

# PREA Facility Audit Report: Final

**Name of Facility:** State Correctional Institution Camp Hill

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 05/31/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Leigha Weber	<b>Date of Signature:</b> 05/31/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Weber, Leigha
<b>Address:</b>	
<b>Email:</b>	Leigha.Weber@wisconsin.gov
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	04/01/2019
<b>End Date of On-Site Audit:</b>	04/03/2019

FACILITY INFORMATION	
<b>Facility name:</b>	State Correctional Institution Camp Hill
<b>Facility physical address:</b>	2500 Lisburn Road, Camp Hill, Pennsylvania - 17011
<b>Facility Phone</b>	717-737-4531
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<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
<b>Facility Type:</b>	<input checked="" type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
<b>Name:</b>	George Clements	<b>Title:</b>	CCPM PCM
<b>Email Address:</b>	gclements@pa.gov	<b>Telephone Number:</b>	717-975-5210

Warden/Superintendent			
<b>Name:</b>	Laurel Harry	<b>Title:</b>	Superintendent
<b>Email Address:</b>	lharry@pa.gov	<b>Telephone Number:</b>	717-737-4531 xt5206

Facility PREA Compliance Manager			
<b>Name:</b>	George Clements	<b>Email Address:</b>	gclements@pa.gov

Facility Health Service Administrator			
<b>Name:</b>	Beth Herb	<b>Title:</b>	Corrections Health Care Administrator
<b>Email Address:</b>	beherb@pa.gov	<b>Telephone Number:</b>	717-717-4531 xt5242

Facility Characteristics			
<b>Designed facility capacity:</b>	3685		
<b>Current population of facility:</b>	3463		
<b>Age Range</b>	Adults: 18	Youthful Residents:	
<b>Facility security level/inmate custody levels:</b>	2,3,4,5		
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	914		

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

Agency Chief Executive Officer Information:			
<b>Name:</b>	John Wetzel	<b>Title:</b>	Secretary
<b>Email Address:</b>	██████████	<b>Telephone Number:</b>	██████████

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	David Radziewicz	<b>Email Address:</b>	dradziewicz@pa.gov



## AUDIT FINDINGS

### **Narrative:**

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

### Pre-Onsite Phase

A National Prison Rape Elimination Act (PREA) audit was conducted at State Correctional Institution (SCI) Camp Hill on 4/1/19 – 4/3/19 for the purpose of determining compliance with the U.S. Department of Justice (DOJ) PREA standards, which became effective on August 20, 2012. The facility is located at 2500 Lisburn Road, Camp Hill, Pennsylvania 17011. Leigha Weber (auditor), United States Department of Justice (US DOJ) certified PREA auditor, served as the lead auditor. She was assisted by Greg Bucholtz, US DOJ certified PREA Auditor, and support staff Emily Stenhoff. The audit of SCI Camp Hill was conducted in accordance with a circular auditing consortium agreement among Maryland Department of Public Safety and Correctional Services, Michigan Department of Corrections, Wisconsin Department of Corrections (WI DOC), and Pennsylvania Department of Corrections (PA DOC or agency). SCI Camp Hill last underwent a US DOJ certified audit in 2015.

SCI Camp Hill is a level two, three, four, and five facility. The facility serves as the diagnostic and classification center for adult men who are adjudicated and sentenced to a term of incarceration with the State of Pennsylvania Department of Corrections. The facility opened in 1941 as the Industrial School at White Hill for young offenders. In 1977, the facility transitioned and began housing adult male offenders. SCI Camp Hill has the capacity to house 3,685 inmates.

On 1/29/19, the auditor emailed David Radziewicz, PA DOC PREA Coordinator, to obtain leadership and PREA-related contact information for SCI Camp Hill. PREA Coordinator Radziewicz provided contact information for the facility's Superintendent, PREA Compliance Manager (PCM), and PCM Assistant. Thereafter, the auditing process began on 2/1/19 with an introductory email from the auditor to SCI Camp Hill Superintendent Laurel Harry, PCM George Clements, PCM Assistant Tracy Comeaux, and PREA Coordinator Radziewicz. In addition to a brief introduction, the correspondence included a request to post the attached English and Spanish audit notices on colored paper in all staff and inmate common areas by 2/18/19, six weeks prior to the onsite review. Audit notices included a confidentiality statement indicating outgoing mail to the auditor shall be treated as legal mail, and instructions to contact the auditor via mail, if desired. The auditor requested that SCI Camp Hill staff photograph a sample of the posted audit notices and send to the auditor as confirmation by the above date. On 3/6/19, PCM Clements responded via email confirming audit notices were posted on 2/1/19. He included five sample photos of the postings, which showed English and Spanish notices displayed on green paper, and a schematic of the facility. PCM Clements further indicated that the notices were posted in the following areas: Administration Building, Central Office Building, Main Gate Complex, Chapel, Sports Complex, Kitchen, Gymnasium, Education, Laundry, Security Complex, Hospital Complex, and Housing Units (16 total). The auditor received correspondence from four inmates in response to the audit notice postings. Three of the four letter writers remained at the facility upon the audit team's arrival; each was interviewed. The inmates did not reveal new or additional information pertaining to sexual abuse or sexual harassment that had not already been reported to the facility. As such, the auditor did not request

their permission to share their disclosures with SCI Camp Hill leadership.

The initial email correspondence on 2/1/19 also included a request to complete the pre-audit questionnaire (PAQ) in the PREA Resource Center Online Audit System (OAS) by 3/8/19. The auditor shared the documents PREA Compliance Audit Instrument Checklist of Policies/Procedures and Other Documents and Audit Process Map to orient the facility team to the auditing process. Next, the auditor affirmed PCM Clements and PCM Assistant Comeaux are the primary points of contact for future communication. Finally, the auditor requested to schedule a conference call between SCI Camp Hill and the auditor during the week of 2/11/19.

On 2/11/19, the group convened a collaborative telephone call including Superintendent Harry, PCM Clements, PCM Assistant Comeaux, PREA Coordinator Radzewicz, other SCI Camp Hill leadership staff, Ms. Stenhoff, and the auditor. The telephone discussion included introductions and an overview of the audit process, goals and expectations, corrective action, communications, confidentiality, document accessibility, logistics, and use of the OAS. SCI Camp Hill was granted access to the OAS on 2/6/19. The team agreed that SCI Camp Hill would complete the PAQ in the OAS by 3/8/19. During this conversation, the team agreed that for consistency, all parties would use the period of 2/1/18 – 1/31/19 to respond to inquiries pertaining to the last 12 months. The auditor also shared that her auditor certification is currently in a probationary status as she recently completed auditor training and the field training audit program. As such, DOJ's quality oversight program will review and guide the auditor's written work so as to ensure consistency, accuracy, and effectiveness.

On 2/12/19, the auditor sent an email communication to PCM Clements and PCM Assistant Comeaux in which she requested a summary of sexual abuse and sexual harassment allegations and investigations at SCI Camp Hill. To facilitate this information sharing, the auditor sent a tracking worksheet, which included data fields for the total number of allegations of sexual abuse and sexual harassment during the preceding 12 months; total number of grievances in the preceding 12 months; total number of hotline calls in the preceding 12 months (note, PA DOC does not use a hotline system); total number of administrative and criminal cases in the preceding 12 months (by administrative disposition and/or criminal proceeding status); and a summary list of all administrative investigations. The auditor requested this worksheet be completed and returned by 3/15/19. Follow-up email communication between PCM Clements, PCM Assistant Comeaux, PREA Coordinator Radzewicz, a facility investigator, and the auditor clarified that an administrative investigation may contain multiple allegations of sexual abuse and/or sexual harassment. There may also be different dispositions for each allegation. As such, the number of allegations may exceed the number of investigation case numbers. On 3/15/19, PCM Clements returned the completed sexual abuse and sexual harassment allegation and investigation tracking sheet.

