC-ADM 008 that states (p. 2-17) during a contractor/volunteer orientation session (prior to having unsupervised contact with inmates) they shall receive training (and annual training reflective of the level of contact that they have with inmates) on the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report incidents or suspicions of sexual abuse sexual harassment. The training curriculum was reviewed by the auditor and was able to confirm all of the elements of the standard were present within the training materials.</p>

For contractors and volunteers who have a high level of contact, five hours or more per week with inmates, they shall have the same training staff members receive during pre-service and annual training. For volunteers and contractors who have less than five hours per week, on average with inmates, they shall receive a brief orientation by the volunteer/contractor designee to include information on the Department's zero tolerance policy, how to make a report of sexual abuse and sexual harassment, and to whom to make the report. The auditor reviewed 91 training records via the Online Audit System during the pre-onsite audit phase.

Contractors and volunteers who were interviewed referenced their PREA pocket cards as a resource to explain what action they would take in response to having suspicion of, witnessing or having information reported to them specific to sexual abuse and sexual harassment. These individuals stated they had received training specific to the agency's zero tolerance policy and how to make a report of sexual abuse or sexual harassment.

115.32 (c). SCI Dallas has adopted a comprehensive written policy DC-ADM 008, which states (p. 2-17) that all contractors and volunteers shall be required to sign and acknowledge the PREA Training and Understanding Verification Form. The statement on the form for which the employee is required to sign reads "I acknowledge on this date ____ I received and understand the training on the Prison Rape Elimination Act (PREA). I understand that the Department of Corrections maintains a zero tolerance policy in regard to inmate sexual abuse, sexual harassment, and retaliation. I have a statutory obligation to report ALL forms of sexual abuse and sexual harassment." The exception to signing the hardcopy form is when training is completed via a web-based means, and then an electronic signature is captured and recorded. The PREA Training and Understanding Verification Form shall be kept in the staff member's training file. Electronic signatures are captured and maintained in the agency's LSO system, or known as the Employee Training Transcript.

Agency policy further states the facility volunteer coordinator shall be responsible for documenting the PREA training that each volunteer has received and maintain the documentation in the volunteer's file. The PREA compliance manager is responsible for maintaining PREA Training and Understanding Verification Forms for all contractors and volunteers. PREA training shall be effective for a period of one year. The PCM verified this for the auditor while conducting the site review that this is the practice at SCI Dallas. The auditor reviewed 96 contractor and volunteer PREA Training and Understanding Verification forms that were provided electronically in the OAS.

The auditor asked staff if there was any means or process being utilized that demonstrated that contractors/volunteers receiving PREA training understood the training information provided? Staff responded the PREA Training and Understanding Verification Form was the current means being utilized. The auditor recommends enhancing the current system by incorporating a pre-test, posttest or quizzes. This would assist identifying individuals in need of remedial training and for the revision of training curriculum and lesson plans.

Corrective Action: The audit team recommends no corrective action.

115.33	Inmate education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.33 Inmate education</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. PA DOC Agency PREA Procedures Manual; DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training b. PA DOC Agency Reception and Classification Procedures Manual c. Sexual Assault Awareness Informational Handout d. PREA Poster (English and Spanish); ways to report and zero tolerance information e. National PREA Resource Center, Inmate Education Facilitator’s Guide, PREA: What You Need to Know, Notification of Curriculum Use, February 2014 f. Just Detention International’s DVD; What You Need to Know g. PREA Inmate Education Verification Form h. Inmate Handbook 2017 i. SCI Dallas Inmate Handbook Supplement, December 1, 2017 j. DBA PROPIO LANGUAGE SERVICES Contract (translators) k. Mental Health Contact Note form, Attachment 1-G, (effective 6/30/16) 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Specialized Staff c. Random Staff d. Targeted Inmates e. Random Inmates 3. Site Review Observations: <ol style="list-style-type: none"> a. Inmate Cumulative Adjustment Record software system b. PA DOC PREA Prevention Through Awareness posters (English and Spanish) c. PREA video on inmate TV system d. PREA Audit Announcement posters posted throughout facility 4. Findings (By Provision): <p>115.33 (a)(1-2). SCI Dallas has adopted a comprehensive written policy DC-ADM 008, which states (p. 2-18) all inmates shall receive information explaining the agency’s zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse, sexual harassment or retaliation, and what to do if he is the victim of sexual abuse, sexual harassment, or retaliation.</p> <p>The policy further states medical staff shall provide a copy of the Sexual Assault Awareness Informational handout to the inmate immediately upon intake. The SCI Dallas intake process</p> 	

was observed by the auditors during the onsite phase of the audit. The process consists of intake staff providing each inmate (within hours of arrival to the facility) a copy of the agency inmate handbook (Spanish/English available). The handbook provides information (pp. 7-8) on the agency's zero tolerance policy of sexual abuse or sexual harassment and the methods of reporting for inmates. Zero tolerance means that anyone who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an inmate shall be subject to disciplinary action to and including termination and may be criminally prosecuted. The handbook informs the inmate that inmates and staff, who report sexual abuse or sexual harassment or cooperate in a "PREA investigation", shall be protected from retaliation.

When an inmate arrives at SCI Dallas, he/she will be seen by a medical or mental health professional (at least one of which is always on site) who will provide the inmate a copy of the agency Sexual Assault Awareness Information handout. The handout informs the inmate that any form of sexual abuse or sexual harassment will not be tolerated and provides the following reporting information:

- Tell any Department of Corrections Staff Member that you trust.
- Make a written request to any staff member.
- Send a written report to the Sexual Abuse reporting address:
BCI/PREA Coordinator, 1800 Elmerton Ave., Harrisburg, PA 17110
- Go online to www.tipsubmit.com to file an anonymous report.
- Have your family notify the facility, contact the PA State Police or file a report at www.tipsubmit.com.

The PREA coordinator shared with the auditor a copy of an email communication that was sent to the state's PREA compliance managers dated May, 2017. The memo, in part, shared that the information on www.tipsubmit.com has been deleted from Attachments 2-G (Sexual Assault Awareness Information handout). This website is no longer offered as a means to submit information. If you have posters with this information, it is acceptable to cross it off the poster.

The inmate information handout, containing the www.tipsubmit.com for anonymous reporting and for inmate family members to report was being distributed at intake when the auditor was conducting the onsite portion of the audit and was uploaded to the National PREA Resource Center's Online Auditor System (OAS) for the auditors review (Dec. 2017). Staff should provide a communication accessible to all inmates (written and via the inmate TV channel) and staff clarifying the reporting process and ensure that only updated and current versions of the Sexual Assault Awareness Information handout is being distributed.

An asterisk marked comment on the inmate information Sexual Assault Awareness Information handout reads "* If someone is a known or believed to be LGBTI, it does not mean that they are automatically agreeing to sexual acts." When updating the Sexual Assault Awareness Information handout, staff should remove this statement. It is offensive and may be interpreted as reinforcing a negative stereotype; it does not promote a sexually safe environment or provide for effective, professional communication with LGBTI individuals.

The agency Sexual Assault Awareness Information handout advises the inmate when they have first arrive at a facility, the means for reporting is to "tell a staff member you trust" and "to make a written request to any staff member". The likely hood of an inmate knowing "who to

trust” for reporting sexual abuse or sexual harassment is not realistic and to be advised to write to any staff person is further challenging when you are new to a facility. The auditor recommends the facility work to develop a means for inmates, staff and the public to privately, confidentially, anonymously report SA/SH in an expeditious manner. This could be facilitated by developing a “PREA Hot Line Reporting” phone system enabling individuals to report sexual abuse, threats of imminent danger of being sexually abuse, sexual harassment and retaliation via a phone. This could be arranged with an agency outside the facility/ PA DOC who can receive allegations and information and report back timely to the facility and or agency for investigation.

Based on the handout information provided to inmates, currently the only timely means for an inmate to report if in imminent danger of sexual abuse, sexually assaulted, sexually harassed or retaliated against would be to verbally report to staff at the facility, make a written request to staff at the facility or to write to the Pennsylvania State Police based on the Sexual Assault Awareness Information handout provided to inmates at intake.

All inmates receive information at the time of intake (prior to receiving a housing unit assignment) about the agency’s zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. A mental health professional (medical staff in the absence of a mental health staff) meets with the inmate during the initial intake process and provides the inmate a copy of the Sexual Assault Awareness Information handout. After meeting with the inmate staffs complete the Mental Health Contact Note form, which documents that the “Sexual Assault Awareness Pamphlet” was provided to the inmate and reviewed. The Mental Health Contact Note form is placed in the inmate’s confidential medical file and a copy provided to the PREA compliance manager’s office to track that all inmates arriving to SCI Dallas are provided information on how to report incidents of sexual abuse or sexual harassment. This process was corroborated by interviewing specialized staff, targeted and random inmates during the onsite phase of the audit.

The facility reported the number of inmates admitted during the past 12 months was 886 and all 886 inmates received information on the agency’s zero tolerance policy, how to report incidents or suspicions of sexual abuse or sexual harassment. The means for inmates in PA DOC to report incidents of sexual abuse or sexual harassment are messaged consistently from one facility to the next by means of the Sexual Assault Awareness Information handout.

Interviews conducted with specialized staff, inmates who had completed the intake process in the past six months; including the auditor’s observations of the intake process corroborated the policy is aligned with the institution practice. Additionally, a random sampling of the Mental Health Contact Note (attachment 1-G) was reviewed in the medical unit by the auditor and found that comparing random intake movements on a particular day showed that the arriving inmates had completed Mental Health Contact notes which document that the inmate has received the PREA pamphlet (Sexual Assault Awareness Information handout).

115.33 (b) SCI Dallas has adopted a comprehensive written policy DC-ADM 008, which states (p. 2-18) within 30 days of reception, additional PREA educational information shall be provided to all inmates. All inmates shall be shown a video (available in Spanish, English and subtitles for both) regarding their rights to be free from sexual abuse, sexual harassment and from retaliation for reporting such incidents. They shall also be provided information on how to

report incidents. Inmate education may be provided to inmates individually or in groups. SCI Dallas staff have trained an inmate who facilitates these monthly sessions in person utilizing the National PREA Resource Center Inmate Education Facilitator's Guide PREA: What You Need to Know and is available to answer inmate questions. Staff remains in the room during the playing of the video What You Need to Know. Staff is available to answer inmate questions. Staff remains in the room to observe and monitor inmate reactions. Staff and inmates acknowledged the above process occurs when the auditors conducted interviews and during informal interactions and discussions while onsite at the facility.

The facility reports that 865 of the 886 inmates received at SCI Dallas in the past 12 months have received comprehensive education and information within 30 days of their arrival to SCI Dallas. Of these 886, 21 inmates left SCI Dallas prior to a 30 day stay therefore exempt from a comprehensive inmate education. The auditor was able to verify this through inmate movement records (arrived date and transfer/release date activities) in the ICAR system.

The agency policy, DC-ADM 008 (p. 19) states that during the inmate's annual review, the counselor shall discuss issues related to sexual abuse in prison and offer the inmate an opportunity to discuss related concerns. The counselor shall provide a Sexual Assault Awareness Informational handout at the time of the inmate's annual review.

During the onsite review, the auditor met with specialized staff and interviewed numerous random inmates that corroborate the policy with the facility's practices. The auditor reviewed five records that were provided during the pre-onsite audit phase and five random records while on site with staff assistance accessing Inmate Cumulative Adjustment Records (ICAR) system with staff. A random day within five separate months was selected reviewing new inmate arrivals to the facility. A random inmate was selected from that day's intake list and then a review of the ICAR system was reviewed to determine if the randomly selected inmate had received a comprehensive PREA education within 30 days. All records selected confirm that the inmate had received training consistent with agency policy.

115.33 (c) 1-4. Facility staff and the PREA coordinator state that all PA DOC facilities have adopted the agency's DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training. As a result all reporting mechanisms and means to report sexual abuse and sexual harassment and retaliation for reporting such incidents are universal from one facility to the next.

115.33 (d) 1-5. The facility has PREA education information posters displayed throughout the facility printed in Spanish and English languages and a PREA educational video plays several times daily on the inmate TV system (referred to as "FYI" TV station) with subtitles in Spanish and English. If an inmate arrived at the facility and had any disabilities or Limited English Proficiency challenges, the facility is prepared to assign staff to meet with the inmate utilizing the National PREA Resource's PREA facilitator's guide titled, PREA What You Need to Know to provide PREA education. SCI Dallas also has a contract with a translation service to assist non-English speaking and or reading inmates who can assist in providing education on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The facility also has PREA inmate education information available in braille.

115.33 (e) SCI Dallas has adopted a comprehensive written policy DC-ADM 008, which states (p. 2-19) sexual abuse, sexual harassment, and retaliation training shall be documented by the inmate signing the PREA Inmate Education Verification form (attachment 2-J). This form shall be filed in the DC-14 in accordance with Section 1 of the PA DOC procedures manual. Participation in the PREA inmate education session shall be documented in an Inmate Cumulative Adjustment Record (ICAR).

The auditor randomly selected inmate records within ICAR system and found compliance with the agency policy requiring documentation of inmate's attendance of these PREA education sessions. The auditor also observed ICAR entries by the counselor during the inmate's reassessment session; "Inmate was offered a copy of the sexual abuse prevention pamphlet and asked if he had any questions about PREA?"

115.33 (f) PREA information is continuously made available to inmates in many ways:

- Inmate Handbook 2017; which includes the agency's zero tolerance policy, definitions of sexual abuse and sexual harassment, how to report sexual abuse, sexual harassment and an inmate's right to be free from retaliation for reporting incidents and how to access free victim support services (English and Spanish versions of the handbook).
- DVD - PREA: What You Need to Know; played several times daily on the inmate TV system
- Sexual Assault Awareness Information handout made available to any inmate upon transfer from one facility to another.
- PA DOC PREA Posters located throughout the facility written in English and Spanish; describes zero tolerance for sexual abuse or sexual harassment and informs how an inmate can report sexual abuse or sexual harassment.
- Inmate's annual review; a counselor meets annually with the inmate and will provide PREA information in writing. Staff is available to answer any questions specific to PREA.

The auditor had an opportunity to view all the above resources and activities during the onsite phase of the PREA audit and had multiple discussions with both staff and inmates in regards to these resources. Inmates were readily able to articulate how they could locate or reference a means to report incidents of sexual abuse or harassment.

Corrective Action:

1. Update or replace the agency Sexual Assault Awareness Information handout, attachment 2-H specific to the following:

- a. Remove the reference to www.tipsubmit.com to file an anonymous report of sexual abuse, sexual harassment and replace with current information that allows for anonymous inmate reporting.
- b. Remove the asterisk marked comment on the inmate information Sexual Assault Awareness Information handout that reads "** If someone is a known or believed to be LGBTI, it does not mean that they are automatically agreeing to sexual acts."
- c. Provide a revision/effective date on the handout.
- d. Place the agency's policy reference to the handout: Sexual Assault Awareness Information on the handout (top/title area).
- e. Utilize definitions consistent with the PREA Standards:
 - i. Sexual Abuse
 - ii. Sexual Harassment
 - iii. Voyeurism

2. Educate staff and inmates on the revised handout.

- a. Provide documentation that demonstrates staff and inmates have been informed and

educated on the revision/replacement of the Sexual Assault Awareness Information handout and the information contained within the handout.

Corrective Action Steps

Timeline

On March 14, 2018 the lead auditor scheduled and held a conference call to provide an overview and results of the interim report findings to the facility staff and agency PREA coordinator. The interim report was submitted March 16, 2018 via the OAS and the auditor provided a copy of the report electronically to the facility's PREA compliance manager and the agency PREA coordinator this same date.

On March 30, 2018 the first of a series of scheduled conference calls was held to devise a plan in partnership to address the corrective action identified in the interim report and to establish milestones over the next 180 days. The corrective action required was at the agency level (not at the facility) therefore communications were held primarily with the PC and on occasion involved agency level leadership personnel as appropriate.

The PC and auditors remained in regular communications during the next 60 days as the revisions were made and incorporated into the agency's policy and revised 2-H attachment. On June 1, 2018 a conference call was held to discuss and identify collectively the methodology the auditors would use to verify compliance, identify deliverables and establish a timeline with milestones to achieve corrective action. The following items were agreed upon:

1. Revisions to the agency's inmate education handout, Sexual Assault Awareness Information Handout (Attachment 2-H) which was re-titled to PREA Inmate Intake Handout (Attachment 2-H) includes the following revisions;
 - a. Informs the reader that the agency has a zero tolerance policy regarding sexual abuse and sexual harassment;
 - b. Lists multiple ways that an inmate may report incidents or suspicions of sexual abuse or sexual harassment;
 - c. Definitions of sexual abuse and sexual harassment are consistent with the definitions in the PREA standards;
 - d. The agency has removed the statement from the previous 2-H handout that read, "If someone is known or believed to be LGBTI, it does not mean they are automatically agreeing to sexual acts."
 - e. The agency has removed the statement from the previous 2-H handout that read how to report "Go on line to www.tipsubmit.com to file an anonymous report."
 - f. Auditors will plan to interview inmates and staff on-site regarding the re-viced 2-H document on a date to be determined.
2. Auditors will observe an intake process (or re-created version) during the next site review.
3. Auditors will review facility records specific to inmates receiving the 2-H handout upon intake when arriving at the facility.
4. Auditors will be notified when the 2-H handout has been implemented and being provided to inmates (June 14, 2018 effective date agency wide).