Additionally, on 2/12/19 via email to PCM Clements and PCM Assistant Comeaux, the auditor sent a list of the random, specialized, and target staff and inmate interviews that will be conducted during the onsite review. The auditor asked that SCI Camp Hill prepare lists of the people who fall within each category (i.e. universe) and send to the auditor by 3/28/19 so as to expedite the interview selection process. The listings, alphabetical and by housing assignment, requested by the auditor in the pre-onsite audit phase included:

1. Complete inmate roster;
2. Inmates who are limited English proficient;
3. Inmates who are disabled (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who have reported sexual abuse/sexual harassment in the past 12 months\*;

5. Inmates who disclosed prior victimization during risk screening;
6. Lesbian, gay, or bisexual (perceived and identified);
7. Transgender or intersex (perceived and identified);
8. Inmates placed in segregation for high risk of sexual victimization; and
9. Youthful inmates.
10. Complete staff roster (by title, shift, and department), including identification of the following;
  - Facility Warden/Superintendent;
  - PREA Compliance Manager;
  - Agency Contract Administrator;
  - Supervisory security staff;
  - Security staff who supervise youthful inmates;
  - Education and program staff who work with youthful inmates;
  - Security staff who supervise inmates in segregation;
  - Staff who conduct the risk assessment;
  - Staff who conduct PREA education;
  - Staff who provide medical services;
  - Staff who provide mental health services;
  - Retaliation monitor;
  - Union representative or members of bargaining units;
  - Human Resources Director/Coordinator;
  - Classification staff;
  - Inmate complaint/grievance staff;
  - Training supervisor/Coordinator/director;
  - Food services staff;
  - Mailroom staff;
  - Maintenance staff;
  - Trained sexual abuse investigators;
  - Sexual Abuse Incident Review Team members; and
  - Volunteer/contractor Coordinator;
11. Hired, promoted, transferred staff within the last 12 months\*;
12. Volunteers who have contact with inmates;
13. Contractors who have contact with inmates;
14. New contractors and volunteers within the last 12 months\*;
15. Community-based sexual assault advocate; and
16. Local SANE or emergency department.

On 2/21/19, PCM Clements returned the interview rosters for general population inmates listed by housing unit (Blocks F, L, M, P, K, N, and O), trained sexual abuse investigators, healthcare staff, and contracted healthcare staff. After discussion on the same date, the auditor and PCM agreed that the other inmate lists will be provided closer to the facility review date. As SCI Camp Hill is a reception and classification facility, a majority of the inmates at this location are transient. The auditor elected to select inmates for interview from the additional units using a more updated roster. On 2/22/19, PCM Clements sent rosters of all staff (by department and classification), security staff, medical staff, mental health staff, food services staff, maintenance staff, food services staff, and mailroom staff. On 2/25/19, PCM Clements sent additional rosters for volunteers, contractors, and remaining specialized staff, including the local advocacy organization and hospital. On 3/4/19, PCM Clements forwarded a list which captured staff who have been hired, promoted, or transferred in the preceding 12 month period. On 3/7/19, PCM Clements sent lists reflecting inmates with impairments (i.e. mobility, vision, speech, and hearing) and

limited English proficiency. Finally, on 3/29/19, PCM Clements sent the remaining target inmate lists, which included inmates who identify as gay, bisexual, transgender; inmates who report having an intersex condition; inmates who reported prior victimization during screening; and cognitively disabled inmates. From these listings, the auditing team selected representative samples for interviews and document reviews during the onsite portion of the audit. The selection process is described in greater detail in the Inmate Interview section below.

On 3/4/19, the auditor contacted Just Detention International (JDI) to inquire about SCI Camp Hill PREA compliance-related issues that have come to organization's attention. On 3/16/19, JDI replied and indicated that a review of their database did not produce any results or information regarding SCI Camp Hill.

The pre-audit questionnaire was completed in the OAS on 3/11/19. During 3/17/19 and 3/22/19 the auditor conducted a thorough review of the PAQ and materials uploaded to the OAS. Materials included policies, procedures, forms (blank and completed), training/education materials, logs, etc. During the PAQ review, the auditor formulated a list of additional documentation requests and items for clarification. Items were clarified both in advance of and during the onsite audit.

The audit team spoke via telephone to a Young Women's Christian Association (YWCA), the local community-based sexual assault advocacy organization, representative on 3/20/19 to discuss the emotional support services offered and provided to inmates following an experience of sexual abuse at SCI Camp Hill. The advocate indicated support services have included SANE accompaniment and follow-up face-to-face support services. In addition, via telephone, the audit team spoke to a Sexual Assault Nurse Examiner (SANE) employed with the local hospital, Geisinger Holy Spirit Hospital, on 3/29/19 during which time she affirmed that hospital SANE nurses have provided sexual assault treatment and evidence collection for inmates confined at SCI Camp Hill.

For a deeper contextual understanding of SCI Camp Hill and the agency, the auditor conducted a broad web search. Upon review of internet-based resources, there were no results for information related to SCI Camp Hill and litigation, DOJ involvement, federal consent decrees, or local oversight bodies. A SCI Camp Hill internet search produced news articles pertaining to recent inmate deaths by illness or suicide, a statewide facility lockdown due to mysterious staff illnesses, drugs seized from a facility visitor, interstate compact agreements, and miscellaneous higher profile inmates. In addition, an internet search revealed an article dated 2/8/19 which described that a SCI Camp Hill correctional officer was charged with off-duty violations including corruption of minors, indecent assault, and harassment. The auditor confirmed during the onsite visit, by way of reviewing the agency's electronic check-in and check-out details, that this staff member is currently out on leave pending a criminal and administrative investigation. PA DOC maintains a page on their public website devoted to general and agency PREA-related information. In addition to introductory PREA information and a statement of zero tolerance, the agency posts a mechanism to submit PREA online reports, education materials, annual statistics, surveys of sexual victimization, and final audit reports.

Pennsylvania mandatory reporting laws pertaining to child and vulnerable adult abuse and neglect are applicable to licensed or registered medical professionals, licensed or registered mental health professionals, social workers, teachers and clergy. Correctional professionals are not legally obligated to report child or vulnerable adult abuse or neglect.

Onsite Phase

On 4/1/19 the onsite phase of the audit commenced. Upon entry and processing into the administrative building, the audit team observed posted audit notices and zero tolerance posters in numerous heavier trafficked areas. The audit team was welcomed in the morning by facility staff. After brief introductions, the auditor facilitated an entrance briefing. In addition to the audit team, this meeting was attended by Superintendent Harry, PCM Clements, PCM Assistant Comeaux, PREA Coordinator Radziewicz, and 15 other members of the SCI Camp Hill leadership team (i.e. deputy Superintendents, majors, captain, lieutenant, psychology managers, nursing supervisor, unit manager, etc.). The entrance briefing included a discussion of the audit process, goals and expectations, corrective action, communications, confidentiality, document accessibility, and logistics, much of which was a review of the introductory telephone conference call held on 2/11/19.

Following the entrance briefing PCM Clements escorted the audit team to a private work space in the security building, which served as a home base for the audit team to organize, strategize, review, discuss, and analyze. Thereafter, the audit team separated into three groups. Under escort by SCI Camp Hill staff, the auditor and Mr. Bucholtz separated to begin the site review of the facility. In the meantime, Ms. Stenhoff began random inmate interviews.

The auditors visited all housing units, which collectively have the capacity to house 3,685 inmates (3,468 was the census on the first day of the onsite audit phase), as described in the Facility Characteristics section below. Upon entry into each unit, staff consistently made verbal opposite-gender announcements to alert inmates that a member of the opposite gender was present on the floor. Audit notices were posted on each unit, as were English and Spanish posters describing the agency's zero tolerance policy and reporting options. Inmates are directed to report using any of the following methods: notifying a staff member in writing or verbally, submitting an inmate request form, writing to the Pennsylvania State Police, or for "additional information" inmates may write to Pennsylvania Coalition Against Rape (PCAR); it is not clear to the reader that PCAR is a support service agency. Posters were hung near telephones, which inmates have the opportunity to use on a rotating schedule. Inmates in a segregated status may use a mobile telephone upon request. Note, while posters are hung near telephones, there is not a reporting or supporting number to call in regards to an experience of sexual abuse or sexual harassment. Inmates are directed to submit a verbal or written report using the methods described above. Another way to report sexual abuse or sexual harassment is via the grievance system. Secured grievance boxes were observed in each unit. Grievances are collected daily and are handled in accordance with the agency's policy, which is described in the standard discussion of 115.52. In addition to sexual abuse and sexual harassment reporting options, the agency offers a general abuse reporting hotline, which is described and posted in each housing unit. Of note, this resource is not intended for allegations of sexual abuse. The audit team found, as explored in greater detail in the standard discussion below, that this abuse hotline is cause for confusion among inmates and staff; many incorrectly cited that this hotline is for reporting sexual abuse.