On June 14, 2018 the agency issued a policy bulletin to all staff signed by the agency Secretary informing staff that revisions to several DC-ADM 008, Section 2-01, PREA policy provisions had occurred and became effective this same date. The PC provided the auditors a

copy of this memorandum to include the revised forms. The following are policy summary highlights;

- “The purpose of this bulletin is to address changes to Section 2 of Department policy DC-ADM 008, the replacement of the Sexual Assault Awareness Informational Handout (Attachment 2-H) with the PREA Inmate Intake Handout (Attachment 2-H).”
- Attachment 2-H has been updated, renamed to PREA Inmate Intake Handout (Attachment 2-H) and is reissued in its entirety. The revised attachment clearly articulates the Department’s zero tolerance policy and defines sexual abuse and sexual harassment in accordance with PREA standard 28 C.F.R. §115.6. The timelines for reporting options have been added to identify immediate reporting methods available to inmates.
- During the intake process, all inmates shall receive information explaining the zero tolerance policy regarding sexual abuse and sexual harassment or retaliation;
- What to do if he/she is the victim of sexual abuse, sexual harassment, or retaliation;
- Medical staff shall provide a copy of the PREA Inmate Intake Handout (Attachment 2-H) to the inmate immediately upon facility intake (English/Spanish versions).

Corrective Action Verification Process

The following evidence was analyzed in making the compliance determination:

1. Additional Documentation Reviewed:

- a. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention Training
- b. PREA Inmate Intake Handout, (Attachment 2-H), effective 6/14/18 in both English and Spanish
- c. Bulletin, Commonwealth of Pennsylvania, Department of Corrections memorandum, effective date 6/14/18

2. Interviews:

- a. Specialized staff
- b. PREA Coordinator
- c. PREA Compliance Manager
- d. 10 randomly selected inmates

3. Site Review Observations:

a. Re-created inmate intake session

In coordination with the agency PC and his director, an onsite review to verify corrective action was scheduled for and occurred on Monday, July 23, 2018. Auditors Bucholtz and Dietz arrived onsite at 7:00 a.m. and met with the facility PCM, a deputy superintendent and the agency PC to review the mutually agreed upon goals and objectives for the day and how to accomplish them logistically.

The following is a list of activities that occurred during the onsite review and were utilized to evaluate and analyze for corrective action compliance.

1. Based on the intake list of all inmates who arrived at the facility in June and July of 2018, (generated in the WebTAS software system), the auditors conducted a random sampling of 5 inmates to interview from each month.
2. The inmates interviewed consistently stated they had received a copy of the revised 2-H attachment and could articulate how to report incidents of sexual abuse and sexual harassment at this facility.

3. A specialized staff member was interviewed and was able to recreate an intake session with the auditor. This staff is routinely involved in the inmate intake process and makes available the revised 2-H Attachment (PREA Inmate Intake Handout, effective date 6/14/18) to newly arriving inmates on the same day of their arrival to the facility. Staff was knowledgeable of the provisions of the 2-H and able to articulate how they communicate this information both verbally and in written form to the newly arriving inmate.

4. The PC was able to provide the auditor paper copy records of screen shots from the WebTAS system of the 10 inmates who were randomly selected for interviews which indicated that they received the revised 2-H attachment at intake on the day of their arrival. All 10 records verified compliance with agency policy.

Submission of Final Report

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring an inmate to receive information regarding the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34 Specialized training: Investigations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training b. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment c. National PREA Resource Center’s Investigators Training; Utilizing Modules 1 – 5 <ol style="list-style-type: none"> i. PREA Update Investigation Standards ii. Trauma Victim Responses.pdf iii. First Response Evidence Collection.pdf iv. Prosecutorial Collaboration.pdf v. Investigations Agency Culture.pdf d. PREA Grant Project: Sexual Assault Investigator Training -7 modules; Dec. 2017 e. Employee training transcripts of those assigned to conduct sexual abuse/sexual harassment investigations 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Specialized Staff c. Random Staff d. Targeted Inmates e. Random Inmates 3. Site Review Observations: <ol style="list-style-type: none"> a. Evidence collection and preservation response kit utilized for incidents of allegations sexual abuse. 4. Findings (By Provision): <p>115.34 (a) SCI Dallas has adopted a comprehensive written policy DC-ADM 008, which states that any staff designated to conduct sexual abuse investigations shall receive training to include but not limited to; interviewing sexual abuse victims, proper use of Miranda warnings, the Garrity rule, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.</p> <p>In 2017 the PA DOC adopted a comprehensive special investigations training program which was developed by the Massachusetts Department of Corrections by means of a technical assistance National PREA Resource grant. This seven part training curriculum provides education and instruction to those staff assigned to investigate sexual abuse allegations in a confinement setting. This seven part training curriculum was reviewed by the auditor during the pre-onsite audit phase. The lesson plan and training curriculum are utilized to provide</p>

education and instruction to those staff assigned to investigate sexual abuse allegations in a confinement setting.

115.34 (b) The comprehensive training curriculum utilized to train staff assigned to investigate allegations of sexual abuse and sexual harassment includes but is not limited to; interviewing sexual abuse victims, proper use of Miranda warnings, the Garrity rule, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The training is a 12 hour course conducted in two consecutive days.

115.34 (c) (1-2). All of the 14 SCI Dallas investigators responsible for conducting investigations of sexual abuse or sexual harassment in a confinement setting completed specialized investigations training in 2017 according to their training records. The auditor reviewed all of the investigators training records during the pre-onsite audit which the facility staff provided in the OAS. Two of the investigators that were interviewed during the onsite review, confirmed that they had received specialized investigations training specific to the elements of this standard.

Corrective Action: The audit team recommends no corrective action.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.35 Specialized training: Medical and Mental health care.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training b. Medical and Mental Health training roster 2017 c. PREA Training and Understanding Verification Form, classroom d. In-service Training Roster e. PREA Medical and Mental Health Care PREA Standards, Lesson Plan 2017 revised f. PREA Medical and Mental Care Standards, Participant Guide 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Specialized Staff c. Targeted Inmates 3. Site Review Observations: 4. Findings (By Provision): <p>115.35 (a) 1-3 SCI Dallas has adopted a comprehensive written policy DC-ADM 008 (p. 2-16) that states all staff (full time, part-time, licensed, non-licensed and contract) providing medical and mental health services to inmates shall receive training on working with victims of sexual abuse and sexual harassment. This specialized training shall include but not be limited to: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The auditor reviewed the training materials specific to the medical and mental health care providers training and found both the training curriculum and the staff’s user guide met the criteria of this portion of the standards requirements.</p> <p>Both medical and mental health staff that was interviewed were able to articulate their knowledge and responsibilities of how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>115.35 (b) SCI Dallas facility medical staff does not conduct forensic exams. The community hospital provides these services as necessary.</p>

115.35 (c) Staff report that all 44 medical and mental health care providers (employees and contractors) that provide these services to inmates have received agency training of how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.35 (d) The auditor was able to view training sign in logs and employee PREA Training and Understanding Verification forms specific to specialized medical training, training required of all employees who have contact with inmates (§115.31) and training for those contracted staff who have contact with inmates (§115.32). The training records reflect that the medical and mental health care staffs have received the appropriate PREA training per the requirements of the standards. During the pre-onsite audit phase, the auditor reviewed 44 training records provided in the OAS that reflect the medical and mental health care staffs have received the appropriate PREA training per the requirements of the standard.

Corrective Action: The audit team recommends no corrective action.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SCI Dallas 115.41 Screening for risk of victimization and abusiveness</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training b. PA DOC PREA Risk Assessment Tool 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager c. Specialized Staff d. Random Staff e. Targeted Inmates f. Random Inmates 3. Site Review Observations: <ol style="list-style-type: none"> a. Administration of the PRAT for a re-assessment b. Generating the 30 day PRAT re-assessment report process 4. Findings (By Provision): <p>115.41 (a) PA DOC has adopted a comprehensive agency written policy DC-ADM 008 (p. 10) that states all inmates shall be assessed during the intake screening process to include upon receipt into another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. The auditor reviewed initial risk assessments and 30 day risk re-assessment documents during the pre-onsite phase of the audit provided by the facility via the Online Audit System (OAS).</p> <p>During the onsite phase of the audit, results of risk assessments were observed by the auditor with specialized staff utilizing the automated WebTAS (inmate information software) system. The agency’s automated PREA Risk Assessment Tool (PRAT) results and scores provide information within the WebTAS inmate information system. Based on interviews and site observations, all inmates are screened during the intake process for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.</p> <p>115.41 (b) 1-2 SCI Dallas has adopted a comprehensive agency written policy DC-ADM 008 (pp.10-11) that states all inmates shall be assessed during the intake screening process for risk of being sexually abused by other inmates or sexually abusive toward other inmates. The initial assessment is conducted within 72 hours of reception.</p> <p>During the onsite review, the auditor met with specialized staff that has been provided security</p>

access based on job duties that require a “need to know” access to the WebTAS system. The review consisted of utilizing the inmate movement history in combination of when (date) staff administered the initial risk assessment utilizing the PRAT. Of the six random inmates selected (during the onsite review) from six random months in 2017, records consistently showed that inmates received their initial assessment on the same day they arrived at the facility. The auditor was able to observe a “mock” PRAT assessment conducted with specialized staff. No intakes were scheduled for the facility during the onsite portion of the audit. Specialized staff, random and targeted inmates interviewed confirmed the practice is consistent with agency policy as outlined above. The auditor found the facility practices were consistent with agency policy specific to these two elements of the standard.

115.41 (c) SCI Dallas has adopted an agency written policy DC-ADM 008 (pp.10-11) that states in part the PREA risk assessments shall be conducted utilizing the PREA Risk Assessment Tool (PRAT). The tool will be an objective instrument that shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization or abusiveness:

(1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

The agency PRAT is comprised of 22 questions. Of the 22 questions, the auditor has determined some of the questions are compound questions. In those circumstances, it is unclear which question the inmate is responding to and how the tool is scoring one response for two different questions? Additionally, some of the questions are not objective. See below; the following is a list of questions the auditor is highlighting for corrective action along with their corresponding number within the PRAT:

1. Have you ever been convicted of a crime using force or threat of force?
2. Did your current offense involve either personal violence or any sexual act?
6. Does the inmate appear to be: (staff selection options; Heterosexual, Homosexual or Bi-Sexual)
8. Which of the following is how you describe your gender identity? Response options with definitions:
 - Cisgender – meaning you identify with the sex you were born as.
 - Transgender – meaning you identify with the opposite sex you were born as.
 - Gender non-conforming – meaning you look or behave opposite than society expects for your sex.
 - Intersex – meaning you were born with a combination of both male and female sex organs.
 - No response
9. Have you ever been physically victimized or sexually victimized before this incarceration?
10. Have you ever victimized someone either physically or sexually before this incarceration?
18. Does the inmate appear to have a developmental disability?

115.41 (d) 1-10 SCI Dallas has adopted an agency written policy DC-ADM 008 that states in

part the PREA risk assessments shall be conducted utilizing the PREA Risk Assessment Tool (PRAT). The PRAT shall consider at a minimum, the 10 criteria listed 115.41 (c) above.

The PRAT tool asks the three following questions in an effort to meet the elements of the provisions above:

5. Which of the following describes your sexual orientation? Response options: Heterosexual, Homosexual, Bi-sexual or No Response.

6. Does the inmate appear to be: Heterosexual, Homosexual or Bi-Sexual?

8. Which of the following is how you describe your gender identity? Response options:

- Cisgender – meaning you identify with the sex you were born as.
- Transgender – meaning you identify with the opposite sex you were born as.
- Gender nonconforming – meaning you look or behave opposite than society expects for your sex.
- Intersex – meaning you were born with a combination of both male and female sex organs.
- No response

The use of homosexual is an out dated term and pejorative. The auditor recommends corrective action for the agency to adopt and incorporate terms and definitions (when available) consistent with the PREA standards (lesbian, gay, transgender, gender nonconforming, intersex). One cannot determine an inmate's sexual orientation by their physical appearance or mannerisms; this is an internal emotion, romantic or sexual desire of another. Intersex means a person who's sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development, and thus is a medical condition.

In an effort to create a more inclusive, respectful and professional interaction with all inmates, the agency should update their terminology and definitions within the PRAT. It is imperative that staff strive to develop a professional and non-judgmental rapport with the inmate to encourage honest, complete and accurate responses. The information obtained from inmates will be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those at high risk of being sexually victimized from those of at high risk of being sexually abusive.

115.41 (e) SCI Dallas has adopted an agency written policy DC-ADM 008, that states in part the PREA risk assessments shall be conducted utilizing the PREA Risk Assessment Tool (PRAT). The following questions are part of the PRAT tool and the number below corresponds to the number of the question within the PRAT:

1. Have you ever been convicted of a crime using force or threat of force?
2. Does your current offense involve either personal violence or any sexual act?
10. Have you ever victimized someone either physically or sexually before this incarceration?
12. Have you ever sexually victimized anyone while incarcerated?
13. Did any of your current or prior offenses involve sexually victimizing a child victim?
14. Did any of your current or prior offenses involve sexually victimizing an adult victim?

The auditor reviewed the PRAT questions during the pre-onsite phase of the audit (in hard copy form) and again with specialized staff during the onsite phase of the audit. When viewing the agency's WebTAS system, 22 questions are programmed into the software, changes/deletions of questions cannot occur. The auditor determined through specialized staff

and inmate interviews that the above questions are utilized when staff administers the PRAT. These questions are used to assess an inmate for risk of being sexually abusive.

115.41 (f) 1-2 SCI Dallas has adopted an agency written policy DC-ADM 008, that states in part the PREA risk assessments shall be conducted utilizing the PREA Risk Assessment Tool (PRAT). The PRAT shall be completed in the agency's WebTAS system, which is the agency's automated electronic inmate information software. A reassessment shall be conducted between day 20 and 30 of every inmate's arrival to the facility.

The auditor was able to interview specialized staff who demonstrated for the auditor how they perform a weekly query in the WebTAS system for PRAT reassessments that are due to be completed and or overdue (no overdue assessments in the past 12-month review period). An email communication is sent to staff responsible for completing the reassessments information them which is inmate is due for their reassessment in the next 20-30 day period. When the reassessment has been administered, the WebTAS system assigns the date and time completed and is recorded in the system.

The auditor reviewed six random records in WebTAS with staff to determine if those six inmates had received a risk reassessment within 30 days of arriving at SCI Dallas. The records showed that between 20 and 30 days, a PRAT had been administered to the six inmates that were reviewed. During random inmate interviews, inmates confirmed that they had received a PRAT with their counselor within the first month of arriving to the facility.

115.41 (g) SCI Dallas has adopted an agency written policy DC-ADM 008, that states in part the PREA risk assessments shall be conducted utilizing the PREA Risk Assessment Tool (PRAT) when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of victimization or abusiveness. Three inmate files were reviewed during the pre-onsite audit phase and an additional two investigative file reviews during the onsite audit review; the files consisted of investigations of allegations of sexual abuse or sexual harassment. The file reviews provided documentation that a PRAT reassessment had been completed as a result of the inmate's report of sexual abuse/harassment. The facility reports a total of 16 allegations of sexual abuse, sexual harassment and retaliation occurred in the past 12-months.

As stated in the agency policy, an inmate's risk level shall be reassessed by the PREA compliance manager, utilizing the PRAT, when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of victimization or abusiveness. The PCM confirmed that reassessments are required and are completed due to a referral, request and incident of sexual abuse. Based on the documentation observed by the auditor and specialized staff interviews, the auditor has confirmed that the facility practices are consistent with the agency policy and this element of the PREA standard.

115.41 (h) SCI Dallas has adopted an agency written policy DC-ADM 008, that states in part the PREA risk assessments shall be conducted utilizing the PREA Risk Assessment Tool (PRAT). Inmates shall not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions regarding prior victimization, disabilities, their perception of vulnerability, or their sexual orientation.

The auditor had several informal conversations with staff that are trained and responsible for administering a risk assessment, to include specialized staff interviews. All stated if an inmate refuses to answer a PRAT question, the staff member administering the tool shall document that the inmate refused to answer the question. The staff member shall also discuss with the inmate the importance and reason for honestly answering the questions on the risk assessment to assist in providing safe and appropriate housing, work and program assignments.

115.41 (i) The agency has developed a PREA Risk Assessment Tool (PRAT) training curriculum to deliver training for staff who administer the PRAT. Staffs who participate in the training are provided a PREA Risk Assessment Tool User Guide. Included in the user guide is a section that is titled "Confidentiality". The information and instruction provided to staff includes:

- Security access controls limit editing and view access to the PRAT electronic data.
- Access to the data/printed reports must be handled with caution so the information is not used to the inmate's detriment.
- Information will only be shared with other staff that has a "need to know".
- Staff shall not divulge the inmate's PRAT score to the inmate nor the inmate's PRAT classification.

During the onsite audit review, the auditor met with specialized staffs who administer the PRAT. They were able to demonstrate the security features of the WebTAS system specific to the PRAT. Once staff completes a PRAT by "submitting" the assessment, the user can no longer access the report completed. Staff identified by their job responsibilities/classification (i.e. medical, mental health, unit managers, counselors, PCM and program/work supervisors) and is trained in the use of the PRAT, is the only individual authorized by the agency system to log into and access the PRAT data and information. Security settings are established in the software which controls access to sensitive PRAT information and is accomplished by password protection controls.