Housing units are supervised by a unit manager, sergeant and two to three officers. The largest housing unit holds up to 262 inmates while the smallest holds up to 122 inmates (excluding the mental health and special observation assessment units described in greater detail below). Security staff conduct rounds every 30 minutes to one hour depending upon the shift. In addition, supervisory staff make weekly unannounced rounds on each housing unit, which was verified by the PREA round schedule and logbook documentation. Staff supervision in each unit is supplemented by video monitoring technology and mirrored bubbles. There are 22-42 fixed and pan/tilt/zoom (PTZ) cameras affixed within each housing unit. There are four psychiatric observation cells on E-Block that are monitored by cameras, however, the auditors confirmed by viewing the video feed that a view of the toileting areas in each are not in sight.

With the exception of an open slider door, which leads to two hidden stairwells and separates the first tier from the second on C Block and two open utility closets in the kitchen, all doors that were locked and/or were outfitted with a window for greater visibility. It should be noted that facility staff corrected these open doors immediately.

Each unit consisted of a base level and on additional floor or tier. Each tier is accessible by a stairwell. In some units there are multiple stairwells; one is for inmate use and another is used for emergencies. With the exception of M-Block, which is dormitory-style, all housing units are single- or two-person occupancy cells. There are two cell-front styles; metal mesh and solid door with a window. Each cell is equipped with a toilet and sink. Moreover, each unit is equipped with showering stalls, which offer privacy not only from others in the unit, including staff, but between inmates in adjacent showering stalls. The view into the showers was obstructed by partitions or curtains that block the view of buttocks, breasts, and genitalia.

Officer's stations are not positioned in direct view of cell fronts or, in effect, the toileting or showering area, however, there are areas [i.e. E-Block, Mental Health Unit (MHU), Clothing Room, Infirmary Unit, Reception, Special Observation Assessment Unit (SOAU)] in which the opportunity for cross-gender viewing exists. To remedy the likelihood of cross-gender viewing in these areas, the facility implemented gender-specific post requirements, which are described in greater detail in the standard discussion below.

While MHU and SOAU are housing units, the population and physical plant is unique. These units share a building, but are divided by distinct access points. Collectively, this building has 30 cells and serves inmates with significant mental health needs or who are in need of close observation prior to placement in a regular housing area. MHU programming is operated by a licensed, contracted mental health agency. Security staff members are employed by PA DOC. Four cells on MHU are wet, observation cells. For safety reasons, there is direct line of sight into these cells, however, the facility has blurred a portion of the windows to prevent cross-gender viewing. On the SOAU side, each of the 10 wet cells are equipped with a camera, but the feed is monitored by a male assigned to a gender-specific post. As with the housing units described above, these units hung audit notices and reporting posters; practiced cross-gender announcing; retained an unannounced round logbook; supplemented staff supervision with cameras and mirrored bubbles; conducted rounds every 30 minutes; affixed a secured grievance box to the wall; and obscured viewing into shower stalls with a curtain.

The hospital or infirmary consists of two wards (12 beds), six psychiatric observation cells, five medical observation cells, two medical isolation cells; all of which are monitored by an infirmary officer and medical personnel 24 hours a day, seven days a week. Two of the observation cells are equipped with cameras, which are monitored by a gender-specific post. Showering and toileting in all other cells or wards are conducted privately. Building 15 also houses a medical exam area, pharmacy, medical records, dental, and optometry. Finally, R-Block houses a medical dispensary, exam and treatment rooms, and medical records. Zero tolerance and reporting posters, in addition to audit notices, were posted in areas accessible to inmates. Cameras and security mirrors supplement staff supervision. Inmates enter these areas by appointment and under direct staff escort only. Offices have windows and/or windowed doors for visibility. Staff restrooms were locked and accessible by key only.

SCI Camp Hill has a food services program that, physically, spans two kitchens and four dining rooms. A correctional food services manager oversees meal production for all inmates and staff. Each kitchen prepares meals for a specific geographic area of the facility. SCI Camp Hill Food Services employs 289-300 inmate workers between the hours of 4:30a and 7:00p. Thirty-three (two vacancies) instructors

facilitate meal preparation. Each instructor, all of whom receive security training, is assigned up to 15-20 inmates to supervise. Supervisors are expected to make rounds every 30 minutes. Staff supervision is supplemented by 39 cameras. The audit team observed unlocked coolers and two ajar mop closet doors. Facility staff immediately corrected these unsecure areas. Auditors also observed two inmate bathrooms that may have been areas of vulnerability in that multiple inmates could access the space unnoticed. A piece of cardboard also covered a small bathroom window in the bakery. The auditors requested the facility removed the cardboard and post a sign indicating that one inmate may use the bathroom at a time. The facility responded favorably, removed the cardboard immediately, and posted the requested signs within two days. In addition to operations on the main floor, the kitchen has a basement, which is primarily used for storage, but also allows access to a loading dock. Inmates must be approved to access the basement. They may go unescorted one at a time or with an instructor provided two or more inmates are present. A sign reflecting this direction was posted in the basement. Supervisors are directed to include the basement in their rounds. There are no cameras in the basement.

In addition to viewing the areas described above, the audit team toured the following spaces: education, gym, chapel, laundry, visitation, powerhouse, and brick shop, maintenance, and commissary.

The education building houses numerous educational and vocational programs, which are listed in the Facility Characteristics section below. Education programs are offered Monday through Friday during business and evening hours. The auditors observed audit notice postings, PREA posters, and a sign notifying inmates of the facility's PCM. There are 11 cameras in the education building; each supplements staff supervision and security rounds. The visitor log includes the names of anyone entering the building, including supervisory staff. Classrooms line the two floor building. The inmate library is housed on the second floor. There is one inmate bathroom in the hallway on the first floor and another on the second floor located next to the officer's desk. There was some confusion among staff when asked about which bathroom inmates are permitted to use. Each door has a sign indicating only one inmate at a time. Operationally, however, it appears that an inmate from one side of the building can request permission to use the bathroom while, simultaneously, an inmate from the other side of the building could also request to use the bathroom. As such, the potential exists that more than one inmate could be in the bathroom at the same time. This appears to be more of a concern on the first floor as the officer's desk is situated next to the second floor bathroom and would know if it is occupied.

The gym and sports complex (weight room) are of significant size to accommodate many inmates. In addition to recreation, the gym is used for large, special events such as speakers, ceremonies, etc. There is a bathroom available for multiple inmates to use. The Activity Director indicated, operationally, there are multiple security staff members, in addition to himself, who monitor the activities on the floor, including bathroom traffic.

The chapel is operated by 9 rotating chaplains who not only manage inmate activity, but volunteers facilitating religious services. Inmates may access the space between the hours of 7:00a – 7:30p. There are no cameras in the chapel, nor is there an officer assigned to the building; however, security staff conduct regular rounds. Bathrooms are locked and are only unlocked with permission. A lofted space is locked and off limits unless under staff escort. Audit notices and PREA-related posters were accessible to inmates.

In-house laundry is overseen by two employees (one is currently vacant) and completed by a rotating crew of 45 inmate workers. There are no cameras in this building, but mirrored domes are placed strategically throughout to capture blind spots (i.e. behind machines). One bathroom is available for

inmates; there is adequate privacy and no opportunities for cross-gender viewing. In addition to the expansive, open laundry space, there is a tailor shop and New Clothing Issue room. Both are accessible under escort-only and locked when not in use. Audit notices and zero tolerance posters were posted in the laundry building.

The audit team observed the visitation area, which includes an area for strip searches. The strip search area is not under camera surveillance, nor are there opportunities for cross-gender viewing as strip searches are performed by same sex staff members. The visiting area is monitored by at least one security staff members. Audit notices, zero tolerance and third party reporting posters were accessible to those in this space. Of note, inmates meeting with attorneys and sexual assault service providers do so in a room in the visiting area. The room is a distinct space, but large windows line the perimeter. While this space allows for adequate supervision and monitoring, privacy is significantly diminished. A conversation with the YWCA representative revealed that the lack of confidentiality is concerning, but that there may be an opportunity to discuss the meeting location as the collaborative Memorandum of Understanding needs to soon be resigned.