Corrective Action:

1. Adopt terms and definitions current and consistent with the PREA standards and the National PREA Resource Center resources for use in revising the agency policy, objective screening instrument (PRAT), training curriculum and staff user guide.
2. Eliminate compound assessment questions and replace with singular.
3. Develop a training curriculum that informs staff on the importance and means by which to have effective and professional communication with LGBTI inmates. This requires a basic understanding of:
 - Sexual orientation;
 - Gender identity;
 - Gender expression;
 - How sex is assigned at birth;
 - Staff's own gaps in knowledge and cultural beliefs;
 - How the above factors may impact the ability to conduct effective interviews and assessments;
4. Request technical assistance from the National PREA Resource Center (PRC) to develop an objective risk screening instrument and training on same. The PRC provides technical

assistance at no cost.

5. Establish oversight and monitoring of the WebTAS to assess “glitches” or errors in the system.

Corrective Action Steps

Timeline

On March 14, 2018 the lead auditor scheduled and held a conference call to provide an overview and results of the interim report findings to the facility staff and agency PREA coordinator. The interim report was submitted March 16, 2018 via the OAS and the auditor provided a copy of the report electronically to the facility’s PREA compliance manager and the agency PREA coordinator this same date.

On March 30, 2018 the first of a series of scheduled conference calls was held to devise a plan in partnership to address the corrective action identified in the interim report and to establish milestones over the next 180 days. The corrective action required was at the agency level (not at the facility) therefore communications were held primarily with the PC and on occasion involved agency level leadership personnel as appropriate.

On April 12, 2018 a “Kick Off Session” was held with representatives of the National PREA Resource Center (PRC), the PC and his director, auditors Dietz and Bucholtz and subject matter expert Bernadette Brown who was under contract with the PRC to provide the agency technical assistance (per the agency’s request) in revising the PREA Risk Assessment Tool (PRAT), PRAT User Manual and training materials to support the PRAT revisions. A 30 day plan was identified to incorporate the technical assistance revisions and recommendations specific to the PRAT, PRAT User Manual and agency policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention Training.

The PC and auditors remained in regular communications during the next 30 days as the revisions were received, adopted and incorporated into the agency’s PRAT WebTAS software system, agency policy, PRAT training curriculum and user guide. On May 15, 2018 the PC provided a memorandum to all agency PCMs and training coordinators informing them required training for all staff that administer PRATs is scheduled for May 23-25, 2018 (five separate sessions). Staff was required to register through the employee training software called the LSO, as a result electronic training records were available for the auditors' review and enabling the verification of individual staff training records. Additionally, the auditors were provided a link to participate in training.

The agency’s revised PRAT went “live” in the agency WebTAS software system on May 25, 2018 and from this date forward the revised PRAT was in use throughout the agency. On June 1, 2018 a conference call was held to discuss and identify collectively the methodology the auditors would use to verify compliance, identify deliverables and establish a timeline with milestones to achieve corrective action. The following items were agreed upon:

1. Adopt terms and definitions current and consistent with the PREA standards and National PRC resources. The agency adopted and incorporated the technical assistance recommendations provided.
2. The agency eliminated compound questions and replaced with singular versions in the

PRAT.

3. The agency adopted the technical assistance recommendations provided to enhance effective and professional communications with LGBTI inmates and implemented those into staff training, the PRAT and the PRAT User Guide.
4. The PC will provide the auditors with a copy of staff training records for those who perform PRATs at the facility.
5. The PC will provide the auditors with a copy of the revised PRAT training curriculum and PRAT User Guide for review prior to implementing (completed prior to May training dates).
6. The auditors will interview staff when on site and observe a PRAT being administered or have the risk assessment process re-created.
7. The auditors will be provided a list of all inmate admissions for the months of June and July to conduct a random sampling of inmates. The inmates selected will be interviewed and a file review of each inmate's record within the WebTAS system will be reviewed to determine if an initial and reassessment PRAT occurred consistent with agency policy and provisions of the standard.

On June 14, 2018 the agency issued a policy bulletin to all staff signed by the agency Secretary informing staff that revisions to several DC-ADM 008, Section 2-01, PREA policy provisions had occurred and became effective this same date. The PC provided the auditors a copy of this memorandum and the revised policies and forms. The following are PRAT summary highlights;

1. Attachment 2-E has been updated and questions have been reworded for clarity. Significant changes have been made to questions 5 through 8 to more accurately capture sexual orientation, gender identity, and gender expression.
2. Question 5 now includes the scoring options of Heterosexual/Straight, Bi-Sexual, Gay/Lesbian, Self-Identified (a text box is included to record responses) and No Response.
3. Question 6 now solely addresses intersex medical conditions and eliminates perception of sexual orientation.
4. Question 7 now includes an option for inmates to identify their gender expression to aid in determining perception of gender non-conformity.
5. Question 8 now includes revised options for scoring gender identity, Man, Woman, Transgender, Self-Identified (a text box is included to record responses) and No Response.
6. Question 9 now includes an option to document whether an inmate accepts the offering of a referral for medical or mental health evaluations after disclosure of sexual victimization.

Corrective Action Verification Process

The following evidence was analyzed in making the compliance determination:

1. Additional Documentation Reviewed:
 - a. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention Training
 - b. Bulletin, Commonwealth of Pennsylvania, Department of Corrections memorandum, effective date 6/14/18
 - c. PREA Risk Assessment Tool (PRAT) (Attachment 2-E), English and Spanish
 - d. PRAT Instructions, attachment 2-E, effective 6/14/18
 - e. PRAT User Guide, updated May 2018
 - f. Staff training records; LSO Software

2. Interviews:
 - a. Specialized staff
 - b. PREA Coordinator
 - c. PREA Compliance Manager
 - d. 10 randomly selected inmates

3. Site Review Observations:

- a. PRAT reassessment with staff and inmate
- b. Re-created initial PRAT assessment with specialized staff

In coordination with the agency PC and his director, an onsite review to verify corrective action was scheduled for and occurred on Monday, July 23, 2018. Auditors Bucholtz and Dietz arrived onsite at 7:00 a.m. and met with the facility PCM, a deputy superintendent and the agency PC to review the mutually agreed upon goals and objectives for the day and how to accomplish them logistically.

The following is a list of activities that occurred during the onsite review and were utilized to evaluate and analyze for corrective action compliance.

1. Based on the intake list of all inmates who arrived at the facility in June and July of 2018, (generated in the WebTAS software system), the auditors conducted a random sampling of 5 inmates to interview from each month.
2. The inmates interviewed recalled having had a PRAT administered the day they arrived at the facility. Two of the 10 inmates interviewed stated they were aware that the first question in the PRAT had been changed from a two-part question to a singular question. They did not want to be “labeled or treated as a sex offender”. When asked to elaborate, they simply stated they did not want their DOC records to reflect they had been involved in a sex offense when answering in the affirmative that they had a violent offense history, but not sexual in any manner.
3. A specialized staff member was interviewed who administers the initial PRAT on the day of admission. This individual could articulate the changes to the PRAT and had acknowledged receiving training in late May. They also kept their notes from the training in a folder at their workspace where PRATs are administered which they shared with the auditor. Staff recreated an intake session with the auditor to include a PRAT assessment.
4. A second specialized staff was interviewed on a housing unit who was preparing to administer a 20-30 day PRAT reassessment. Both the inmate and staff allowed the auditor to observe the session. The revised PRAT was visible in the WebTAS system and the staff person was knowledgeable of the revisions to the risk assessment tool and found them easier to explain to the inmate if and when there were questions.
5. The PC was able to provide the auditors paper copy records of screen shots from the WebTAS system of the 10 inmates who were randomly selected for interviews and also for verification that they received the revised PRAT upon arrival and a reassessment as appropriate. All 10 records verified compliance with agency policy and the provisions of the standard.

Submission of Final Report

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring the use of an objective-screening instrument. The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised

training guides and policy. The facility is now compliant with this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.42 Use of screening information</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training b. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 9 – Working with Transgender and Intersex Inmates c. PREA Risk Assessment Tool (PRAT) d. Gender Review Committee (GRC) Checklist form e. Institutional High Risk/Sexual Predator list f. Institutional High Risk Victim list 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Specialized Staff c. Targeted Inmates 3. Site Review Observations: <ol style="list-style-type: none"> a. WebTAS system records (PRAT reports and information) 4. Findings (By Provision): <p>115.42 (a) SCI Dallas has adopted a comprehensive agency written policy DC-ADM 008 (pp. 10-13) that states all inmates shall be assessed for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Staff uses the PREA Risk Assessment Tool (PRAT) results to make these assessments. The information received through the administration of the PRAT questions shall be used to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive.</p> <p>The PREA standard 115.41(c) Screening for risk of victimization and abusiveness requires that such assessments shall be conducted using an objective screening instrument. The auditor has determined that the agency’s PRAT is not an objective risk screening tool and therefore the information gleaned from this screening instrument may not accurately inform staff on inmate housing, bed placement, work, education and program assignments.</p> <p>The auditor discussed the practicality and use of the PRAT with numerous staff within the facility. There is a clear understanding and process established that staff shall not make a housing unit, bed, work, program or education assignments without prior approval from the program, work supervisor and or unit manager of the housing unit etc. The approval of these types of moves or assignments is provided to those management and department heads that have access to viewing the confidential and restricted information in the Unit Management</p>

System WebTAS (inmate electronic information system). The WebTAS has user security roles built into the software allowing only staffs (i.e. medical, mental health, PCM, counselors, unit managers, work and program supervisors) that has a working need to know access to sensitive, confidential inmate information within the system; WebTAS.

115.42 (b) The auditor discussed the use of the PRAT information with numerous staff within the facility and held specialized staff interviews while onsite. Staff was able to articulate the important safety and security needs for assessing each individual inmate for being at high risk of sexual victimization and or high risk of being sexually abusive. Additionally staff shared that when an inmate is identified of being at high risk of sexual victimization; staff is responsible for keeping separate an inmate who is at high risk for being sexually abusive (housing, program, work assignments). An example would be that an inmate identified as being high risk for sexual victimization would not be celled together with an inmate who has been identified as high risk for sexual abusiveness. The WebTAS system maintains two separate reports; one is titled "Potential Sexual Assault Victim Report" and "Institution Sexual Predator". These lists are restricted within the WebTAS system (only staff as noted above who have access to PRAT information) and are used to keep separate those who are at high risk of being sexually abusive from those who are at high risk of sexual victimization. The auditor was able to view a sample of these reports provided by the facility in the PAQ.

There is a clear understanding and process established that line staff shall not make an inmate housing, bed, work, program and education assignment without prior approval from the program, work supervisor, or unit manager as appropriate. The approval of these types of moves or assignments is provided to those management and department heads that have security controlled access to viewing the confidential and restricted information in the inmate electronic information system WebTAS.

115.42 (c) SCI Dallas has adopted a comprehensive agency written policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section – 9 Working with Transgender and Intersex Inmates (p. 9-2). Once an inmate has been identified as transgender or intersex individual, immediate notification shall be sent to the PREA Compliance Manager (PCM).

The PCM shall meet privately with the inmate within five days of notification and complete the Gender Review Committee (GRC) Checklist.

Within five business days of meeting with the inmate, the PCM shall schedule a meeting of the Gender Review Committee. The purpose of the GRC is to make individualized determinations about transgender or intersex inmates' housing and programing assignments to ensure their safety.

The facility reports one GRC occurred during the past 12-months. The auditor reviewed this individual file. The comments that staff entered on the GRC checklist state that the inmate state's there was a mistake at intake during the administration of the initial risk assessment, that the inmate is not identifying as transgender he "vehemently states he is a heterosexual male". This was confirmed by the PCM when interviewed by the auditor, who states he met with the inmate privately within five days of being informed of the results of the initial risk assessment stating the inmate identifies as transgender. The PCM states he felt confident there was an error or miscommunication that occurred during the initial risk assessment based

on an in depth file review and the statements made by the inmate.

SCI Dallas is a facility identified within the PA DOC for not housing a transgender or intersex inmate. A majority of the general population housing units' at SCI Dallas were designed (physical plant construction) to provide inmate showers in a "group" setting (32 at a time). The shower area is located in the lower level (beneath the housing area) of the cell block. There are limited showering opportunities for an inmate to shower separately, therefore a transgender or intersex inmate would by practice be transferred to a PA DOC "Proto-typical" facility to allow for privacy as appropriate.

115.42 (d) SCI Dallas has adopted a comprehensive agency written policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section – 9 Working with Transgender and Intersex Inmates (p. 9-2). Policy states, once an inmate has been identified as transgender or intersex individual, immediate notification shall be sent to the PREA Compliance Manager (PCM). The PCM shall meet privately with the inmate within five days of notification and complete the Gender Review Committee (GRC) Checklist. Following the initial assessment, the inmate shall be reassessed every six months to review any threats to safety experienced by the inmate.

The auditor received confirmation from the PCM and other specialized staff who are assigned to participate on the GRC that the above outlined process would occur consistent with policy. During the 12-month review period the GRC committee has not had a need to meet since a transgender nor intersex inmate has identified as such nor have they been transferred to the facility.

115.42 (e) SCI Dallas has adopted a comprehensive agency written policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section – 9 Working with Transgender and Intersex Inmates (p. 9-3). The policy states in part that a transgender/intersex inmate's own views, with the respect to his/her own safety shall be given serious consideration.

When completing the Gender Review Committee (GRC) Checklist, one of the questions asked of the inmate is under the Safety/Security Considerations: "Explain whether your current housing placement represents a safety or security concern." The inmate's response is to be recorded on this form to include staff's recommendations and responses. The auditor reviewed one GRC file which contained comments/quotes from the inmate in response to the questions on the GRC checklist. Some of those questions are as follows:

- Gender at birth?
- Which gender do you identify as?
- How long have you been living as that gender?
- Have you had a gender-affirming surgery?
- Explain whether your current housing placement represents a safety or security concern.
- Does the inmate present as gender non-conforming?
- Does the inmate concur with the GRC recommendations for housing placement?

The auditor interviewed the PCM based on the policy and practice of the facility which corroborated the practices of the facility aligns with the agency policy and the element requirement of this standard. The auditor recommends the agency/facility rephrase the

question “How long have you been living as that gender?” to “When did you transition?” and to add a question “Have you been diagnosis with gender dysphoria (if yes, when and by whom)?”

115.42 (f) SCI Dallas has adopted a comprehensive agency written policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section – 9 Working with Transgender and Intersex Inmates (p. 9-6). The policy states in part that transgender/intersex inmates shall be given the opportunity to shower separately and privately from other inmates.

SCI Dallas PREA compliance manager informed the auditor that if an inmate were to report as transgender or intersex, the above steps would occur for an individual review and then a temporary means for showering privately (if the inmate desired after being asked). The inmate would be transferred to a facility where the physical plant can better accommodate the privacy of the inmate, showering being the main concern and challenge while at SCI Dallas.

115.42 (g) SCI Dallas has adopted a comprehensive agency written policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section – 2 (p. 2-13) the policy states that the department shall not place lesbian, gay, bi-sexual, transgender and intersex (LGBTI) inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting LGBTI inmates.

Interviews with the PCM, specialized staff and inmates during the onsite portion of the audit, corroborated that LGBTI inmates are not housed in a dedicated unit or housing area within the facility. During the onsite review of the facility, the auditors did not observe any segregation or separation of LGBTI inmates into dedicated units or wings. The facility reports that no transgender or intersex inmates are housed at the facility (reference 115.42 c). The agency PC and the facility PCM reports SCI Dallas is not under any decree or order to separately house LGBTI inmates.

Corrective Action:

1. Utilize screening information from an objective screening tool to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those of high risk of being sexually abusive.
2. Adopt terms and definitions current and consistent with the PREA standards and the National PREA Resource Center resources for use in revising the agency policy, objective screening instrument (PRAT), training curriculum and staff user guide.
3. Eliminate compound assessment questions and replace with singular.
4. Develop a training curriculum that informs staff on the importance and means by which to have effective and professional communication with LGBTI inmates. This requires a basic understanding of:
 - Sexual orientation;
 - Gender identity;
 - Gender expression;
 - How sex is assigned at birth;
 - Staff’s own gaps in knowledge and cultural beliefs;

- How the above factors may impact the ability to conduct effective interviews and assessments;
5. Request technical assistance from the National PREA Resource Center (PRC) to develop an objective risk screening instrument and training on same. The PRC provides technical assistance at no cost.
 6. Establish oversight and monitoring of the WebTAS to assess “glitches” or errors in the system.

Corrective Action Steps

Timeline

On March 14, 2018 the lead auditor scheduled and held a conference call to provide an overview and results of the interim report findings to the facility staff and agency PREA coordinator. The interim report was submitted March 16, 2018 via the OAS and the auditor provided a copy of the report electronically to the facility’s PREA compliance manager and the agency PREA coordinator this same date.

On March 30, 2018 the first of a series of scheduled conference calls was held to devise a plan in partnership to address the corrective action identified in the interim report and to establish milestones over the next 180 days. The corrective action required was at the agency level (not at the facility) therefore communications were held primarily with the PC and on occasion involved agency level leadership personnel as appropriate.

On April 12, 2018 a “Kick Off Session” was held with representatives of the National PREA Resource Center (PRC), the PC and his director, auditors Dietz and Bucholtz and subject matter expert Bernadette Brown who was under contract with the PRC to provide the agency technical assistance (per the agency’s request) in revising the PREA Risk Assessment Tool (PRAT), PRAT User Manual and training materials to support the PRAT revisions. A 30 day plan was identified to incorporate the technical assistance revisions and recommendations specific to the PRAT, PRAT User Manual and agency policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention Training.

The PC and auditors remained in regular communications during the next 30 days as the revisions were received, adopted and incorporated into the agency’s PRAT WebTAS software system, agency policy, PRAT training curriculum and user guide. On May 15, 2018 the PC provided a memorandum to all agency PCMs and training coordinators informing them required training for all staff that administer PRATs is scheduled for May 23-25, 2018 (five separate sessions). Staff was required to register through the employee training software called the LSO, as a result electronic training records were available for the auditors' review and enabling the verification of individual staff training records. Additionally, the auditors were provided a link to participate in training.

The agency’s revised PRAT went “live” in the agency WebTAS software system on May 25, 2018 and from this date forward the revised PRAT was in use throughout the agency. On June 1, 2018 a conference call was held to discuss and identify collectively the methodology the auditors would use to verify compliance, identify deliverables and establish a timeline with milestones to achieve corrective action. The following items were agreed upon:

1. Adopt terms and definitions current and consistent with the PREA standards and National PRC resources. The agency adopted and incorporated the technical assistance recommendations provided.
 2. The agency eliminated compound questions and replaced with singular versions in the PRAT.
 3. The agency adopted the technical assistance recommendations provided to enhance effective and professional communications with LGBTI inmates and implemented those into staff training, the PRAT and the PRAT User Guide.
 4. The PC will provide the auditors with a copy of staff training records for those who perform PRATs at the facility.
 5. The PC will provide the auditors with a copy of the revised PRAT training curriculum and PRAT User Guide for review prior to implementing (completed prior to May training dates).
 6. The auditors will interview staff when on site and observe a PRAT being administered or have the process re-created.
 7. The auditors will be provided a list of all inmate admissions for the months of June and July to conduct random samplings of inmates. The inmates selected will be interviewed and a file review of each inmate's record within the WebTAS system will determine if an initial and reassessment PRAT occurred consistent with agency policy and the standard.
- On June 14, 2018 the agency issued a policy bulletin to all staff signed by the agency Secretary informing staff that revisions to several DC-ADM 008, Section 2-01, PREA policy provisions had occurred and became effective this same date. The PC provided the auditors a copy of this memorandum and the revised policies and forms. The following are PRAT summary highlights;

1. Attachment 2-E has been updated and questions have been reworded for clarity. Significant changes have been made to questions 5 through 8 to more accurately capture sexual orientation, gender identity, and gender expression.
2. Question 5 now includes the scoring options of Heterosexual/Straight, Bi-Sexual, Gay/Lesbian, Self-Identified (a text box is included to record responses) and No Response.
3. Question 6 now solely addresses intersex medical conditions and eliminates perception of sexual orientation.
4. Question 7 now includes an option for inmates to identify their gender expression to aid in determining perception of gender non-conformity.
5. Question 8 now includes revised options for scoring gender identity, Man, Woman, Transgender, Self-Identified (a text box is included to record responses) and No Response.
6. Question 9 now includes an option to document whether an inmate accepts the offering of a referral for medical or mental health evaluations after disclosure of sexual victimization.

Corrective Action Verification Process

The following evidence was analyzed in making the compliance determination:

1. Additional Documentation Reviewed:
 - a. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention Training
 - b. Bulletin, Commonwealth of Pennsylvania, Department of Corrections memorandum, effective date 6/14/18
 - c. PREA Risk Assessment Tool (PRAT) (Attachment 2-E), English and Spanish

- d. PRAT Instructions, attachment 2-E, effective 6/14/18
- e. PRAT User Guide, updated May 2018
- f. Staff training records; LSO Software

2. Interviews:

- a. Specialized staff
- b. PREA Coordinator
- c. PREA Compliance Manager
- d. 10 randomly selected inmates

3. Site Review Observations:

- a. PRAT reassessment with staff and inmate
- b. Re-created initial PRAT assessment with specialized staff

In coordination with the agency PC and his director, an onsite review to verify corrective action was scheduled for and occurred on Monday, July 23, 2018. Auditors Bucholtz and Dietz arrived onsite at 7:00 a.m. and met with the facility PCM, a deputy superintendent and the agency PC to review the mutually agreed upon goals and objectives for the day and how to accomplish them logistically.

The following is a list of activities that occurred during the onsite review and were utilized to evaluate and analyze for corrective action compliance.

The following is a list of activities that occurred during the onsite review and were utilized to evaluate and analyze for corrective action compliance.

1. Based on the intake list of all inmates who arrived at the facility in June and July of 2018, (generated in the WebTAS software system), the auditors conducted a random sampling of 5 inmates to interview from each month.
2. The inmates interviewed recalled having had a PRAT administered the day they arrived at the facility. Two of the 10 inmates interviewed stated they were aware that the first question in the PRAT had been changed from a two-part question to a singular question. They did not want to be "labeled or treated as a sex offender". When asked to elaborate, they simply stated they did not want their DOC records to reflect they had been involved in a sex offense when answering in the affirmative that they had a violent offense history, but not sexual in any manner.
3. A specialized staff member was interviewed who administers the initial PRAT on the day of admission. This individual could articulate the changes to the PRAT and had acknowledged receiving training in late May. They also kept their notes from the training in a folder at their workspace where PRATs are administered which they shared with the auditor. Staff recreated an intake session with the auditor to include a PRAT assessment. Staff stated the information gleaned from the PRAT assisted in identifying inmates at high risk of sexual victimization and those at high risk to be sexually abusive. This information is used in making bed, housing, work and program assignments.
4. A second specialized staff was interviewed on a housing unit who was preparing to administer a 20-30 day PRAT reassessment. Both the inmate and staff allowed the auditor to observe the session. The revised PRAT was visible in the WebTAS system and the staff person was knowledgeable of the revisions to the risk assessment tool and found them easier to explain to the inmate if and when there were questions. This staff also stated that the information gathered from the PRAT was to inform cell, housing unit, work, and program assignments for those at high risk of being sexually aggressive or at high risk of being sexually victimized.

5. The PC was able to provide the auditors paper copy records of screen shots from the WebTAS system of the 10 inmates who were randomly selected for interviews and also for verification that they received the revised PRAT upon arrival and a reassessment as appropriate. All 10 records verified compliance with agency policy and the provisions of the standard.

Submission of Final Report

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring the agency to use information from the risk screening required by 115.41(c); utilizing an objective screening instrument to inform housing, bed, work, education and programing assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

115.43	Protective Custody
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.43 Protective custody.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training b. DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 1 – Placement in Administrative Custody Status c. Initial Response Check List – Alleged Victim form d. Administrative Custody Services Access Restriction form 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Specialized Staff c. Random Staff d. Targeted Inmates 3. Site Review Observations: 4. Findings (By Provision): <p>115.43 (a) 1-2 SCI Dallas has adopted a comprehensive written policy DC-ADM 008 (p. 2-6), which states that an inmate at a high risk for sexual victimization or an inmate who has allegedly suffered sexual abuse shall not be placed involuntarily in Administrative Custody (AC) as a means of protection unless an assessment of all available alternatives has been made by psychology and security staff in conjunction with the facility manager/designee, and a determination has been made that there is no other available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the inmate in involuntary AC for less than 24 hours while completing the assessment.</p> <p>The PREA compliance manager and other specialized staff report that zero inmates were placed in involuntary segregated status/AC during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. This was further corroborated through inmate interviews during the onsite portion of the audit.</p> <p>115.43 (b) 1-3 SCI Dallas has adopted a comprehensive written policy DC-ADM 008 (p.2-6), which states that when an inmate at a high risk for sexual victimization or an inmate who has allegedly suffered sexual abuse and a determination has been made that there is no other available alternative means of separation from likely abusers or the assessment cannot be conducted immediately, the facility may hold the inmate in involuntary AC for less than 24 hours.</p>	

Access to programs, privileges, education, or work opportunities shall be afforded to that inmate to the extent possible. If the facility restricts access to these opportunities, the facility shall document in the Involuntary Administrative Custody Services Access Restriction form. The form requires staff to document; the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

The PREA compliance manager and other specialized staff report that zero inmates were placed in involuntary segregated status/AC during the past 12 months. Not for any period of time as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. This was further corroborated through inmate interviews during the onsite portion of the audit.

115.43 (c) The PREA compliance manager and other specialized staff report that zero inmates were placed in involuntary segregated status or AC during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. This was further corroborated through inmate interviews during the onsite portion of the audit.

115.43 (d) SCI Dallas has adopted a comprehensive written policy DC-ADM 008, Section 1 - Placement in Administrative Custody (p.1-2), which states that when an inmate at a high risk for sexual victimization or an inmate who has allegedly suffered sexual abuse would be placed involuntarily in AC, this would occur only until an alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed 30 days.

If an involuntary AC placement is made, the facility shall clearly document on the DC-141, Part 1 Report the following; basis for the staff member's concern for the inmate's safety, other alternative means of separation that were explored and the reason why no alternative means of separation can be arranged.

115.43 (e) SCI Dallas has adopted a comprehensive written policy DC-ADM 008, Section 1 - Placement in Administrative Custody (p.1-2), which states at least every 30 days, the Program Review Committee (PRC) shall ensure each such inmate is reviewed to determine whether there is a continuing need for separation from the general population. This review shall be documented on the DC-141, Part 3 Report form. PRC review of PREA related cases shall include the PREA compliance manager as a member of the reviewing committee.

The specialized staff report no such placement or review has occurred in the last 12 months.

Corrective Action: The audit team recommends no corrective action.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§115.51 – Inmate reporting.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pennsylvania Department of Corrections Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual b. Random criminal and administrative investigations. c. Abuse hot-line e-mail. 2. Interviews: <ol style="list-style-type: none"> a. Investigative staff b. Random staff c. Random inmate 3. Site Review Observations: <ol style="list-style-type: none"> a. PREA Posters within the facility. b. Abuse hot line <p>Findings (By Provision):</p> <p>115.51 (a). SCI Dallas has adopted a comprehensive agency policy, that allows for a variety of mechanisms to report sexual abuse, sexual harassment and retaliation. PA DOC policy DC-ADM 008 section three states in part that staff shall accept and document reports made verbally, in writing, anonymously, and from third parties and promptly forward to the facility's designated investigators.</p> <p>During the onsite portion of the audit, the auditor observed that there were PREA posters readily accessible visible throughout the institution that provide instructions on reporting sexual abuse and sexual harassment. The poster information included:</p> <ul style="list-style-type: none"> - Written or verbal report to staff - Submit a DC 135A- inmate request to staff member - Report in writing to Sexual Abuse Reporting Address: BCI/PREA Coordinator 1800 Elmerton Av, Harrisburg PA 17110 <p>The BCI is the Bureau of Criminal Investigations which is a part of the Pennsylvania State Police. Inmates are provided 10 free envelopes (postage is paid for) by the facility which was verified by informal interviews with staff and inmates. Mail addressed to the above address is processed as legal mail indicated in policy and verified through interviews with specialized staff.</p> <p>Random inmate and staff interviews indicated that all persons believed there was a telephone PREA hot line available to inmates and/or staff to make reports. The PREA Compliance Manager (PCM) indicated that the telephone PREA hot line was removed from the facilities approximately two years ago. While this phone was intended for inmates, staff believed it was available for their reporting as well.</p> <p>During the onsite review, the auditors observed a poster by the inmate phones (in all general</p>

population housing units) informing inmates that an ABUSE hotline is available and to call this number to report physical abuse incidents. The auditor tested this system and found that the system is answered with automated recording directing inmates to hang up if “reporting a PREA incident” and to submit their PREA concerns in writing to the Bureau of Criminal Investigations (BCI)/PREA Coordinator of the Pennsylvania State Police (PSP). The auditors shared this information with the PA DOC PREA coordinator during the onsite audit.

On January 23, 2018 the auditors received a communication from the PC stating “Per our discussion following the Dallas and Retreat audits, the message for the abuse hotline has been modified and now eliminates the direction for individuals calling with sexual abuse/sexual harassment complaints to write to the third-party reporting address with the state police. You can test the line using the toll-free number of 1-800-677-0330.”

This toll-free number has since been tested and the auditor can verify the portion of the recording directing a caller to hang up if this is a PREA incident has been removed. It is recommended that staff and inmates receive a communication clarifying this new process. During the onsite review the auditor observed in the WebTAS system that over the past 12 months the majority of sexual abuse and sexual harassment reports were verbal or written to staff. Interviews with staff indicated that they have knowledge of and follow their reporting responsibility and are required to report the allegations to the shift commander and submit a written report detailing the allegations (DC-121).

Random and specific interviews with inmates indicate that they are made aware of the variety of methods that are available to report sexual abuse and sexual harassment during their orientation. Inmates said they can get the address from posters visible throughout the institution and through the inmate PREA television channel. Inmates said they are able to report verbally or in writing or have friends and family make reports on their behalf. When interviewed staff, volunteers and contractors said they were informed of their reporting responsibility as part of the annual PREA training and block refreshers as well as by the posters made available throughout the facility.

115.51 (b). Inmates may report sexual abuse/sexual harassment by writing to the Bureau of Criminal Investigations, PA State Police PREA Coordinator at the following address:

BCI/PREA Coordinator

1800 Elmerton Av, Harrisburg PA 17110

The auditor was able to view these postings located throughout the facility (housing units, visitation area, recreation, dining area, work and program areas) during the site review. This written communication allows for an inmate to anonymously report incidents of sexual abuse, sexual harassment and or retaliation.

Interviews with random inmates indicate that the inmates were aware of how to report allegations of sexual abuse and sexual harassment. The inmates said they can tell staff, write a complaint or call the abuse hot line. Some of the inmates said they saw the PREA posters and know there is an address on there to write to.

The auditor would recommend that SCI Dallas provide information to the inmates that distinguishes that the BCI/PREA Coordinator for the PSP is different that the SCI Dallas PREA Coordinator so inmates know they are writing to an outside source.

The facility has adopted an agency policy where no inmates may be detained solely for civil immigration purposes. This was confirmed by the PCM and other specialized staff.

115.51 (c). Interviews with staff indicated that they have knowledge of and how to follow their reporting responsibilities. They were able to articulate to the auditor during formal and informal discussions that they are required to report all allegations of sexual abuse and sexual harassment made verbally, anything received in writing, anonymous reports, and from third

parties. Each of these incidents would require staff to immediately inform the shift commander and that staff submit a written report as soon as possible detailing the allegations on a PA DOC form (DC-121). All allegations are then referred to specially trained staff for investigation. 115.51 (d). Staff interviews indicate that SCI Dallas staff believed they could call the Abuse hotline to make a report, they also reported that they can speak with the shift commander in a private setting if they requested it to report sexual abuse/ sexual harassment or retaliation. Corrective Action: The audit team recommends no corrective action.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§115.52 – Exhaustion of administrative remedies.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pennsylvania Department of Corrections Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual b. Pre-Audit Questionnaire (PAQ) c. Random Grievances d. Random Investigations 2. Interviews: <ol style="list-style-type: none"> a. NA 3. Site Review Observations: <ol style="list-style-type: none"> a. Grievance lock boxes in the housing units. <p>Findings (By Provision):</p> <p>115.52 (a). The policy states in part, that the Inmate Grievance System is 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).”</p> <p>“These written reports may be submitted, either as identified above, or through the facility grievance lock-boxes located on every housing unit within the facility. The lock-boxes are accessible only by approved management staff, and reports shall be forwarded for review and action. Inmates shall utilize the grievance system in accordance with Department policy DC-ADM 804, Inmate Grievance system, to report inmate-on-inmate sexual harassment allegations, which include repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature. Inmates shall not use the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse.</p> <p>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.”</p> <p>The auditor reviewed a number of grievances provided by the facility and a sample review of random sexual abuse and sexual harassment investigations which demonstrated compliance with the agency policy.</p> <p>115.52 (b)(1). Department policy DC-ADM 804, Inmate Grievance system does not allow for grievance allegations of sexual abuse. Therefore no time limits are imposed. This was verified</p>

by the auditor when interviewing specialized staff involved in this process and when reviewing inmate files that were provided in the PREA Audit Questionnaire.

115.52 (b)(2-4). The agency does not by policy or practice impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The agency does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The auditor confirmed these two elements when reviewing the inmate handbook, agency/facility policy and through formal interviews with specialized staff.

115.52 (c)(1-2). PA DOC agency policy DC-ADM 008 states in part, "Inmates shall not use the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse, as identified in the glossary of terms for the 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) or designee for tracking and investigation. The inmate shall be notified of this action." During the onsite review of files and documentation, four incidents of sexual abuse/harassment were made by inmates utilizing the grievance process. All four inmates received a formal grievance "rejection" form (1-C) informing the inmate that the grievance is being rejected. One of the four inmates received information in the comments section of the "rejection" notice stating "Sexual abuse is taken seriously by the Department of Corrections. Any allegation of a sexual nature (abuse/harassment) against a staff member or inmate- on-inmate sexual contact must be investigated to make sure that inmates are safe in this facility. This grievance is being forwarded to the security department and the PREA Compliance Manager to start that investigation."