Outside of the perimeter, the audit team visited the powerhouse and brick shop. Both locations are supervised by PA DOC staff and employ inmate workers. Staff to inmate ratios are 1:2, at minimum. When a 1:2 ratio cannot be maintained, staff will collapse shifts or send inmates back to their housing unit. Many blind spots are present in the powerhouse. To offset this natural limitation, supervisors conduct and document regular rounds. When assigning inmates to these work locations, the Employment Coordinator considers risk of victimization information gleaned from the risk screening.

Finally, the audit team visited control, which is elevated and has an expansive view of the facility grounds. Camera feeds largely display external or perimeter views. As part of the camera upgrade project, cameras positioned inside of buildings will feed to control. In the interim, as additional cameras are added to the network and wiring is completed, select workstations can view feeds of building activities. The audit team observed such feeds on the Deputy for Facilities Management's workstation.

The audit team conducted brief, informal interviews with random staff and inmates during the facility review. Specifically, the auditors inquired about the following: opposite-gender announcing practices, unannounced round documentation, cross-gender viewing protocols, PREA training and education, reporting methods, grievance mechanisms, transgender inmate showering opportunities, etc.

In addition to observing the physical plant, the audit team observed the intake process on R-Block, which includes risk screening and PREA education. On the first day of arrival, new admits meet with nursing staff, wherein they administer the PREA Risk Assessment Tool (PRAT). The audit team commended the facility on the promptness of the screening and also suggested they consider enhancing the privacy of the screening location. Shoulder-length cubicle partitions separate several stations where inmates sit across from a nurse and answer the respective risk screening questions. The facility indicated they are working to extend the partitions significantly to achieve greater privacy. Following the risk screening, inmates are offered an informational flyer regarding PREA, which describes the facility's zero tolerance policy and reporting options. The audit team observed that the informational flyer positioned at each station was not the most updated agency flyer, nor was this information distributed to inmates; instead, they were invited to take the flyer. On the second day following admission, inmates continue to cycle through the orientation process, which includes additional PREA education. Inmates view PREA: What You Need to Know. Thereafter, the facilitator asks if the group has any questions. The entire intake process is scheduled for five days. On days three and four, inmates take the Test of Adult Basic

Education (TABE), a drug and alcohol test, and undergo psychological evaluation. Every attempt is made to transition inmates out of R-Block to another housing unit on the fifth day, or as soon as bed space is available. The information gathered during this assessment process informs classification and the inmate's eventual placement within PA DOC.

#### Inmate Interviews

As stated, while two members of the audit team conducted the facility review, one audit team member began random inmate interviews on 4/1/19. Random inmates were selected across all housing units to ensure geographic diversity. The audit team also made selections of inmates with varying gender identity, race, ethnicity, custody levels, and time in custody where possible. Selections were made by the lead auditor from a list of all inmates provided by the facility on the first day of the onsite portion of the audit. Interview sample sizes were derived from the PREA Auditor Handbook and in accordance with the total inmate population on the first day of the onsite audit. From each housing unit roster (i.e. 15 total), the auditor selected the 10th inmate name from the top of the list and the 10th inmate name from the bottom of the list for random interviews. If an inmate was unavailable, the auditor selected the inmate housed in the cell to the right of the original selection. Of the random inmate selections, three were no longer at the facility, nor was there a right cell for the auditor to select a replacement. As such, the auditor selected the 11th name on the list from four housing units. The auditor also attempted to ask the four letter writers the random inmate interview protocol questions, in addition to following up on the issues they raised in their correspondence. Three of the four writers remained at the facility and were seen. Four random inmates were unavailable. Inmate interviews were conducted within Reception Block private offices, which allowed for privacy. A total of 29 random inmates were interviewed.

On 4/1/19 and 4/2/19, 25 inmates were interviewed using 9 targeted interview protocols. Targeted inmates were identified from a listing of inmates provided by the facility during the pre-onsite phase of the audit, as requested and described above during a telephone call and, subsequent, email communication on 2/11/19 and 2/12/19, respectively. The auditor selected inmates from each identified target category and made selections that were geographically diverse across as many housing units as possible. The facility indicated they do not house youthful inmates and, by policy and practice, do not segregate inmates for high risk of victimization; as such, there were none to be interviewed from either category. This assertion was verified by policy and probing random staff and inmates during their respective interviews. To supplement these targeted interviews, the auditors interviewed an additional four cognitively impaired inmates, one gay or bisexual inmate, and one physically disabled inmate. While an inmate with limited English proficiency was interviewed with the assistance of an approved staff translator, the auditor called the contracted language services vendor, Propio Language Services, LLC, and confirmed it is a functioning resource. All inmate interviews were conducted using the Interview Guide for Inmates developed by the Department of Justice. The breakdown of targeted interviews is followed in parentheses by the number of inmates who met the targeted criteria (i.e. universe), followed by the number interviewed in each category below:

1. Inmates who are limited English proficient (universe: 4; interviewed: 1);
2. Inmates who are physical disabled (universe: 45; interviewed: 2);
3. Inmates who are blind, deaf, or hard of hearing (universe: 57; interviewed: 1);
4. Inmates with a cognitive disability (universe: 80; interviewed: 6);
5. Inmates who have reported sexual abuse/sexual harassment in the past 12 months (interviewed: 4);
6. Inmates who disclosed prior victimization during risk screening (universe: 1,426; interviewed 3);
7. Lesbian, gay, or bisexual (perceived and identified) (universe: 46; interviewed: 4);
8. Transgender or intersex (perceived and identified) (universe: 21; interviewed: 4);

9. Inmates place in segregation for high risk of sexual victimization (universe: 0); and
10. Youthful inmates (universe: 0)

In total, the audit team interviewed 54 inmates as summarized below:

1. Random inmate interviews (29)
2. Targeted inmate interviews (25)

#### Staff Interviews

From a total of 914 staff members, random staff interviews were selected across all shifts, titles, work assignments, tenure, and gender to ensure adequate representation. Selections were made by the lead auditor from a list of all staff provided by the facility between the dates of 2/21/19-2/25/19. Random interviews were conducted using the Interview Guide for a Random Sample of Staff developed by the Department of Justice. A total number of 12 random staff interviews were conducted. Staff interviews were conducted in a combination of the security building and staff members' respective work locations.

Specialized staff were identified from a listing of staff provided by the facility during the pre-onsite phase of the audit, as requested and described above during a telephone call and, subsequent, email communication on 2/11/19 and 2/12/19, respectively. The lead auditor randomly, when possible, selected staff from each identified specialized category. Specialized interviews were conducted using the Interview Guide for Specialized Staff developed by the Department of Justice. Twenty specialized staff interviews were conducted using 18 interview protocols. The PCM's role overlaps with classification-related responsibilities; as such, the auditor asked him questions pertaining to classification. Moreover, two volunteers were interviewed; the same interview protocol was used for each.

As part of the circular auditing consortium, the partner states previously agreed that agency-level interviews will be conducted annually. As such, US DOJ certified consortium auditors from WI DOC interviewed the Agency Head (designee), Shirley Moore-Smeal, on 10/26/18, PCM Radziewicz on 2/1/19, and the agency's contract administrator on 2/1/19, but instead gleaned information from interviews previously conducted. In addition, the audit team did not interview security staff who supervise youthful inmates, education and program staff who work with youthful inmates, or non-medical staff who conduct cross-gender strip searches. As documented in the applicable standard discussions below, SCI Camp Hill does not house youthful offenders nor does the facility perform non-medical cross-gender strip searches. The breakdown of specialized interviews is followed in parentheses by the number of staff interviewed in each category below:

1. Agency Head (0; previously interviewed by WI DOC auditor and consortium partner on 10/26/18);
2. PREA Coordinator (0; previously interviewed by WI DOC auditor and consortium partner on 2/1/19);
3. Agency Contract Administrator (0; previously interviewed by WI DOC auditor and consortium partner on 2/1/19);
4. Facility Superintendent (1);
5. PREA Compliance Manager (1);
6. Supervisory security staff responsible for conducting unannounced rounds (1);
7. First responders (12. Not tallied as part of specialized staff interview count; this interview protocol was asked of all random staff);
8. Non-medical staff involved in cross-gender strip or visual searches (0);
9. Security staff who supervise youthful inmates (0);
10. Education and program staff who work with youthful inmates (0);
11. Security staff who supervise inmates in segregation (1);

12. Staff who conduct the risk assessment (1);
13. Staff who conduct PREA education (1);
14. Staff who provide medical services (1);
15. Staff who provide mental health services (1);
16. Retaliation monitor (1);
17. Human Resources Director/Coordinator (1);
18. Classification staff (1);
19. Inmate compliant/grievance staff (1);
20. Training supervisor/Coordinator/director (1);
21. Food services staff (1);
22. Mailroom staff (1);
23. Trained sexual abuse investigators (1);
24. Sexual Abuse Incident Review Team members (1);
25. Volunteers who have contact with inmates (2); and
26. Contractors who have contact with inmates (1).

In total, the audit team interviewed 32 staff members as summarized below:

1. Number of random staff interviews (12)
2. Number of specialized staff interviews (20)

#### Record Review

The auditor selected and reviewed a variety of documents, files, and records discussed in detail below. Document sample sizes were derived from direction in the PREA Auditor Handbook.

#### Personnel and Training Files

The facility has 914 full and part-time employees who have contact with inmates, in addition to 53 volunteers and 74 contractors who may have contact, currently authorized to enter the facility. The audit team reviewed 25 personnel records, which included evidence of background checks and discipline. Specifically, the audit team reviewed 21 employee records and 4 contractor records. In addition, the audit team reviewed 20 training records, which included evidence of PREA-related training. The file selections, as with the interview selections, span a variety of job functions and post assignments, including supervisory, line staff and those involved in inmate sexual abuse allegations.

#### Inmate Records

On the first day of the audit, the inmate population totaled 3,468. As such, 21 inmate records were reviewed by the audit team. Records were selected from the pool of 54 inmates interviewed and included evidence of PREA education, screening, and medical/mental health referrals and documentation, if applicable. The file selections, as with interview selections, span all housing units and interview categories to ensure diversity.

#### Grievances

SCI Camp Hill reported that 23 sexual abuse and sexual harassment grievances were filed in the last 12 months. The audit team reviewed eight sexual abuse-related grievances.

#### Investigation Files

During the past 12 months, there were 128 total allegations of sexual abuse and sexual harassment. Specifically, there were 88 allegations of sexual abuse and 40 allegations of sexual harassment. Three investigations were substantiated, 70 investigations were unsubstantiated, 20 investigations were

unfounded, and 35 investigations are ongoing. In accordance with the Auditor Handbook, the lead auditor selected a minimum of 10 files to review, in addition to 10% of the remaining records over 20. As such, the audit team reviewed 21 investigation files. Thirteen sexual abuse files and eight sexual harassment files were reviewed; they spanned perpetrator type (i.e. staff and inmate) and disposition (i.e. substantiated, unsubstantiated, and unfounded). Of those reviewed, three were substantiated, 13 were unsubstantiated, and five were unfounded. Note, only three total allegations were substantiated in the preceding 12 month period; the audit team reviewed each. All investigations were referred to Pennsylvania State Police (PSP). Of the 21 files reviewed, PSP has not initiated criminal charges on these investigations, nor has the prosecutor's office elected to move forward with any criminal investigations.

#### Exit Briefing

On 4/3/19, the onsite process concluded with an exit briefing, which was attended by Superintendent Harry, PCM Clements, Assistant PCM Comeaux, audit team, and more than a dozen facility leadership members; many of whom were present during the entrance briefing. The audit team thanked the facility for their hospitality, preparedness, and transparency; identified compliance-related strengths; briefly discussed compliance-related opportunities; and explained the post-onsite phase, which may include requests for clarification or additional documentation; a detailed standards analysis; corrective action plan development, if appropriate; report writing; and the issuance of an interim and/or final report.

#### Post-Onsite Phase

Following the onsite review, the audit team transitioned to the post-onsite phase as described above. Between 4/9/19 and 4/15/19, the auditor requested follow-up clarification and documentation, which was submitted to the PCM via email. On 4/19/19, the facility provided clarification and documentation to the audit team's remaining inquiries. Over the next month, the facility was quick to respond to miscellaneous clarification requests. On 5/18/19, the auditor sent an email correspondence to two healthcare staff members who perform the risk screening and distribute PREA information to inmates at intake to affirm that they are now issuing the correct version of the handout and giving, rather than offering, the handout. The auditor confirmed on 5/22/19 via follow-up communication with facility intake staff that the updated PREA Inmate Intake Handout is, now, affirmatively being distributed to each inmate following their risk screening.

## 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.

SCI Camp Hill is one of 36 facilities within the PA DOC and, as such, is overseen by the agency's Secretary. The agency's mission is described as, "The Pennsylvania Department of Corrections operates as one team, embraces diversity, and commits to enhancing public safety. We are proud of our reputation as leaders in the correctional field. Our mission is to reduce criminal behavior by providing individualized treatment and education to offenders, resulting in successful community reintegration through accountability and positive change." Specifically, SCI Camp Hill works to, "classify and transfer all male offenders, legally committed to the PA Department of Corrections, to institutions where their treatment and security needs are best met. We advance public and institutional safety by identifying the treatment needs and security risks posed by those individuals committed to our care. We accomplish our mission through the administration and interpretation of impartial assessment, analysis of legal records, the clinical judgment of our staff, and the development of plans to prepare individuals for a successful re-entry into the community."

While SCI Camp Hill is the state's diagnostic and classification center for adult men, the facility has the capacity to house nearly 1,800 general population inmates (of a total 3,685 inmates). On the first day of the onsite audit phase, 3,468 inmates were assigned to SCI Camp Hill. The facility encompasses a total of 774 acres (52 acres inside the perimeter and 712 acres outside of the perimeter) and is comprised of 44 buildings (28 buildings inside the perimeter and 16 outside). In addition to eight perimeter towers, two interior towers, and perimeter patrols, there are cameras installed on the inner perimeter fence and PTZ cameras are perched around the sally port entrance. Camera feeds may be viewed in control and from select security staff workstations.

The facility is undergoing a comprehensive video monitoring technology upgrade. The project will increase the number of interior fixed and pan/tilt/zoom cameras to a total of 755. All cameras will have the capacity to record (for varying lengths of time depending upon storage capacity and video settings) and will be monitored centrally.

SCI Camp Hill is comprised of 20 separate housing units (identified as Blocks A-P), which may support up to 3,685 inmates. The units include: General Population (7 units); Diagnostic and Classification (8 units); Special Assessment Observation (SAOU) (1 unit); Mental Health (MHU) (1 unit); Diversionary Treatment (DTU), Special Management (SMU) and Restrictive Housing (RHU) (1 unit); and Residential Treatment (RTU) (2 units). Due to the inmate census, Block D was closed in the fall of 2018. The facility has one dormitory-style structure (M Block), which is used to house general population inmates. The remaining housing units have two tiers with single- or double-occupancy cells, which are monitored directly and indirectly by security officers, sergeants, and unit managers, in addition to video monitoring technology.

The facility is managed by a Superintendent, deputies, majors, lieutenants, unit managers, and program managers. This team manages a staff of up to 1,036 (90 administrative staff, 308 program and support, 568 security), in addition to volunteers and contractors; currently, there is an average of 70 vacancies.

Daily operations span three shifts (i.e. 0600-1400, 1400-2200, and 2200-0600). The Corrections Classification Program Manager serves as the PCM. He is assisted by a PREA Administrative Officer whose full-time position is dedicated to PREA compliance. While the facility has seven trained PREA investigators, a PREA lieutenant investigates the majority of sexual abuse and sexual harassment investigations. The Pennsylvania State Police conduct criminal investigations of sexual abuse allegations. Medical staff are available 24 hours a day, seven days a week. Forensic medical examinations are conducted at Geisinger Holy Spirit Hospital, while emotional support services are provided by the YWCA. Agency-level compliance is organized by the PREA Coordinator who is stationed out of PA DOC's central office.

A myriad of services, work, education and programming are offered to inmates at SCI Camp Hill, including, but not limited to: general healthcare, specialty care (i.e. oral surgery and optometry), pharmacological, and infection control; psychiatry, mental health care, and case management; alcohol and other drug screening and treatment; Alcoholics Anonymous/Narcotics Anonymous support groups; religious services; GED preparation; money management; adult basic education; special education; heating ventilation air conditioning (HVAC), graphic arts, and barbering certification/licensure; Certified Peer Support Specialist and Palliative Care Program; dog socialization (i.e. Hounds of Prison Education); library; laundry; and recreation. Paid work opportunities for general population inmates include: auto shop, boiler plant, brick shop, food services, janitorial, laundry, paint shop, plumbing, refrigeration, carpentry, electrical shop, environmental, HVAC, tailoring, water plant, welding, shoe repair, machine shop, maintenance/repair, and metal shop. The infirmary includes 25 beds, which are comprised of six psychiatric observation cells, five medical observation cells, two medical isolation cells, and two wards. Finally, for all inmates other than those in RHU, contact visitation hours are offered six days a week Wednesday through Monday; visiting is closed on Tuesdays. Inmates confined to RHU are permitted non-contact visits Monday through Friday.