The other three inmates were informed within 24 hours by receiving grievance rejection notices. When the auditor interviewed specialized staff regarding this practice, the auditor was informed that remedial training was provided to staff to ensure that each inmate receives the following information; "Sexual abuse is taken seriously by the Department of Corrections. Any allegation of a sexual nature (abuse/harassment) against a staff member or inmate- on-inmate sexual contact must be investigated to make sure that inmates are safe in this facility. This grievance is being forwarded to the security department and the PREA Compliance Manager to start that investigation." Each of the four allegations processed through the grievance system were assigned for investigation by a PREA trained investigator (not the subject of the complaint) who met with each of the inmates. This information was confirmed by the auditor during onsite file reviews and through staff interviews.

During the onsite portion of the audit, the auditor observed grievance lock boxes on each facility inmate housing cell block.

During the auditor's review of the sexual abuse and sexual harassment investigations, documentation showed that grievances were not referred to any staff that was the subject of the complaint, rather the grievance was referred to the investigations staff responsible for conducting sexual abuse, sexual harassment and retaliation investigations.

115.52 (d). N/A. SCI Dallas has adopted an agency policy which states, inmates shall not use the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse. If they do, the grievance is rejected which does not impose time limits. This was verified by document submitted in the PAQ, through staff interviews and investigation files.

115.52 (e). SCI Dallas has a policy which states, methods of reporting for friends, family, and

the general public. The sexual abuse reporting address is an option for the general public to report an allegation of sexual contact. The reporting address is: BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110.

115.52 (f). The agency does not have an established “emergency grievance” policy or process for reporting sexual abuse. All allegations of sexual abuse received via the grievance system are forwarded to a PREA trained investigator who will interview the inmate.

115.52 (g). The agency and facility do not have a policy or practice of disciplining an inmate for utilizing the grievance system to report allegations of sexual abuse. This was verified through interviews with staff during the onsite phase of the audit. The facility would forward all grievance allegations of sexual abuse and sexual harassment for investigation by a trained PREA investigator and notify the inmate in writing and follow with an in person interview.

Corrective Action: The audit team recommends no corrective action.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§115.53 – Inmate access to outside confidential support services.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pennsylvania Department of Corrections Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual b. Pre-Audit Questionnaire (PAQ) c. Victim Resource Center (VRC) Memorandum of Understanding (MOU) 2. Interviews: <ol style="list-style-type: none"> a. Targeted Inmates b. Random Inmates c. Victim Resource Center (VRC) Staff 3. Site Review Observations: <ol style="list-style-type: none"> a. PREA Posters throughout the facility. <p>Findings (By Provision):</p> <p>115.53 (a). SCI Dallas has adopted a comprehensive agency policy DC-ADM 008 Section 2 that states in part that inmates shall be provided access to outside victim advocates for emotional support services related to sexual abuse. The PA DOC PREA coordinator duties include, coordinate with the Pennsylvania Coalition Against Rape (PCAR), to ensure that the Department is providing all related parties with the most current information on sexual abuse and sexual harassment.</p> <p>SCI Dallas has adopted PA DOC policy, DC-ADM 008 Section 4, E Inmate Access to Outside Support Services. This portion of the policy states in part, “The PCM 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. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, and/or in writing. The preferred service delivery method is in person in a confidential setting.” The auditors spoke with Victim Resource Center (VRC) staff during the pre-audit phase. The VRC staff provides emotional support as well as counseling service to inmates upon request in the form of a face to face visit at the facility as well as accompanying the inmate victim during a SANE/SAFE exam at the hospital if the inmate requests.</p> <p>Two resources are available for inmates who request emotional support and victim advocacy; VRC as noted above and PCAR. Contact information for PCAR is messaged and made available to inmates in the form of posters and pamphlets. The auditor observed these posters and pamphlets located in the housing units, work and program areas mixed throughout the facility. The auditor spoke with the VRC representative who confirmed this process and agreement consistent with the MOU on file.</p>

During the onsite portion of the audit, interviews were conducted with inmates who reported sexual abuse. These inmates stated that they have had contact with the outside service providers for emotional support. It should be noted, however, that the inmates who reported sexual abuse said the abuse occurred as children, noting sexual abuse had not occurred during an incarceration. The inmates acknowledge they can talk to a counselor or psychologist at SCI Dallas if needed.

A number of the randomly interviewed inmates stated that they were aware that there were PREA posters throughout the facility. The inmates shared they would call the PREA hotline or contact family before writing to the BCI/PREA coordinator, or before talking to staff. The auditors confirmed with the PCM that a PREA hot line at SCI Dallas does not currently exist. The auditor observed abuse hot line posters by most, if not all of the inmate phones in the housing units, which informs inmates to report abuse. When the number is dialed, a recording informs the caller, "Hang up if this is a PREA incident and write the BCI/PREA Coordinator". This was brought to the PREA coordinator's attention, at the agency level, during the audit. The PREA coordinator responded on 1/23/18 as follows; "Per our discussion following the Dallas and Retreat audits, the message for the abuse hotline has been modified and now eliminates the direction for individuals calling with sexual abuse/sexual harassment complaints to write to the third-party reporting address with the state police. You can test the line using the toll-free number of 1-800-677-0330."

This toll-free number has since been tested and the auditor can verify the portion of the recording, directing a caller to hang up if this is a PREA incident has been removed. It is recommended that staff and inmates receive a communication clarifying this new process. SCI Dallas has entered into an MOU with the VRC in Wilkes Barre, Luzerne County, and secured services of a qualified staff as a victim advocate service provider. The auditor was able to verify the MOU agreement and conducted additional interviews of VRC staff. The VRC provides emotional support services for victims of sexual assault and other crimes in Luzerne County PA. VRC staff stated that persons employed by this agency are qualified to serve in this role and received education concerning sexual assault and forensic examination issues in general. They have assisted in training SCI Dallas staff about victim dynamics in regard to sexual assault. Services are limited to inmates who alleged sexual misconduct at SCI Dallas.

When requested by the inmate alleged victim of sexual abuse, a victim advocate from VRC goes to SCI Dallas and meets with the inmate to provide emotional support, crisis intervention, information, and referrals. The audit team members interviewed staff of the VRC during the pre-onsite phase of the audit. Staff stated they have visited SCI Dallas many times in the past year to meet with inmates although they were not able to provide a specific number of visits. The VRC staff shared they were able to meet with inmates in a private setting without SCI Dallas staff observing, or being present in the room. VRC staff lets the inmate know that VRC will maintain privacy with the exception of information they are mandated to report such as child abuse or domestic violence.

The VRC staff said they have mailed pamphlets and other material to inmates who have made allegations at SCI Dallas. They have also been able to give written information directly to inmates during a meeting at the facility, as long as security approves the material. They have not experienced any difficulty in gaining access to inmates, or providing information or support materials.

115.53 (b). The PA DOC Policy DC-ADM 008 Section 4 states in part, "The PCM 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”.

Random inmates who were interviewed by the auditors while on site stated they have chosen to use outside services, but not internal SCI Dallas counselors.

115.52 (c). The auditor was able to view the current MOU with SCI Dallas and VRC to verify it is current and the agreement is in place.

Corrective Action: The audit team recommends no corrective action.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§115.54 – Third-party reporting.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pennsylvania Department of Corrections (PA DOC) Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual b. PA DOC e-mail. c. PA DOC website. 2. Interviews: <ol style="list-style-type: none"> a. NA 3. Site Review Observations: <ol style="list-style-type: none"> a. PREA Posters throughout the facility. <p>Findings (By Provision):</p> <p>115.54 (a). PA DOC and SCI Dallas provides a method to facilitate third-party reporting of inmate sexual abuse or sexual harassment as outlined in PA DOC Policy DC-ADM 008 Section 3 that states in part, “Methods of reporting include; submitting a written report to the sexual abuse reporting address BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110. A writer may choose to include his/her name and contact information, but it is not necessary in making a report; complaints can be made anonymously.”</p> <p>During the onsite phase of the audit, the auditor observed numerous locations and means that inform staff and inmates of how to report to the BCI/PREA Coordinator:</p> <ul style="list-style-type: none"> • Staff provide inmates the Sexual Assault Awareness Information handout at intake; • PREA posters are located in the visitation area; • PA DOC website; <p>Random inmate and staff interviews indicated that all persons believed there was a telephone PREA hot line available to inmates and/or staff to make reports of sexual abuse/harassment. The PREA Compliance Manager (PCM) indicated that the telephone PREA hot line was removed from the facility approximately two years ago. While this phone was intended for inmates, staff believed it was available for their reporting as well. The auditor recommends that a communication to staff and inmates be provided to educate them on current third party reporting resources.</p> <p>On 01/31/18 the audit team members received an e-mail from the agency PREA coordinator who advised that the PA DOC website had just been updated to provide a method for third party reporting. The auditor was able to observe the following information on the PA DOC agency website.</p> <p>Method for Inmates to Report Sexual Abuse or Sexual Harassment:</p> <ul style="list-style-type: none"> • Verbal or written report to any staff member • Submission of a DC-135A, Inmate request to staff member • Incidents of sexual abuse, sexual harassment and retaliation can be reported in writing by

sending correspondence via U.S. mail to the BCI/PREA coordinator at 1800 Elmerson Avenue, Harrisburg, PA 17110

- Request more information from the Pennsylvania Coalition Against Rape, P.O.Box 400, Enola, PA 17025

Methods for Civilians to Report Sexual Abuse or Sexual Harassment:

- Incidents of sexual abuse, sexual harassment and retaliation can be reported in writing by sending correspondence via U.S. mail to the BCI/PREA Coordinator at 1800 Elmerton Avenue, Harrisburg, PA 17110.

Corrective Action: The audit team recommends no corrective action.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.61-Staff and agency reporting duties</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. State Correctional Institution SCI-Dallas Pre-Audit Questionnaire (PAQ) b. ADM 008, Section 3 (PREA Procedures Manual) c. DC-121 Employee Report of Incident form (4 Examples) d. DC-484, Mental health Informed Consent Document-Post Audit c. Mental Health Contact Notes 2. Interviews: <ol style="list-style-type: none"> a. Random Staff b. Medical and Mental Health Staff c. Superintendent d. PREA Coordinator 3. Findings (By Provision): <p>115.61 (a). Policy ADM 008, Section 3 (PREA Procedures Manual [page 3-3:C(1)]) requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility, whether it was at the current facility or any other facility or part of another agency; retaliation against inmates or staff who reported such an incident and/or staff neglect violation of responsibilities that may have contributed to an incident or retaliation. Auditor reviewed the PAQ and copies of the employee incident reports regarding allegations of sexual abuse or sexual harassment of inmates. The interviews with the Random Staff indicated that they are aware of their responsibility to immediately report allegations of sexual abuse or sexual harassment regardless of how they are notified. Some of the staff reported they would additionally have the inmate call the toll free PREA Hotline number. This does not exist. Information was shared with PREA Compliance Manager.</p> <p>115.61 (b). Policy ADM 008, Section 3 (PREA Procedures Manual [page 3-3:C(4)]) requires that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse allegation to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decision, where sexual abuse with an inmate is reported. The interviews with the 16 Random Staff reported they would immediately contact the on duty Shift Commander or the PREA lieutenant, or the PREA Compliance Manager but they would not share the information other than with staff that has a need to know.</p> <p>115.61 (c). Policy ADM 008, Section 3 (PREA Procedures Manual [page 3-3:C(2)]) requires that unless otherwise precluded by Federal, State, or local law, medical and mental health</p>

practitioners shall be required to report sexual abuse, to inform inmates of the practitioner's duty to report, and the limitation of confidentiality, at the initiation of services. The interviews with the three Medical and Mental Health staff indicated that prior to conducting the interview with the inmate, they will read the portion of the DC-484 and have the inmate sign, indicating their need to report and explain it is for the inmate's protection and shall be shared only on a need to know basis with indicated staff (i.e. Counselor, Sexual Abuse Review Team, Pennsylvania State Police, etc.) They all stated they would explain further if the inmate did not understand. Staff reported they understand their responsibility and the confidentiality requirements for inmate medical and mental health Information pursuant to this policy. One Medical staff stated there were pamphlets in the waiting room with this information. Auditor observed and reviewed this pamphlet (English and Spanish version) post audit.

115.61 (d). Policy ADM 008, Section 3 (PREA Procedures Manual [page 3-1: A (5)]) requires 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. Policy ADM 008, Section 2 (PREA Procedure Manual [page 2-7:8]) mandates that male youthful offenders shall be transferred to SCI-Pine Grove within 24 hours of reception by the Department. Female youthful offenders, under the age of 18 shall immediately be placed into the Youthful Inmate Unit at SCI-Muncy. SCI-Dallas reported that inmates under the age of 18 are not housed at the facility. While on site the Auditor reviewed the ages of the inmates housed at SCI-Dallas to verify that youthful inmates are not at SCI-Dallas, this information was located on the PA DOC public website. The interviews with the Superintendent and the PREA Coordinator confirmed this population is not housed at SCI-Dallas.

115 (e)

Policy ADM 008, Section 3 (PREA Procedures Manual [page 3-1:A(3)]) require staff to accept and document reports made verbally, in writing, anonymously, and from third parties and promptly forward to the facility's designed investigators. During the on-site review the Auditor examined a sample of investigations and noted the PREA Lieutenant/investigation office was informed of each allegation as documented. Interview with the Superintendent confirmed this is the practice.

Corrective Action: The audit team recommends no corrective action.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62-Agency Protection duties</p> <p>The follow evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. State Correctional Institution SCI-Dallas Pre-Audit Questionnaire (PAQ) b. ADM 008, Section 2 (PREA Procedures Manual) c. ADM 008, Section 4 (PREA Procedures Manual) d. 4 Inmate Query-Cell History <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Superintendent • Random Staff <p>3. Findings (By Provision):</p> <p>115.62 (a). Policy ADM 008, Section 2 and 4 requires that when Department staff learns that an inmate is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect that inmate. During the Pre-audit phase, SCI- Dallas reported that there have been 6 instances within the past 12months. Auditor also examined the attached Inmate Query-Cell History from actual incidents and noted the practice followed policy and what SCI-Dallas reported, moving the inmates within minutes. An Interview with the Agency Head indicated they separate the inmates immediately. (Administrative Seg for any alleged victim would be the very last resort). They have an extraordinary occurrence reports (EOR) that are reviewed by the deputy. They would not segregate the victim. Another option is to move them to another housing unit. Most prisons have an East or West section in a prison population of 2500. We could separate by East or West, they would also have the ability to transport them to another facility within the same region. They would remove the perpetrator immediately or move the victim to an alternate housing unit or prison. An interview with the Superintendent indicated that there were many other options available than utilizing restricted housing and that this should never be practiced unless protective confinement is needed. They would be separated by housing unit. The interviews with the Random Staff verified the inmates (alleged victim and perpetrator) would be separated immediately by housing unit.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

115.63	Reporting to other confinement facilities
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.63 Reporting to other confinement facilities</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. State Correctional Institution SCI-Dallas Pre-Audit Questionnaire (PAQ) b. ADM 008, Section 3 (PREA Procedures Manual) c. Attachment 3-B, Notification of Sexual Abuse Allegation to Another Facility form d. Investigation packet initiated by notification of a sexual abuse at another facility 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Superintendent <p>Findings (By Provision):</p> <p>115.63 (a). Policy ADM 008, Section 3 (PREA Procedures Manual [page3-4: E (1)]) ensures an inmate may file a report of sexual abuse sustained while confined at another facility. It is the Facility Manager/designee’s responsibility to notify the head of the facility in which the reported abuse occurred. During the Pre-audit phase, SCI-Dallas reported 2 allegations that were received in the past 12 months that an inmate was abused while confined at another facility. Allegations were documented on the Notification of Sexual Abuse Allegation to another Facility, a form which is an attachment to policy, ADM 008, Section 3 (PREA Procedures Manual) . The information provided in the form was the dates, times, location of incident, the alleged abuser, alleged victim, whether it was a verbal or written notification, and actions taken upon notification of an incident. After both heads of each facility are notified, the PREA Compliance Manager at both sites is responsible for coordinating the information process. SCI-Dallas further reports the alleged victim is seen by psychology for 90 days. This was verified while interviewing Psychology staff and Counselor staff, whom follow with alleged victims for retaliation purposes. The alleged victim is also offered to see the Victim Resource Center.</p> <p>115.63 (b). Policy ADM 008, Section 3 (PREA Procedures Manual [page3-4:E(1)]) requires that notification must be provided as soon as possible, but no later than 72 hours after receipt of information and documented on Notification of Sexual Abuse Allegation to Another Facility form. Auditor examined both allegations and found he Notification of Sexual Abuse Allegation to Another Facility form were completed within the same date. One was reported verbally and one in writing, via email, email was attached for review.</p> <p>115.63 (c). Policy ADM 008, Section 3 (PREA Procedures Manual [page3-4: E (1)]) requires a Notification of Sexual Abuse Allegation to Another facility be maintained by the PREA Compliance Manager in an annual file for audit verification purposes. Facility was able to provide both forms for the purpose of this audit.</p>	

115.63 (d). Policy ADM 008, Section 3 (PREA Procedures Manual [page3-5: E (2)]) requires that allegations from another facility/agency is investigated in accordance with PREA standards and are the responsibility of the facility where the alleged abuse occurred. During the Audit phase, SCI-Dallas reported 2 allegations of sexual abuse which were received from other facilities. Auditor reviewed the Notification of Sexual Abuse Allegation to Another Facility form, PREA Tracking System, and investigation Summary and found one had been previously investigated and was found to be “unfounded.” This information was sent back to sending facility. The other incident, which occurred 18 years prior was followed and found the alleged victim stated this was investigated. Auditor reviewed email correspondence and that it is tracked in the ir investigation tracking system, WEBTAS. The interviews with the Agency Head and Superintendent indicated that there would be an acknowledgement receipt of complaint from the Facility Manager. A tracking number would be issued and an investigation initiated. The initial investigation would be conducted at the institution level if it’s an administrative investigation. If it’s out of state, it would be assigned to OSII (Office of Special Investigations and Intelligence)for investigation.