## 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	45
<b>Number of standards not met:</b>	0

Number of Standards Exceeded: 0

Number of Standards Met: 45

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Does Not Meet Standards: 0

### Recommendations

1. 115.33 (b). Ensure a facilitated discussion follows the viewing of PREA: What You Need to Know video as policy DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training directs. Enhance the PREA inmate education curriculum to include information on how an inmate can report sexual abuse, sexual harassment and retaliation at the facility level; a description of and contact information for Carlisle YWCA; and other facility-specific procedures, such as how and why opposite gender staff announce their presence on housing units at SCI Camp Hill.
2. 115.41(g). Clarify policy to more clearly delineate who (or which classification) is responsible for rescreening inmates in accordance with provision (g). As stated in policy, corrections counselors are responsible for reassessing for risk based upon any additional, relevant information received by the facility staff since the intake screening. The PCM is responsible for reassessing inmates following receipt of additional information that bears upon the inmate's risk of victimization or abusiveness. These two responsibilities sound very similar. Moreover, the LPM is responsible for reassessing all involved inmates within 24 hours or the next business day of receiving a sexual abuse allegation. The PCM, per policy, is directed to reassess an inmate's risk level following an incident of sexual abuse. Again, these responsibilities appear the same and may be cause for confusion.
3. 115.41(i). Improve the actual or perceived privacy during the initial risk screening process.
4. 115.51(b). Ensure incoming and existing inmates receive information about how to report sexual

abuse and sexual harassment anonymously. Consider updating the inmate handbook and reporting posters for emphasis and enhancing comprehensive PREA education following the PREA video (discussed in standard 115.33).

5. 115.51(c). Clarify to whom staff are expected to notify upon receipt of a sexual abuse or sexual harassment report. DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section General (p. 1, A.3.) requires staff to notify the facility investigator(s), yet the same policy (p.2, B.2.) requires staff to notify the shift commander.

6. 115.52 (a). The grievance policy currently rejects complaints of staff-on-inmate sexual abuse and sexual harassment and inmate-on-inmate sexual abuse, not inmate-on-inmate complaints of sexual harassment. In practice, complaints of inmate-on-inmate sexual harassment are also removed and routed for investigation. Consider aligning policy with practice.

7. 115.52 (f). Consider developing written procedures related to allegations of a substantial risk of imminent sexual abuse; see discussion in 115.52(f)

8. 115.53(a). Inmate interviews revealed that although external support services are available and a system for accessing such services is in place, existing inmates are largely unaware of such services. Replacing older education materials, as directed on 4/4/19 will help, but the facility might consider enhancing overall awareness of such services (i.e. circulating an inmate memo, posting a notice, announcing on the internal TV channel, emphasizing during comprehensive education, etc.). In addition to improving awareness of Pennsylvania Coalition Against Rape (PCAR), the facility might also consider improving awareness of the local sexual assault service provider, YWCA, and the ways to receive support.

9. 115.53 (a). Reconsider the meeting space for in-person YWCA advocacy to allow for greater privacy.

10. 115.71 (c). As a better practice, the facility shall consider documenting the review of prior complaints and reports of sexual abuse involving the suspected perpetrator. If the search yields information relevant to the present allegation, that information should be included in the summary report and assessed as part of the current outcome. If the search for prior complaints and reports does not result in relevant information, documentation should reflect that the search that was performed, the date of the search, and the conclusion that no relevant data was found.

11. 115.71 (e). Limit inmate sentence details and personal information in investigative files. Including this information about inmates in memoranda and in files, without consideration or explanation of its relevance to the allegations, could have implications of bias or prejudice to the statements given by inmates. It is recommended this information not be cited throughout the files if it is deemed to be not relevant. If the information is deemed relevant, however, the information could be included along with an explanation detailing its relevance and relation to the allegations being investigated.

12. 115.78(f). While the auditor found sufficient evidence in the investigative record to support the issuance of a misconduct report in the incident reviewed, the outcome was unsubstantiated and, per policy, disciplinary actions shall only be issued following unfounded dispositions. The auditor recommends the facility ensure inmate disciplinary actions are only issued following unfounded dispositions as policy details.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008, PREA Procedures Manual, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation (effective 9/22/16)</li> <li>d. PA DOC DC-ADM 008, PREA Procedures Manual, Glossary of Terms (effective 9/22/16)</li> <li>e. Agency Table of Organization</li> <li>f. SCI Camp Hill Table of Organization</li> <li>g. Agency Mission Statement</li> <li>h. PREA Coordinator Position Description</li> <li>i. SCI PREA Contact Listing</li> <li>j. Misconduct Charges</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. PCM</li> </ol> </li> <li>3. Site Review Observations <ol style="list-style-type: none"> <li>a. Facility review</li> <li>b. Signs indicating the name of the PCM</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.11 (a). The facility indicated in their response to the PAQ that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The policy further outlines how it will implement the agency’s approach to preventing detecting, and responding to sexual abuse and sexual harassment; definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to have participated in prohibited behaviors; and agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Prevention (p. 1) requires the agency 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. The agency 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 agency in DC-ADM 008, PREA Procedures Manual, Glossary of Terms, which lists terms 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</p>

008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, for both staff and inmates. For staff, Section Staff Discipline (p. 1) maintains that any employee who violates the agency’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. The same policy, Section Inmate Discipline (pp. 1-2) also discusses in detail the sanctions for inmates who participate in prohibited behaviors.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.11 (b). The facility indicated in their response to the PAQ that the agency employs or designates an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. 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. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Statewide PREA Coordinator Duties (p. 1) 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. One hundred percent of the PREA Coordinator’s time is allocated to obtaining and maintaining compliance with the federal PREA Standards, which is reflected in his position description. The PREA Coordinator confirmed his allocation of time during an interview on 2/1/19 with previous WI DOC/US DOJ certified auditors participating in this consortium.

According to the agency’s table of organization, the PREA Coordinator reports directly to the Director of the Bureau of Standards, Audits, Assessments and Accreditation who reports to the Executive Secretary for the Department of Corrections. According to the interview with the PREA Coordinator he also meets regularly with the Secretary of the Department of Corrections on all PREA matters.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.11 (c). The facility indicated in their response to the PAQ that the facility has a designated PCM who has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. According to DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section PCM Duties (p. 2), the Corrections Classification and Program Manager (CCPM) at each state facility has been designated as the PCM and has been given sufficient time and authority to coordinate compliance with agency policies and federal PREA Standards. At the time of the onsite audit, SCI Camp Hill did not have a CCPM. Mr. George Clements, Corrections Classification and Treatment Manager (CCTM) is the acting PCM at SCI Camp Hill. Mr. Clements confirmed during his interview that he had sufficient time and authority to serve as the PCM, in addition to the duties as a CCTM.

DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section PCM Duties (pp. 2-4) also describes in detail the duties of the PCM. At the facility level, the PCM reports directly to the Deputy Superintendent for Centralized Services, which was verified by a review of SCI Camp Hill’s organizational chart. At the agency level, the PCM reports to the PREA Coordinator who indicated during his interview that he communicates with the PCMs on a regular basis via telephone, email, video conference, site visits, and during an day and a half annual conference. The PCM confirmed these methods of communication. Each PCM is also required to submit monthly reports to the PREA Coordinator. The Superintendent indicated during informal discussions during the onsite audit phase that she 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 PCM is at SCI Camp Hill. Signage located in conspicuous locations throughout SCI Camp Hill displayed Mr. Clements name as the PCM (e.g. barbershop, R-Block, etc.).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual, Section 2 – Prevention and Training (effective 5/30/17)</li> <li>d. Policy 8.3.1, Community Corrections Security Procedures Manual, Section 19 – BCC Managerial Visits/Inspections (effective 1/1/11)</li> <li>e. PREA Contract Compliance Monitoring Report (effective 5/30/17); blank</li> <li>f. PREA Contract Compliance Monitoring Report; The Kintock Group of Pennsylvania/Kintock Erie (completed 10/3/18)</li> <li>g. Kintock Erie PREA Audit Report (dated 6/20/16)</li> <li>h. PREA Contract Compliance Monitoring Report; Transitional Living Centers, Inc./Transitional Living Center - Erie (completed 10/11/18)</li> <li>i. Transitional Living Center, Inc. PREA Audit Report (dated 8/12/17)</li> <li>j. PREA Contract Compliance Monitoring Report; Gaudenzia, Inc./First Program (completed 9/26/18)</li> <li>k. Gaudenzia, Inc./First Program PREA Audit Report (dated 4/4/17)</li> <li>l. PREA Contract Compliance Monitoring Report; Geo Group, Inc./Hoffman Hall (completed 9/21/18)</li> <li>m. Hoffman Hall PREA Audit Report (dated 7/5/18)</li> <li>n. PREA Contract Compliance Monitoring Report; Geo Group, Inc./Alle-Kiski Pavilion (completed 9/21/18)</li> <li>o. Alle Kiski Pavilion PREA Audit Report (dated 5/24/17)</li> <li>p. 14 PA DOC BCC Contract Renewals</li> <li>q. Commonwealth of Pennsylvania, Department of General Services, Bureau of Procurement, Invitation to Qualify (ITQ) Contract (dated 6/27/18)</li> <li>r. Memorandum of Understanding between the Commonwealth of Pennsylvania and the County of Cambria (dated 9/9/15)</li> <li>s. Memorandum of Understanding between the Commonwealth of Pennsylvania and the County of Chester (dated 11/13/15)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Contract Administrator (PREA Coordinator)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.12 (a). The facility indicated in their response to the PAQ that the agency has entered into or renewed 14 contracts, wherein the contractor is required to adopt and comply with PREA standards, for the confinement of inmates since their last PREA audit. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Contracting with Other Entities for Housing Inmates (p. 4) requires that the agency include in any new contract or</p>

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, the same policy section 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.

During the pre-onsite audit phase, SCI Camp Hill submitted documentation of the renewal of 14 contracts for the housing and treatment of the Bureau of Community Corrections reentrant population. The renewed contracts took effect on 2/1/19 and extend through 1/31/24. The 14 contract renewals were with the following entities: Community Education Centers, Inc.; Firetree, LTD; Gateway Rehabilitation Center; Gaudenzia, Inc.; Keystone Correctional Services, Inc.; Renewal, Inc.; Self Help Movement; The Kintock Group, Inc.; Tomorrows Hope, LLC; Transitional Living Centers, Inc.; Treatment Trends, Inc.; Catholic Social Services of The Diocese of Scranton, Inc.; Comcor, Inc.; 180 Degree About Face, Inc. The auditor reviewed two Memorandums of Understanding with contracted providers and confirmed the presence of template language requiring the contractor to adopt and comply with PREA standards. All MOUs contain PREA language under Section 15 that stipulates that the county must agree to adopt the federal PREA Standards.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.12 (b). The facility indicated in their response to the PAQ that the agency is required to monitor the contractor's compliance with PREA standards. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Contracting with Other Entities for Housing Inmates (p. 4) stipulates that the agency shall provide for contract monitoring for any new contract or renewal to ensure that the contract service provider is complying with the PREA standards. The agency completes a PREA Contract Compliance Monitoring Report during the years in which a US DOJ PREA audit is not completed. During the pre-onsite audit phase, completed copies of PREA Contract Compliance Monitoring Reports were provided to the auditor for review. Each demonstrated a detailed compliance review, including an explanation of changes made by the facility to ensure compliance with the PREA standards and/or deficiencies in need of corrective action. Specifically, the auditor reviewed five of 14 total PREA Compliance Monitoring Reports (2018) for the following facilities: Gaudenzia, Inc.; Alle-Kiski Pavilion (GEO Group); Hoffman Hall (GEO Group); Kintock Erie (The Kintock Group of Pennsylvania); Transitional Living Centers, Inc.

According to the interview previously completed with the PREA Coordinator, all agency contracts with outside agencies are negotiated by the PA DOC's legal department. The PA DOC only contracts for confinement for the reentrant population through the Bureau of Community Corrections. PREA compliance language, included auditing and contractor monitoring requirements, is incorporated into the master contract. Specifically, for the years that the facility is not audited by a US DOJ auditor, the agency conducts contract monitoring by October 31 of each year using the PREA Contract Compliance Monitoring Report. The PREA Coordinator described the form as a worksheet used to gather basic information and review policy to ensure the facility has adequate resources to comply. This assessment is

supplemented by an onsite review. Each facility is also required to submit incident based data in the form of an incident report and a monthly report. In 2017, the agency terminated a contract in response to the provider failing to comply with auditing and corrective action requirements within an appropriate period of time.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

**Corrective Action.**

A final analysis of the evidence indicates the agency is substantially compliant with this standard. There is no corrective action to take.

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC Policy 6.3.1 Facility Security Procedures Manual, Section 15 – Correctional Officer Staffing System (effective 7/3/18)</li> <li>d. PA DOC Policy 6.3.1 Facility Security Procedures Manual, Section 15 – Correctional Officer Staffing System, Security Staffing Survey Process (effective 7/3/18)</li> <li>e. PA DOC Policy 6.3.1 Facility Security Procedures Manual, Section 15 – Correctional Officer Staffing System, Summary of Security Activities (effective 7/3/18)</li> <li>f. PA DOC Policy 6.3.1, Facility Security Procedures Manual, Section 19 – Managerial Visits/Inspections (effective 7/3/18)</li> <li>g. Annual PREA Staffing/Facility Upgrade Committee Meeting (8/8/17)</li> <li>h. 2017 SCI Camp Hill Approved Staffing Survey</li> <li>i. Housing Unit Administration/Management Inspection Sign-In Log Books</li> <li>j. SCI Camp Hill Camera Committee Quarterly Meeting Minutes</li> <li>k. SCI Camp Hill Position Worksheet</li> <li>l. Corrections Officer Post Assignment Report (effective 7/3/18); blank</li> <li>m. New Posts Requested Form (effective 7/3/18); blank</li> <li>n. Summary of Security Activities (effective 7/3/18); completed</li> <li>o. Post Change Form (effective 7/3/18); blank</li> <li>p. Position Worksheet (effective 7/3/18); completed</li> <li>q. Interim Staffing Survey Request (effective 7/3/18); completed</li> <li>r. Overtime Rosters</li> <li>s. SCI Camp Hill monthly inmate population (2016, 2017, 2018)</li> <li>t. Mandatory Overtime Reports for COI</li> <li>u. PREA Supervision and Monitoring Worksheet (effective 7/3/18)</li> <li>v. PREA Administrative Tour Documentation Form (effective 7/15/15); blank and completed</li> <li>w. Annual PREA Staffing Plan Review Meeting Minutes (November, 2017)</li> <li>x. Monthly PREA Rounds Schedule (July through December 2018)</li> <li>y. SCI Camp Hill Facility Narrative Summary (2018)</li> <li>z. Overhead Map of SCI Camp Hill</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Superintendent</li> <li>b. PREA Coordinator</li> <li>c. PCM</li> <li>d. Intermediate or higher-level facility staff</li> <li>e. Random staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p>

115.13 (a). The facility indicated in their response to the PAQ that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Supervision and Monitoring (p. 4) 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 (interviewed during a previous audit on 2/1/19 as part of the consortium agreement) and PCM confirmed that the 11 required elements are taken into consideration on an annual basis when reviewing the staffing plan. According to the Superintendent, PREA Coordinator, and PCM, SCI Camp Hill 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. This was also verified through SCI Camp Hill's PREA Supervision and Monitoring Worksheet annual review documentation that is comprised of 15 specific questions directly related to Standard 115.13 (a-c). The document is reviewed and signed by the PREA Coordinator, Regional Deputy Secretary, Superintendent, Deputy Superintendent for Facilities Management, and Major of the Guard.

The auditor's review of the staffing plan materials provided by SCI Camp Hill revealed the facility is detailed in defining what positions are required to meet minimum staffing levels and what positions are needed to meet the staffing levels at the time of the annual staffing plan review. SCI Camp Hill reported a need for a total of 622 security staff positions during their 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 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, which are broken down into three distinct categories (i.e. Security Control, Essential Services, and Inmate Programs). Each category is further broken down to describe 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, Section 15 – Correctional Officer Staffing System was provided during the pre- onsite 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 PCM), for the calculation of each facility's staffing patterns. The local union is also offered 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 agency's Central Office Staffing Audit Team. The Central Office Staffing Audit Team reviews seven 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, PCM, and a representative of the local union. Finally, a walkthrough of the facility is 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. SCI Camp Hill is scheduled to participate in the agency's Central Office Staffing Audit in late 2019 or early 2020.