Corrective Action: The audit team recommends no corrective action.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64 Staff first responder duties</p> <p>The following evidence was analyzed in making a compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. State Correctional Institution SCI-Dallas Pre-Audit Questionnaire (PAQ) b. ADM 008, Section 4 (PREA Procedures Manual) c. First Responder Card d. Shift Commander Checklist e. Initial Response Checklist (Alleged Victim and Alleged Abuser) 2. Interviews: <ol style="list-style-type: none"> a. Security Staff and non-Security Staff First Responders b. Inmates Who Reported Sexual Abuse c. Random Staff <p>Findings (By Provision):</p> <p>115.64 (a). Policy ADM 008, Section 4 (PREA Procedures Manual [page 4-1: A]) details the first responder duties required by this standard upon learning that an inmate was sexually abused. During the Pre-Audit phase, SCI-Dallas reported 17 allegations of sexual abuse in the past 12 months. Three of the 17 allegations were reported within the time period (96 hours) that would have allowed for the collection of physical evidence. The Auditor reviewed the Shift Commander, Initial Response Alleged Abuser and Alleged Victim checklists. Both Sections A, B and C are marked, indicating the staff have placed the Victim in a safe location, Escorted the Alleged Victim to the Medical Department, Secured the Crime Scene, and were advised to not use the bathroom, drink, wash, brush teeth, change clothes, smoke, or not smoke or drink/eat anything. They stated they were separated from alleged abuser. Two of the Three Alleged Abuser checklists were reviewed and completed. One was not filled out due to the alleged abuser being a staff member. This checklist is for inmates only. First Responders and Random Staff indicate an understanding of their first responder duties and an ability to articulate them to the Auditor. The staff indicated they would separate the inmates, secure the scene, and contact medical. The facility has provided staff with first responder cards that can easily be accessible in their pockets or their ID badge holders when responding to an incident. The interviews with the inmates who Reported Sexual Abuse indicated they were taken directly to medical and were advised not use the bathroom, drink, wash, brush teeth, change clothes, smoke, or not smoke or drink/eat anything. They stated they were separated from alleged abuser.</p> <p>115.64 (b). Policy ADM 008, Section 4 (PREA Procedures Manual [page 4-1: A (2)]) distinguishes the first responder duties for security staff versus non-security staff. Security Staff are required to notify the Shift Commander, immediately separate the alleged victim and alleged abuser, secure any reported crime scene until appropriate steps can be taken to</p>

collect evidence, and if abuse occurred within the last 96 hours that still allows for the collection of physical evidence, request the alleged victim and ensure that the alleged abuser not take any actions that could destroy physical evidence, including as appropriate washing brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Non-Security Staff are required to immediately notify the Shift Commander, if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. The interviews with Security Staff and non-Security Staff First Responders indicated they would immediately contact the shift commander, separate the inmates, secure the scene, contact medical, advise inmates not to use the bathroom, drink, wash, brush teeth, change clothes, smoke, or to not smoke/drink/eat. The interviews with the Random Staff indicated that they were trained in PREA and were able to report what they needed to do. Some needed to utilize their pocket First Responder Card. There was only one time when the reporter was a non-security staff member and the shift commander was notified immediately, but the allegation was from 1988, there was no crime scene preservation.

Corrective Action: The audit team recommends no corrective action.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65 Coordinated response</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. State Correctional Institution SCI-Dallas Pre-Audit Questionnaire (PAQ) b. ADM 008, PREA Manual, c. SCI-Dallas Procedure Manual, effective April 1, 2015 2. Interviews: <ol style="list-style-type: none"> a. Superintendent 3. Findings (By Provision): <p>115.65 (a). Policy ADM 008, PREA (SCI-Dallas Coordinated Response Plan) details SCI-Dallas coordinated response plan for actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and Facility leadership. The Auditor reviewed the plan and noted that in addition to actions take in response to an incident of sexual abuse, there are also attachments for initial response – victim, initial response-abuser, shift commander-coversheet/checklist, PREA First Responder Duties, Medical department duties, sections pertaining to data collection, and information on the Victim Resource Center. An interview with the Superintendent confirmed the Coordinated Response Plan is discussed and trained with staff. There’s additional special training for medical and mental health staff, which includes Psychologists. Mental Health and Medical staff interviewed also confirmed this.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	<p>115.66 Preservation of ability to protect inmates from contact with abusers</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. State Correctional Institution SCI-Dallas Pre-Audit Questionnaire (PAQ) b. Suspension Pending Investigation Memo & Procedures c. H-1 Act 195 Interest Arbitration Award d. PSSU Agreement 2016-2019 e. FOSCEP 2015-2016 f. PSCOA Interest Arbitration Award 2014-2017 Miller.pdf h. SEIU HC PA Side letter 7-1-16 to 6-30-19 i. SEIU Healthcare Side Letter dated: 2-17-17 j. SEIU Local 668 Contract-Salary Side Letter dated 10-3-16 k. AFSCME Master Agreement dated 7-1-16 to 6-30-19 l. AFSCME MOU 7-1-16 to 6-30-19 m. CIVEA Agreement 2016-2019 n. PSCOA Agreement 2014-2017 2. Interviews: <ol style="list-style-type: none"> a. Agency Head 3. Findings (By Provision): <p>115.66 (a). During the Pre-audit phase SCI Dallas submitted collective bargaining agreements with eight different unions. The Auditor reviewed the union agreements and verified none of these collective bargaining agreements contain language that limit the ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. In addition, the collective bargaining agreements are silent regarding suspensions pending investigation. When the contract is silent on issues, policy then governs. It should also be noted that Act 195 Interest Arbitration Award [page 3:5] states “Article 33, Section 20 shall be amended to provide that the Commonwealth shall have no requirement to furnish 24 hours advance written notification of inmate or patient charges in accordance with Section 20, when an allegation falls within the purview of the Prison Rape Elimination Act of 2003.” The previous language in Article 33 Section 20 required 24 hours advance written notification of inmate charges against an employee at least 24 hours prior to commencement of proceedings. An interview with the Agency Head indicated that through binding arbitration, the agency is permitted to remove alleged staff sexual abusers from contact with any inmate pending an investigation for a determination of whether and to what extent discipline is warranted, suspension of 30 days to termination.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>



115.67	Agency protection against retaliation
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.67 Agency protection against retaliation</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. State Correctional Institution SCI-Dallas Pre-Audit Questionnaire (PAQ) b. ADM 008, Section 2 (PREA Procedures Manual) c. ADM 008, Section 3 (PREA Procedures Manual) d. Attachment 2-B, Retaliation Monitoring Form 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Superintendent c. Staff Member charged with Monitoring Retaliation d. Inmates Who Reported Sexual Abuse 3. Findings (By Provision): <p>115.67 (a). Policy ADM 008, Section 3 (PREA Procedures Manual [page 3-5:F(1) and (2)]) mandates 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. 1) Retaliatory action is prohibited against an inmate, staff member, or other individual who reports sexual abuse, sexual harassment, or provides information during an investigation. Any individual, who seek to deter an inmate or other individual from reporting sexual activity, or who in any manner, harasses or intimidates any person who reports the alleged contact is subject to discipline. 2) The Deputy Superintendent for Centralized Services shall meet with any staff that requires 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, per PREA Standard and in accordance with Section 3 of this procedures manual. Contact shall be made with the identified staff for at least 90 days and documented on the Department Retaliation Monitoring form. During the Pre-audit phase SCI-Dallas reported 12 designated staff members charged with monitoring retaliation, (4) Unit Managers, (7) Counselors, and (1) Psychologist.</p> <p>115.67 (b). Policy ADM 008, Section 3 (PREA Procedures Manual [page 3-6:F(3)and (4)]) requires the Department shall employ multiple protection measures, such as housing changes or transfer for inmate victims or abuser, removal of alleged staff or inmate abusers from contact with victim. The Department shall also make available emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment, or for cooperating with investigators. For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse or sexual harassment, and of inmates who were reported to have suffered</p> 	

sexual abuse or sexual harassment to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy such retaliation. Items the Department shall monitor include: a. disciplinary reports; b. housing reports; c. program changes; d. negative performance reviews; and e. reassignments of staff. An interview with the Agency Head indicated that he is proactive and vocalizes the zero tolerance policy (sexual abuse, sexual harassment, and retaliation for reporting). An interview with the Superintendent indicated they separate the alleged victim and abuser. They protect the inmate by monitoring them per the policy, every 90 days, as well as more if needed. An interview with the Staff Member charged with Monitoring Retaliation reported they contact the inmate within 96 hours and then see the inmate at least 15 days, 30 days, 60 days and 90days. They said they would ask if there has been any further incidents or if they feel they have been retaliated against. Auditor reviewed seven Monitor for Retaliation Forms from the Pre-Audit and found they were seen as stated by the Counselors, who are charged with monitoring for retaliation. The interviews with inmates Who Reported Sexual Abuse, indicate that they think they would be followed up with if they were being retaliated against.

115.67 (c). Policy ADM 008, Section 3 (PREA Procedures Manual [page 3-5: F (4)]) requires the Department shall continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. During the Pre-audit phase, SCI-Dallas reported zero times in the past 12 months an incident of retaliation occurred. The Auditor reviewed the random samples of the Retaliation Monitoring forms utilized to record retaliation monitoring past 90 days to confirm compliance with this subsection. Interview with Staff Member charged with Monitoring Retaliation indicated they would ask about housing situations, any issues they may be having, monitor the m behaviors based on reproes' they have built with the inmate. Staff said they would intervene if they found someone was having struggles due to their victimization and work with affected staff or programs/classes to see if the person could make up lost time/work. The counselor went on to say if they were removed for discipline purposes unrelated to the PREA incident, and the program would be beneficial, they would intervene and request the inmate stay in the program. The staff said they would continue to monitor as long as the inmate needed their assistance. Interview with the Superintendent indicated that they would ensure the retaliation monitoring was conducted and as stated before.

115.67 (d). Policy ADM 008, Section 2 (PREA Procedures Manual [page 2-2: A (2) (c)]) requires periodic status checks of inmates by the corrections counselor in compliance with this subsection. During the onsite the Auditor reviewed two samples of the Retaliation Monitoring Forms and noted that the retaliation status checks were conducted within 96 hours, 15 days, 30 days, 60 days, and 90 day increments. An interview with the Staff Member charged with Monitoring Retaliation reported that the 90 days is the regular amount of time for monitoring, however continued monitoring would be completed if necessary.

115.67 (e). Policy ADM 008, Section 3 (PREA Procedures Manual [page 3-6:F(7)(5)]) ensures that if any other individual who cooperates with an investigation expresses fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation. Interview with the Agency Head indicated that he spoke to the new cadet classes and starts off the first day of the Correctional Academy. He speaks to them of ethical behavior, their duty to observe and they can report to him via email as well as his Assistant Secretary (if there's fear of retaliation). Interview with the Superintendent indicated that SCI-Dallas that they would handle any type of retaliation toward any inmate or staff involved by conducting an

investigation.

Corrective Action: The audit team recommends no corrective action.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68 Post-allegation protective custody</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. State Correctional Institution SCI-Dallas Pre-Audit Questionnaire (PAQ) b. ADM 008, Section 2 (PREA Procedures Manual) c. Shift Commander Checklist 2. Interviews: <ol style="list-style-type: none"> a. Superintendent b. Staff Who Supervise Inmates in Restricted Housing 3. Findings (By provision): <p>115.68 (a). Policy ADM 008, Section 2 (PREA Procedures Manual [page 2-6:A(6)]) requires that inmates at a high risk for sexual victimization or inmates who have allegedly suffered sexual abuse shall not be placed involuntarily in Administrative Confinement (AC) as a means of protection unless an assessment of all available alternative has been made by Psychology and Security staff in conjunction with the Facility Manager/designee, and a determination has been made that there is no other available alternative means of separation from like abusers. If the facility cannot conduct the assessment immediately the facility may hold the inmate in involuntary AC for less than 24 hours while completing the assessment. During the Pre-audit phase, SCI Dallas reported zero inmates in the past 12 months who have alleged sexual abuse were placed into restricted housing. While on site the Auditor did not observe an inmate in involuntarily AC as a means of protection or at a high risk of victimization. An interview with the Superintendent indicated that other options besides restricted housing were available. He stated they could be moved to different housing units or administratively moved to another facility. SCI-Dallas has not used restricted housing as a means of protection for any inmate at a high risk for sexual victimization as there are facilities close enough to move an inmate. There are also multiple housing units in which an inmate can be placed. An interview with the Staff who supervises Inmates in Segregated Housing reported they have not had any alleged inmate victim of sexual abuse placed in Restricted Housing.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§115.71 – Criminal and administrative agency investigations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.) Pennsylvania Department of Corrections Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Memorandum of Understanding (MOU) with Pennsylvania State Police WebTAS Entries Random criminal and administrative investigations. Pre-Audit Questionnaire (PAQ) Investigative Training Lesson Plans</p> <p>Interviews: Investigative Staff Specialized Staff</p> <p>3. Site Review Observations: Sexual Assault Incident Review (SAIR)</p> <p>Findings (By Provision): 115.71 (a). SCI Dallas has adopted a comprehensive agency policy, DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual, Section 5-Investigating Allegations of Sexual Abuse and/or Sexual Harassment, it is very detailed and directs investigative staff on how to proceed with an investigation of sexual abuse and sexual harassment. This section states in part, “that every report, complaint, or allegation of sexual abuse and sexual harassment, including third party and anonymous reports, shall be investigated promptly, thoroughly, and objectively.”</p> <p>During the site review, the auditor reviewed a cross section of 10 investigative files in their entirety. The auditor chose the following files for review; 2 allegations that staff sexually abused an inmate - unsubstantiated, 2 allegations that staff sexually abused an inmate - unfounded, 1 inmate allegations of inmate sexual abuse- unfounded, 1 inmate allegation of inmate sexual abuse - unsubstantiated, 1 allegation that staff sexually harassment an inmate - unfounded, 1 inmate of inmate sexual harassment - unsubstantiated, 1 allegation that staff sexually sexual abused an inmate - where no abuser was identified, 1 criminal investigation conducted by the PSP - unsubstantiated</p> <p>Specialized staffs were interviewed by the auditor during the onsite review who informed the auditor that an allegation of sexual abuse, sexual harassment and retaliation, regardless of how the allegation was received would be initiated the same day that the allegation is received. This was confirmed by the auditor during the onsite review when conducting 10 investigative file reviews. The 10 investigative files reviewed included allegations of</p>

inmate/inmate sexual abuse, staff/ inmate sexual abuse, inmate/inmate sexual harassment, staff/inmate sexual harassment and one criminal investigation of staff/inmate sexual abuse which was completed by the PSP.

115.71 (b). The facility reported in the PAQ that 14 of the 14 assigned and trained investigators received specialized training specific to conducting sexual assault, sexual abuse and retaliation investigations in 2017. This was confirmed by the auditor when all 14 training records were reviewed which determined training participation had occurred. The auditor reviewed the special investigations lesson plan (reference §115.34) which was utilized for this training.

Lesson plans for this specialized investigative training includes topics on gathering and preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviews with alleged victims, suspected perpetrators, and witnesses; review of prior reports and complaints of sexual abuse involving the suspected perpetrator; information on compelled interviewing and Garrity as well as Miranda rules; referral for outside law enforcement for prosecution, etc. These training topics were discussed with the investigative staff during their interviews. Investigative staff was able to articulate an understanding of the above information.

115.71 (c). The facility has adopted the agency policy DC ADM 008, Section 5 – Investigating Allegations of Sexual Abuse interview the inmate complainant(s) and obtain an Inmate Written Statement of Sexual Abuse/Harassment (Attachment 5-A) following the interview.

The auditor conducted a review of the investigative files during the onsite phase of the audit and determined that SCI Dallas retained reports, documents and evidence pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment specific to what evidence was made available;

interview the inmate complainant(s) and obtain an Inmate Written Statement of Sexual Abuse/Harassment (Attachment 5-A) following the interview. If the complainant refuses to be interviewed or provide a written statement, said refusal, including date, time, and persons present, shall be documented and included in the investigative report;

interview all inmate witnesses and obtain an Inmate Written Statement of Sexual Abuse/Harassment from the inmate(s) following the interview;

interview all staff member witnesses and/or undeveloped leads and obtain a Staff Written Statement of Sexual Abuse/Harassment (Attachment 5-B);

when appropriate, interview all alleged abusers and obtain written statements utilizing the designated form for inmate(s) or staff;

review all available video footage and save the video footage to a media storage device to submit with the investigative report;

review and copy corroborating evidence, including but not limited to: all housing unit log books, medical documentation, work-related reports, misconduct reports, inmate grievances, and other pertinent documentation specific to the allegation of sexual abuse and include the documentation in the investigative report.

The during the review of the investigative files, the auditor observed content of investigative files to include: video evidence, alleged victim and abuser written statements which included staff and inmates, documentation (evidence specific to the incident) medical records, movement logs, sign in logs of staff, prior allegations/investigation information of sexual abuse/harassment/retaliation information, grievances and misconduct reports. No DNA evidence was observed as being collected or preserved, specialized staff informed the auditor

if they would collect DNA it would be preserved and provided to PSP.

During the interview with the investigative staff, the auditor observed that the evidence boxes contain step by step instructions on how to collect physical evidence such as clothing, instructions for interviews of alleged inmate victims and suspects, directions as to who to report to as far as chain of command within the facility. The instructions also include reminders to collect video if possible. These instructions were included in an investigations packet inside the box. There were two evidence kits secured in the security office as well as two evidence kits secured in the control center unit. During specialized staff interviews, staff were able to articulate the appropriate protocols.

Based on investigative file reviews and discussions with the assigned investigators, the auditor provided a recommendation that SCI Dallas could enhance their investigations by providing a written account of the actual verbal interview exchange (question/answer). What is currently occurring, an individual written statement(s) is/are included in the file, not the investigator's account of the interview exchange.

The CCTV system is reviewed for the area where the alleged incident occurred to determine if there was anything captured on the video to support or refute the allegation. A review of the investigations showed that they review cameras as a regular part of the investigation process although SCI Dallas has limited cameras available within the facility to assist with investigations (none in the housing units).

The auditor observed during the onsite phase of the audit that sexual abuse, sexual harassment, and retaliation investigations files were secured in a file cabinet in the security supervisor office.

115.71 (d). The facility has adopted the agency policy DC ADM 008, Section 5 – Investigating Allegations of Sexual Abuse. The policy states in part, when the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The staff responsible for investigating allegations of sexual abuse, sexual harassment and retaliation at SCI Dallas stated to the auditor that they refer all SA/SH allegations to the Pennsylvania State Police (PSP). The PSP determines whether a criminal investigation is warranted. If the PSP determines there is no criminal activity, then SCI Dallas investigative staff initiates the administrative investigation. If criminal activity is discovered the SCI Dallas investigator will contact the PSP. During the onsite portion of the audit, the auditor observed emails exchanged between PSP and SCI Dallas investigative staff contained within the investigation file. The emails indicate that SCI Dallas investigative personnel have developed a positive working relationship with PSP personnel, with both agencies informing each other on the progress of the investigations.

115.71 (e). PA DOC policy DC-ADSM 008 Section 5 states in part that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. The Department shall NOT require an inmate who alleges unwanted or forced sexual abuse to submit to a polygraph examination or other truth telling device as a condition of proceeding with the investigation of such an allegation. During informal and specialized staff interviews, staff stated polygraphs nor any other truth telling device is utilized or required.

115.71 (f)(1-2). PA DOC agency policy DC-ADM 008 Section 5, states in part, "review and copy corroborating evidence, including but not limited to: all housing unit log books, medical documentation, work related reports, misconduct reports, inmate grievances, and other

pertinent documentation specific to the allegations of sexual abuse and include documentation in the investigative report, and make an effort to determine whether staff actions or failures to act contributed to the abuse, specifically as it applies to administrative investigations.”

There were not any substantiated investigations of sexual abuse and sexual harassment during the past 12 months as reported by the facility. This was confirmed by the auditor when reviewing 10 of 25 hard copy files which also included a review of the WebTAS tracking system. Investigative staff were knowledgeable that they should make an effort to determine whether staff actions or failures to act contributed to an abuse.

There is an additional portion of the PA DOC agency policy DC-ADM 008 Section 6, which SCI Dallas has adopted, that addresses Sexual Abuse Incident Review (SAIR) process. The policy states in part; “PA DOC requires that each facility conduct a SAIR review at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated whether the investigation was conducted by the facility Security Office or by the Office of Special Investigations and Intelligence (OSII). No review will be conducted if the allegation has been determined to be unfounded.” The review shall occur within 15 working days of the receipt of the notification from OSII that the investigation was deemed satisfactory. (28 C.F.R. §115.86[b]) “

115.71 (g). Based on the auditor’s review of investigations, PSP provides a copy of their criminal investigation to SCI Dallas as soon as they can without disrupting the criminal/court process.

115.71 (h). SCI Dallas staff refer all allegations of sexual abuse and sexual harassment to the PSP. It is dependent upon the PSP to make a referral for prosecution.

115.71 (i). During the auditor’s review of the investigative files, SCI Dallas retains reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment. The investigative staff was able to recite investigation packet retention periods indicating they are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j). The investigative and administrative staff said that they would not terminate an investigation because the alleged abuser left the facility. This applies to employee and inmate investigations.

115.71 (k). The auditor was provided a copy of the memorandum of understanding between the PSP and PA DOC. The agreement grants PSP access for the purpose of conducting any criminal investigation.

115.71 (l). During an interview with specialized staff at the facility, the auditor was informed that the PSP investigators are provided access to the facility so that PSP can conduct interviews.

Emails exchanged between PSP and SCI Dallas specialized staff were included as a part of the investigation packet. The emails show that SCI Dallas has developed a positive relationship with PSP, with both agencies staying informed on the progress of the investigations.

Corrective Action: The audit team recommends no corrective action.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§115.72 – Evidentiary standards for administrative investigations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pennsylvania Department of Corrections (PA DOC) Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual b. Random investigative files. 2. Interviews: <ol style="list-style-type: none"> a. Investigative Staff 3. Site Review Observations: <ol style="list-style-type: none"> a. WebTAS system <p>Findings (By Provision):</p> <p>115.72 (a). SCI Dallas has adopted agency policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment which states; “In administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p>Additionally in the investigative specialized training curriculum, the auditor confirmed that the following information was part of the lesson plan provided to investigators of sexual abuse, sexual harassment and retaliation allegations; “The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or are substantiated.”</p> <p>During informal discussions and through specialized interviews with investigative staff, the auditor determined that staff had a basic knowledge and understanding of preponderance of evidence; which was understood to be more likely than not based on the evidence collected.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§115.73 – Reporting to inmates.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pennsylvania Department of Corrections (PA DOC) Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual b. Random criminal and administrative investigations. 2. Interviews: <ol style="list-style-type: none"> a. Targeted SCI Dallas Investigative Staff b. Targeted PSP Investigative Staff c. PREA Compliance Manager (PCM) 3. Site Review Observations: <ol style="list-style-type: none"> a. NA <p>Findings (By Provision):</p> <p>115.73 (a). SCI Dallas has adopted a comprehensive agency policy DC-ADM 008 that states in part, “Inmates who made an allegation of sexual abuse, sexual harassment or retaliation are informed of the outcome of the investigation. the PCM shall inform the alleged victim(s) as to whether the investigation is found to be substantiated, unsubstantiated, or unfounded.” The investigative staff reports that 16 investigations of sexual abuse/sexual harassment were conducted at SCI Dallas within the past 12 months. In each random file reviewed the alleged victim was notified of the outcome of the investigative findings in writing, PA DOC PREA Investigation-Inmate Notification 28 C.F.R. §115.73. There was either a notice signed by the inmate in each case, or if the inmate refused to sign the form a staff member indicated the refusal.</p> <p>115.73 (b). The SCI Dallas staff has continual and ongoing communication with PSP regarding investigations. The auditor was able to corroborate this during the review of investigative files that contained documentation of the communication.</p> <p>115.73 (c). SCI Dallas had not had a substantiated staff/inmate sexual abuse investigation in 2017 (12-month review period). As a result, 115.73 (c) 1-4 are not applicable. Based on review of investigation files of unsubstantiated allegations the auditor observed documentation that the inmate has been notified in writing of the investigative findings.</p> <p>115.73 (d). During a review of random investigations, the auditor observed that each file contained an inmate notification form, specifically PA DOC PREA Investigation-Inmate Notification 28 C.F.R. §115.73, informing the inmate of the outcome of the investigation. The PCM said there have been cases of an inmate on inmate sexual abuse referred to the prosecutor’s office in the past but no one has ever been charged. The PSP confirmed with the auditor that cases have been referred for prosecution, however charging was declined.</p> <p>115.73 (e). SCI Dallas uses an inmate notification form specifically PA DOC PREA Investigation-Inmate Notification 28 C.F.R. §115.73, which has a space for the signature of the</p>

inmate. The auditor noted that refusal of the inmate to sign the form is documented, indicating "refusal".

115.73 (f). NA

Corrective Action: The audit team recommends no corrective action.

115.76	Disciplinary sanctions for staff
	<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 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="252 371 1362 831" style="list-style-type: none"> <li data-bbox="252 371 443 405">1. Documents: <ol data-bbox="252 416 1362 663" style="list-style-type: none"> <li data-bbox="252 416 831 450">a. SCI-Dallas Pre-Audit Questionnaire (PAQ) <li data-bbox="252 461 1161 495">b. Policy DC-ADM 008, (PREA Procedures Manual Section 7) 3 pages <li data-bbox="252 506 1362 573">c. Policy 4.1.1, Human Resources and Labor Relations Procedures Manual Section 7 (Standardization of Pre-Disciplinary Conferences) 3 pages <li data-bbox="252 584 1362 663">d. Policy 4.1.1, Human Resources and Labor Relations Procedures Manual Section 4 (Resignations in Lieu of Discharge) 4 pages <li data-bbox="252 707 427 741">2. Interviews: <ol data-bbox="252 752 596 831" style="list-style-type: none"> <li data-bbox="252 752 596 786">a. Human Resources Staff <li data-bbox="252 797 507 831">b. PREA Lieutenant <p data-bbox="252 887 453 920">Subsection (a):</p> <p data-bbox="252 931 1474 1391">Pennsylvania Department of Corrections policy DC-ADM 008 PREA Procedures Manual Section 7 (Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation) maintains that any employee who violates the Department's zero tolerance policy by engaging in, failing to report, or knowingly condones sexual abuse or sexual harassment of an inmate shall be subject to disciplinary or administrative action up to and including termination. Human Resources confirmed during the Auditor's interview that all staff is subject to disciplinary sanctions up to and including termination for violations of the agency's policies on sexual abuse or sexual harassment. In the past 12 months, SCI-Dallas reported that no staff has been subject to any disciplinary or administrative action up to and including termination. This was also confirmed during the Auditor's interview with Human Resources during the onsite phase of the audit.</p> <p data-bbox="252 1447 453 1480">Subsection (b):</p> <p data-bbox="252 1491 1485 1727">Pennsylvania Department of Corrections policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 7 (Standardization of Pre-Disciplinary Conferences) stipulates that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. SCI-Dallas reported during the pre-onsite audit phase that they have had no staff terminations, resignations, or other sanctions for a violation of the agency's sexual abuse or sexual harassment policies in the past 12 months.</p> <p data-bbox="252 1783 453 1816">Subsection (c):</p> <p data-bbox="252 1827 1474 2152">Pennsylvania Department of Corrections policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 7 (Standardization of Pre-Disciplinary Conferences) requires disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. SCI-Dallas reported that they have had no staff terminations, resignations, or other sanctions for a violation of the agency's sexual abuse or sexual harassment policies in the past 12 months.</p>

The Auditor's interview with Human Resources confirmed that SCI-Dallas has not had a staff member disciplined in the past 12 months for sexual abuse or sexual harassment.

Subsection (d):

Pennsylvania Department of Corrections policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 7 (Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation) provides that terminations for violations of the agency's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are to be reported to law enforcement agencies, unless the activity was not clearly criminal, and to any relevant licensing bodies.

In addition, policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 4 (Resignations in Lieu of Discharge) requires that when a staff member resigns in lieu of discharge for a violation of policy DC-ADM 008, Human Resources must notify of the Office of Special Investigations and Intelligence (OSII) to determine if a potential criminal violation exists. If the violation meets criminal standards, OSII must refer the case to the District Attorney's Office that has jurisdiction over the affected facility.

SCI-Dallas reported that there has been zero staff in the past 12 months that were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Corrective Action: The audit team recommends no corrective action.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. SCI-Dallas Pre-Audit Questionnaire (PAQ) b. Policy DC-ADM 008, (PREA Procedures Manual Section 7) 3 pages 2. Interviews: <ol style="list-style-type: none"> a. Superintendent b. PREA Lieutenant <p>Subsections (a-b):</p> <p>Pennsylvania Department of Corrections policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 7 (Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation) provides procedures for taking corrective action for contractors and volunteers, that denotes when an allegation is made involving a contractor or volunteer, the individual must be removed from contact with the alleged victim until the conclusion of an investigation. The facility is required to take appropriate measures and consider whether to prohibit any further contact with inmates if the contractor or volunteer violates policy DC-ADM 008 Section 7 other than by engaging in sexual abuse. Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates, and is to be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>During the pre-onsite audit phase, SCI-Dallas reported that during the past 12 months, zero contractors or volunteers were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. The Auditor's interview with the Superintendent also confirmed that any violation of the agency's sexual abuse or sexual harassment policy by a contractor or volunteer would prompt the facility to prohibit their contact with inmates and follow the procedures set forth in DC-ADM 008.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. SCI-Dallas Pre-Audit Questionnaire (PAQ) b. Policy DC-ADM 008, (PREA Procedures Manual Section 7) 3 pages c. SCI-Dallas Investigations Log d. Policy DC-ADM 801 (Inmate Discipline Procedures Manual Section 1, Attachment 1-A) Inmate Misconduct/Rule Violations 2. Interviews: <ol style="list-style-type: none"> a. Superintendent b. Mental Health Staff c. PREA Compliance Manager d. PREA Lieutenant <p>Subsection (a): Pennsylvania Department of Corrections policy DC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 7 (Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation) stipulates that inmates shall be subject to disciplinary sanctions pursuant to the formal disciplinary process, following an administrative finding that the inmate engaged in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. During the pre-on-site audit phase, SCI-Dallas reported zero administrative or criminal findings of inmate-on-inmate sexual abuse in the past 12 months. The Auditor review of a sample of PREA investigations confirmed that the findings from allegations of inmate-on-inmate sexual abuse were either unsubstantiated or unfounded. A majority of the inmate allegations were against staff.</p> <p>Subsection (b): Policy DC-ADM 008 Section 7 ((Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation) requires that inmate sanctions be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. A majority of the sample PREA investigations reviewed were found to be against staff. The Auditor’s interview with the Superintendent verified that any disciplinary sanctions imposed on an inmate following an administrative or criminal finding that they engaged in inmate-on-inmate sexual abuse would be proportionate to the nature of the circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.</p> <p>Subsection (c): Policy DC-ADM 008 Section 7 ((Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation) states that the disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. Additionally, policy DC-ADM 008 Section 7 provides that</p>

there is a Psychologist review when an inmate is charged with Misconduct #19 (Engaging in Sexual Acts with Others or Sodomy) due to the possibility that the sexual activity was not consensual. Policy DC-ADM 008 Section 2 requires that when there is an allegation of sexual abuse, the Licensed Psychology Manager (LPM) or designee shall administer the PREA Risk Assessment Tool to all involved inmates within 72 hours of the allegation being made. The Auditor's interview with Mental Health staff confirmed these processes.

Subsection (d):

Policy DC-ADM 008 Section 7 ((Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation) maintains that when an inmate is found guilty of a Class 1 misconduct related to sexual abuse, the unit manager shall refer the inmate to the Sex Offender Treatment Program for evaluation to determine whether or not the inmate is appropriate for the program, and if the inmate will be required to complete the program as part of the sanctions or as a condition to access programming or other benefits. The Auditor's interview with Mental Health staff confirmed that SCI-Dallas offers therapy, counseling, or other intervention services designed to address the underlying reasons or motivations of sexual abuse for the inmate.

Subsection (e):

Policy DC-ADM 008 Section 7 ((Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation) states that the facility may discipline an inmate for sexual contact with staff only if it is substantiated that the staff member did not consent to such contact. During the pre-onsite audit phase, SCI-Dallas reported zero substantiated occurrences inmate sexual conduct with staff during this rating period.

Subsection (f):

Policy DC-ADM 008 Section 7 ((Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation) ensures that for the purpose of disciplinary action, a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. During the onsite audit phase, discussions with SCI-Dallas' PREA compliance manager and PREA lieutenant indicated that no inmate has been disciplined for falsely reporting an allegation of sexual abuse or sexual harassment that was made in good faith. A reporting inmate can only be subject to disciplinary action for sexual abuse or sexual harassment allegations which have been unfounded and for which the investigation was satisfactorily approved by the Office of Special Investigations and Intelligence (OSII).

Subsection (g):

Policy DC-ADM 008 Section 7 ((Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation) provides that the Department prohibit all sexual activity between inmates and may discipline inmates for such activity. The Department does not deem such activity to constitute sexual abuse if, through the investigative process, determines that the activity is not coerced or forced. The Auditor's review of the agency's Inmate Misconduct/Rule Violations (DC-ADM 801 Inmate Discipline Procedures Manual Section 1, Attachment 1-A) noted the following acts of a sexual nature: rape, involuntary deviate sexual intercourse, engaging in sexual acts with others or sodomy, sexual harassment, indecent exposure, and kissing or inappropriate physical contact.

Corrective Action: The audit team recommends no corrective action.

115.81	Medical and mental health screenings; history of sexual abuse
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.81-Medical and mental health screenings; history of sexual abuse</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. State Correctional Institution SCI-Dallas Pre-Audit Questionnaire (PAQ) b. ADM 008, Section 2 (PREA Procedures Manual) c. Mental health Contact Notes d. Email indicating 14 day follow ups e. PREA Risk Assessment Tool (PRAT) assessments f. Mental Health Informed Consent form g. Mental Health Referral forms 2. Interviews: <ol style="list-style-type: none"> a. Inmates Who Disclose Sexual Victimization During Risk Screening b. Staff Responsible for Risk Screening c. Medical and Mental Health Staff 3. Findings (By Provisions): <p>115.81 (a). Policy ADM 008, Section 2 (PREA Procedures Manual [page2-10: D (2)]) requires 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. During the Pre-audit phase SCI-Dallas reported 100 percent of inmates who disclosed prior victimization during screening, were offered a follow up meeting with a medical or mental health provider in the past 12 months. The Auditor reviewed the mental health Referral forms. All inmates who reported sexual abuse or harassment were referred and seen by a mental health staff member. Interview with an Inmates Who Disclose Sexual Victimization during Risk Screening indicated they were referred to a Psychologist or a Counselor and met with them. They indicated it was done in private. Interview with the staff who conducts screening for risk of victimization or abusiveness indicate they follow up with referrals to mental health or clinical staff.</p> <p>115.81 (b). Policy ADM 008, Section 2 (PREA Procedures Manual [page2-10: D (3)]) requires if the screening pursuant to PREA standard 115.41 indicates that a prison or jail inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening or sooner, if clinically indicated. In addition, when information becomes available relating to perpetration of inmate on inmate sexual abuse history, a mental health evaluation shall be conducted on these abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. During the Pre-audit phase SCI-Dallas reported 100 percent of inmates who have previously perpetrated sexual abuse, as indicated during</p> 	

screening who were offered a follow up meeting with a mental health provider in the past 12 months. Auditor interviewed medical and mental health staff. Both indicated they would also meet with any inmate who was referred to them for perpetrating either while in custody or in the community. The mental health staff stated they may assess for Sex Offender Treatment.

115.81 (c). Not Applicable. Facility is a prison. See 115.81 Subsection (a)

115.81 (d). Policy ADM 008, Section 2 (PREA Procedures Manual [page2-10: D (4)]) requires any information related to sexual victimization or abusiveness occurring in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security and management decisions, including housing, bed placement, work, education, and program assignments, or otherwise required by Federal, State, or local law. While onsite the Auditor observed SCI-Dallas utilizes a database to track offender details and movement and any inmate with an ROV or ROA designation is populated as a "Housing concern" statement. This allows designated staff to consult a tracking database to determine the specifics of the housing concern. Counselors are also assigned to each inmate to meet with following a 14 day follow up or any types of monitoring that may need to take place. While at the facility, the PREA Investigation Lieutenant showed the database that was utilized.

115.81 (e). Policy ADM 008, Section 2 (PREA Procedures Manual [page2-10:D(5)]) requires medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institution setting, unless the inmate is under the age of 18. If the inmate refuses to sign, it shall be noted and signed by a witness and maintained in the medical record. The Auditor reviewed a sample of Mental Health Informed Consent forms and Mental Health Referral forms during the pre-audit phase and while onsite at the facility to verify practice follows policy. The Interviews with 2 Medical and Mental Health Staff confirmed their adherence to this policy and practice. Both indicated if the inmate did not understand, they would explain in further detail. Interviews with inmates who have reported sexual abuse whether in community or in a custody setting also confirmed they were aware their information.

Corrective Action: The audit team recommends no corrective action.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.82- Access to emergency medical and mental health services</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. State Correctional Institution SCI-Dallas Pre-Audit Questionnaire (PAQ) b. ADM 008, Section 4 (PREA Procedures Manual) c. Medical Reports from Wilkes-Barre General Hospital d. Account Forms 2. Interviews: <ol style="list-style-type: none"> a. Medical and Mental Health Staff b. Inmates Who Reported Sexual Abuse c. Staff First Responders 3. Findings (By Provision): <p>115.82 (a). Policy ADM 008, Section 4 (PREA Procedures Manual [page 4-2;D(a)]) requires alleged inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope with which are determined by a medical and mental health practitioners according to their professional judgment. The Interviews with Medical and Mental Health Staff confirmed that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, as quickly as possible, and if the abuse happened within 120 hours they'll go out to the hospital, Wilkes-Barre General Hospital for SAFE/SANE. The interviews with the Inmates Who Reported Sexual Abuse verified that they were seen by medical and then by mental health staff and that happened immediately with medical staff and were able to meet with a clinical staff member in a timely manner. Review of the medical reports, during the pre-audit phase, and the clinical notes reviewed while at SCI-Dallas verify the inmates have been seen. One inmate indicated his leg was touched in a sexual manner and was sent to the medical staff the same evening.</p> <p>115.82 (b). Policy ADM 008, Section 4 (PREA Procedures Manual [page 4-2;D(b)]) requires 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 and shall immediately notify the appropriate medical and mental health practitioners. The interviews with the Staff First Responders all reported they would separate and isolate the alleged victim from the alleged abuser, contact the shift commander, tell both the victim and abuser not to wash, urinate, defecate, eat or drink, notify medical, secure the immediate are of the crime scene, protect any evidence and keep the victim safe. The Auditor noted that some of the security staff did consult their First Responder pocket guides and they were all able to articulate the correct responses.</p>

115.82 (c). Policy ADM 008, Section 4 (PREA Procedures Manual [page 4-2; D (d)]) requires all facilities shall provide alleged victims with medical and mental health services consistent with community level of care. The Interviews with the Inmates Who Reported Sexual Abuse indicated they were tested for sexually transmitted diseases. The interviews with the Medical and Mental Health Staff confirmed that inmates are offered information about emergency contraception and sexually transmitted infection prophylaxis.

115.82 (d). Policy ADM 008, Section 4 (PREA Procedures Manual [page 4-2;D(c)]) requires treatment services shall be provide to the alleged victim without financial cost and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident. The auditor examined the Account Forms and verified what the medical and mental health staff indicated, that the inmate was not charged for any medical or mental health services.

Corrective Action: The audit team recommends no corrective action.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

The follow evidence was analyzed in making the compliance determination:

Documents:

- a. State Correctional Institution SCI-Dallas Pre-Audit Questionnaire (PAQ)
- b. ADM 008, Section 2 (PREA Procedures Manual)
- c. ADM 008, Section 4 (PREA Procedures Manual)
- d. Mental health Contact Notes
- e. Medical Reports/Injury Reports

2. Interviews :

- a. Medical and Mental Health Staff
- b. Inmates Who Reported Sexual Abuse
- c. The Victim Resource Center Staff

3. Findings (By Provision):

115.83 (a). Policy ADM 008, Section 4 (PREA Procedures Manual [page4-7: F (1)]) requires the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have allegedly been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The Auditor reviewed a sample documentation of mental health contact notes and Screen for Risk of Victimization and Risk of Abusiveness. Auditor verified by randomly asking questions to inmates and staff during facility tour that they indicated an inmate would be offered medical and mental health follow up if an inmate was sexually assaulted and/or sexually harassed.

115.83 (b). Policy ADM 008, Section 4 (PREA Procedures Manual [page 4-7:F(3)]) requires the evaluation and treatment of alleged victims shall include, as appropriate, follow up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, to other facilities, or their release from custody. The Auditor examined the mental health Contact notes and the medical Reports and found they indicate whether continued care, a treatment plan, and further follow up services including whether a transfer is needed to another facility or continued care in the community. The interview with inmates who reported sexual abuse both indicated they were not followed up. This was found to not be true based on their clinical notes and a review of the appointments both inmates had with Psychology staff, counselors, and the Victim Resource Center. The interviews with the Mental Health Staff verified that it's their practice to ensure that follow up continues up to 90 days with inmates about mental health needs and this can be continued beyond the 90 days. Staff indicated they make referrals to the outside victim advocacy and if the inmate is getting out, they would also look at services for them. Medical staff indicated the inmates are assessed for any physical injury and are treated by medical. Medical staff will preserve evidence if they can, but the inmates are sent to a SAFE/SANE immediately if it's within the 96

hours' time frame. If it's past 96 hours, they will take pictures if there are visible signs, also follow up with Wilkes-Barre General Hospital if needed, and refer to mental health staff. Medical staff states the Doctor will follow up with all treatment and medical care needed upon return from the hospital. The inmates interviewed stated they were followed up. One indicated he was having problems with sleep and was additionally referred to a Psychiatrist.

115.83 (c). Policy ADM 008, Section 4 (PREA Procedures Manual [page 4-7: F (4)]) requires all facilities shall provide alleged victims with medical and mental health services consistent with the community level of care. The Medical Notes and the mental health notes reviewed during the pre-audit phase are consistent with the policy and the medical and mental health statements that indicate services are in level with the community standards. Inmates are seen within 24 hours by mental health staff and immediately by medical staff. While on site, investigation notes and Shift Supervisor checklists also verified that mental health and medical staff are notified.

115.83 (d) and (e). Policy ADM 008, Section 4 (PREA Procedures Manual [page 4-8: F (5)]) requires that alleged inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. During the Pre-audit phase SCI-Dallas reported they do not house adult female inmates. The Auditor reviewed the PA DOC public website and confirmed that SCI- Dallas has an adult male inmate population. No female inmates were interviewed for this subsection.

115.83 (f). Policy ADM 008, Section 4 (PREA Procedures Manual [page 4-7: F (7)]) requires alleged inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infectious as medically appropriate. The Auditor reviewed inmate medical notes from Wilkes-Barre General Hospital and they indicate that the inmate is tested for sexually transmitted diseases and goes through a medical assessment.

115.83 (g). Policy ADM 008, Section 4 (PREA Procedures Manual [page 4-2:D(1)(c)]) ensures that treatment services shall be provided to the alleged victim without financial cost and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident. The interviews with the Inmates Who Reported Sexual Abuse indicated they were not charged. Medical and mental health staff state the inmates are not charged for services when there is an allegation of sexual assault or sexual harassment.

115.83 (h). Policy ADM 008, Section 2 (PREA Procedures Manual [page 2-13:D(3)]) ensures when information becomes available relating to perpetration of inmate on inmate sexual abuse history, a mental health evaluation shall be conducted on these abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Mental Health staff were interviewed and stated they would assess the alleged perpetrator for Sex Offender treatment, or any other treatment they may be needed. The Medical staff said they had not treated an alleged perpetrator, but would treat them the same as everyone else. They also indicated they would get any medical treatment needed.

Corrective Action: The audit team recommends no corrective action.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§115.86 – Sexual abuse incident reviews.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pennsylvania Department of Corrections (PA DOC) Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual b. Random sexual abuse incident reviews (SAIR). 2. Interviews: <ol style="list-style-type: none"> a. Deputy Superintendent b. PREA Compliance Manager (PCM) 3. Site Review Observations: <ol style="list-style-type: none"> a. SAIR documents <p>Findings (By Provision):</p> <p>115.86 (a). Sexual Abuse Incident Review (SAIR) is completed at the conclusion of each substantiated and unsubstantiated investigation. This is supported by the agency policy DC-ADM 008 stating in part that "Each facility shall conduct a Sexual Abuse Incident Review (SAIR) at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated whether the investigation was conducted by the facility Security Office or by the Office of Special Investigations and Intelligence (OSII). No review will be conducted if the allegation has been determined to be unfounded. The review shall occur within 15 working days of the receipt of the notification from OSII that the investigation was deemed satisfactory. "</p> <p>SCI Dallas reported 16 allegations of sexual abuse or sexual harassment investigations from January 1 to December 31, 2017.</p> <p>The SAIR Team includes upper-level management officials allowing for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>Interviews with the institution deputy superintendent for facilities management indicated that the Superintendent had not been involved in a SAIR meeting and had not reviewed any PREA investigations for the previous 5 months because he is new to the facility.</p> <p>The deputy superintendent indicated if he were to be involved in a SAIR review he would consider the following information:</p> <ul style="list-style-type: none"> • Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. • Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility. • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. • Assess the adequacy of staffing levels in that area during different shifts.

- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Consider information such as housing assignment, measures taken as a result of the allegation, need for follow-up for the inmate victim, etc.
- Gather information that can help to sensitize staff to possible clues and situations that are present before such incidents may occur. The aim is to help all staff become more proficient at detecting preventable incidents before they occur.

115.86 (b). The SAIR meets monthly or as needed to review investigations.

115.86 (c). The SAIR committee includes, two deputy superintendents, a licensed psychology manager, a correction health care administrator, a security office representative, and a major of unit management or major of the guards.

115.86 (d). The deputy superintendent indicated that the SAIR review considers the following when reviewing the incident:

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Consider information such as housing assignment, measures taken as a result of the allegation, need for follow-up for the inmate victim, etc.
- Gather information that can help to sensitize staff to possible clues and situations that are present before such incidents may occur. The aim is to help all staff become more proficient at detecting preventable incidents before they occur.

115.86 (e). Per the deputy superintendent recommendations are either implemented or referred to central office, in writing and may be implemented depending on cost.

Corrective Action: The audit team recommends no corrective action.

115.87	Data collection
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.88	Data review for corrective action
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 Frequency and scope of audit</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. PA DOC Agency Procedures Manual; DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training b. Participant Basic Training Guide c. Individual employee training transcripts d. PREA Training and Understanding Verification Form e. 2017 Basic Training Lesson Plan f. Handout 1 – Sexual Abuse and Sexual Harassment g. 115.31 PREA Essentials (Staff Refresher training) h. PA DOC PREA video i. No Escape: Prison Rape in America; Rodney Hulin Story Video j. Post Orders 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Specialized Staff c. Random Staff 3. Site Review Observations: <p>Posted “Notice of Audit”</p> 4. Findings (By Provision): <p>115.401 (h) 1-10. During the onsite phase of the audit, all four members of the audit team had unfettered access to all areas of the facility’s buildings and grounds. We were able to view any operation within the facility upon our request. If a specific task or process was not occurring or scheduled to occur during our onsite audit, facility staff demonstrated a process as requested by the auditors; inmate intake functions, visitation, religious services, inmate shower time to name a few.</p> <p>115.401 (i) 1-2. During all phases of the audit, staff consistently made available to all four members of the audit team; documents, records, files, videos, and photo records (electronic/hard copy) in a timely manner. Facility staff took pictures of specific items and areas within the facility upon request of the auditor and then provided copies to the auditor for the auditor’s use and reference in preparing the audit findings. During the onsite phase of the audit, the auditors had unfettered access to files, reports and automated information systems at the agency and facility levels.</p> <p>115.401 (m) 1-3. During the onsite phase of the audit, the auditors, the PREA compliance manager, and staff worked cooperatively to develop a confidential process and location for</p>

conducting interviews of both staff and inmates. The auditors observed facility staff actively engaged in keeping a constant flow of inmates and staff available for interviews while trying to minimize any disruptions to the facility operations. The auditors were engaged with staff when one or more inmates shared they may be uncomfortable being asked to participate in an interview, staff were very professional and sensitive to their apprehension and worked to educate the inmates on the purpose and reasoning behind the selection process and request for the inmate's participation. This was helpful in educating the inmate on the purpose of the audit and contributed to obtaining the inmate's active participation. A total of 55 formal inmate interviews occurred during the onsite phase of the audit.

115.401 (n). SCI Dallas PREA compliance manager (PCM) coordinated the postings of the auditor supplied "Notice of Audit" posters in English and Spanish. These posters were placed throughout the inmate housing, program areas, and work areas, to include the visitation room, medical, and intake areas. The PCM provided the auditor pictures when the postings were posted (weeks in advance of the onsite audit) and the audit team members observed these posters throughout the facility when conducting the onsite phase of the audit.

The "Notice of Audit" posters state in part, that any person with information relevant to this compliance audit may confidentially correspond with the lead auditor (address provided). Inmates interviewed stated that they were able to seal the envelope prior to sending a correspondence to the auditor but were required to have their name and PA DOC number on the outside of the envelope. The institution mailroom staff stated that they were knowledgeable and complied with the processing of any correspondence to the PREA auditor, specifically; the envelope would remain sealed and handled the same as legal mail.

Corrective Action: None

115.403	Audit contents and findings
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

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 (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 OR the response to 115.12(a)-1 is "NO".)	yes

115.13 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video	yes

	monitoring, to protect inmates against sexual abuse?	
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ?	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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)	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 here for facilities with less than 50 inmates before August 20,2017.)	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?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement a policy and practice 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 require staff of the opposite gender to announce their presence when entering an inmate housing unit?	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	yes

	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?	
	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, or to enlist the services of any contractor, 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.)	na

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?	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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	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 such publication 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 such education?	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 have received 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?	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?	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?	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?	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.)	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?	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?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	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, when 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, when 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, when 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 a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: 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?	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?	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?	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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	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?	no

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.)	yes

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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na

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?	no
	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?	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.78 (g)	Disciplinary sanctions for 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

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

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.)	na

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.)	na

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

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

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

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

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

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

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

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

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