Auditor interviews with the Superintendent and PREA Coordinator confirmed that the PCM 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, Section 15 – Correctional Officer Staffing System, Section PREA Compliance Manager (p. 15) also requires the Central Office Staffing Audit Team to meet with the PCM to discuss any concerns, questions, and/or suggestions.

The PCM 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 PCM plays a direct role in both the agency and facility level reviews.

The current approved staffing plan indicated 662 required custody positions, with 598 custody positions currently staffed; a difference of 24 positions needed. According the Facility Narrative, SCI Camp Hill has a rated capacity of 3,685. The staffing plan was predicated on the average daily population since their last PREA audit in 2015, which is 3,685 inmates according to the information provided during the pre-onsite audit phase. The average daily population since the last PREA audit in 2015 was reported during the pre-onsite audit phase as 3,250.

According to the auditor's interview with the Superintendent and PCM 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 during 2018.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (b). The facility indicated in their response to the PAQ that each time the staffing plan is not complied with the facility documents and justifies all deviations from the staffing plan. In the past 12 months, SCI Camp Hill reported that there have been no deviations from the staffing plan. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Supervision and Monitoring (p. 5) states that in circumstances of non-compliance with the staffing plan, the facility manager/designee shall document, in writing, and justify all deviations from the plan. The documentation shall be forwarded to the Executive

Deputy Secretary, Regional Deputy Secretary, PREA Coordinator, and Central Office Security Major. Moreover, Policy 6.3.1, Section 15 – Correctional Officer Staffing System is specific to security staff and requires any deviations from the required staffing plan to be documented. According to the auditor’s interview with the Superintendent and PCM, the staffing plan is fulfilled through either voluntary or mandatory overtime. This was verified through a review of 5 months of SCI Camp Hill’s overtime logs for all three shifts in 2018.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (c). The facility indicated in their response to the PAQ that at least once every year the facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Prevention (p. 1) describes the duties of the PREA Coordinator and sets forth the requirement to work 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 Camp Hill’s PCM indicated that the annual staffing survey review meeting is attended by the Superintendent, PREA Coordinator, deputies, major, administrative officer, and representative of the local union. Other staff members are also permitted to attend. During an interview with the PREA Coordinator he confirmed that he participated with the annual reviews at each facility during their scheduled staffing plan meeting.

SCI Camp Hill also provided meeting minutes of the quarterly Camera Committee Meetings that are intended to assess and ensure that all video monitoring/electronic surveillance systems and other monitoring technologies are operational in order to enhance their ability to protect inmates from sexual abuse. At this time, SCI Camp Hill is in the final stages of a camera and monitoring upgrade project that has been ongoing for several years. SCI Camp Hill reported that upon completion of the project, a total of 755 cameras in the interior of the institution will be monitored with the ability to record. Currently, SCI Camp Hill reported that 404 cameras display to a monitor, with 320 being able to record. There are also 89 cameras that monitor and record the perimeter areas of the facility. Meeting minutes from the Camera Committee and annual PREA Staffing Plan Review indicated that the location of the cameras being installed were due to previously identified blind spots and security enhancements.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (d). The facility indicated in their response to the PAQ that the facility requires intermediate- or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Policy 6.3.1, Facility Security Procedures Manual,

Section 19 – Managerial Visits/Inspections, Section Administrative/Managerial Visits/Inspections (p. 3) 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 Superintendent, major of the guard, major of unit management, shift commanders, deputy Superintendent for diagnostics center, deputy Superintendent for facilities management, deputy Superintendent for centralized services, security captain, corrections classification treatment manager, and the corrections classification program manager (PCM). Additionally, the same policy (p. 3) 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.

During the onsite audit phase, the auditor was able to review the visitor sign-in logbooks on each housing unit and all other major areas of the facility including those outside of the secure perimeter of the facility. Moreover, the auditor was able to review a three month sample of the monthly/weekly facility inspections completed by administrative staff at SCI Camp Hill, which are conducted by the Superintendent and submitted to the Executive Deputy Secretary for Institutional Operations at the agency level. The documents are extremely detailed and define all areas of the institution that were inspected by each of the administrative staff during the month. The dates and times of the log entries appeared random suggesting no specific pattern. Interviews with 12 random staff and informal interviews with housing unit staff during the facility review confirmed that unannounced rounds are 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 are completed per policy on a weekly and monthly 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.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. Agency’s Information System DOCNET (Basic Inmate Query)</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PCM</li> </ol> </li> <li>3. Site Review Observations <ol style="list-style-type: none"> <li>a. Facility review</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.14 (a-c). The facility indicated in their response to the PAQ that the facility does not house youthful inmates. Youthful male inmates are directly committed to and housed at SCI Pine Grove. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Housing of Youthful Inmates (p. 8) mandates that upon initial reception to the agency, youthful inmates shall enter into an expedited classification process as outlined in 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 agency and female youthful inmates under the age of 18 shall immediately be placed into the Youthful Inmate Unit at SCI Muncy. During the onsite audit phase, 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 PCM confirmed that youthful inmates are not housed at SCI Camp Hill. 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.</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008, PREA Procedures Manual, Section 9 – Working with Transgender and Intersex Inmates (effective 9/22/16)</li> <li>d. Policy 6.3.1, Facility Security Procedures Manual, Section 30 – Searches (effective 4/4/18)</li> <li>e. Cross-Gender Search Validation Form (effective 9/22/16)</li> <li>f. Announcing Female Presence on Housing Units for Deaf and Hard of Hearing Inmates Memo (dated 2/22/19)</li> <li>g. PREA Compliance – Opposite Gender Announcement Memo (dated 10/10/17)</li> <li>h. PREA Compliance – Gender Specific Post Requirements (dated 3/7/19)</li> <li>i. Offender Searches PowerPoint (dated 5/17)</li> <li>j. Staff In-Service Training Roster for “Contraband and Searches” Course</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Random staff</li> <li>b. Random inmates</li> <li>c. Sexual abuse investigator (PREA Lieutenant)</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Facility review</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.15 (a). The facility indicated in their response to the PAQ that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months, SCI Camp Hill staff have conducted zero cross-gender or cross-gender body cavity searches.</p> <p>DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Limits to Cross-Gender Viewing and Searches (pp. 8-9) 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. Twelve of 12 random staff (non-medical) and 29 random inmates confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed or performed except under exigent circumstances and are not being conducted at SCI Camp Hill.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.15 (b). The facility indicated in their response to the PAQ that the facility does not house female inmates and, as such, does not permit cross-gender pat-down searches of female</p>

inmates, nor does it restrict female inmates' access to programming or out of cell opportunities in order to comply with this provision. The auditor confirmed through a website review, census report, and discussions with the PCM, that SCI Camp Hill does not house female inmates.

Policy 6.3.1 Facility Security Procedures Manual, Section 30 – Searches, Section Searches of Inmate's Person (p. 12) 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. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Limits to Cross-Gender Viewing and Searches (p. 9) restates this expectation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (c). The facility indicated in their response to the PAQ that the facility requires all cross-gender strip searches and cross-gender visual body cavity searches be documented. SCI Camp Hill does not house female inmates and, as such does not document cross-gender pat searches of female inmates.

DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Limits to Cross-Gender Viewing and Searches (p. 8) requires that all cross-gender strip searches be documented on the Cross-Gender Search Validation Form. When completed, the form is maintained by the security office. Although Policy 6.3.1, Facility Security Procedures Manual, Section 30 – Searches, Section Searches of Inmate's Person (p. 12) permits female staff to search male inmates, SCI Camp Hill reported that no cross-gender strip searches or cross-gender visual body cavity searches by female staff have been conducted during in the preceding 12 months.

During the facility review, 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. This was also confirmed during interviews with 12 random staff and 29 random inmates who all indicated that they were not aware of any female officers conducting cross-gender strip searches. The PREA Lieutenant was also interviewed and stated that no female officers have conducted a strip search at the facility.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (d). The facility indicated in their response to the PAQ that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Limits to Cross-Gender Viewing and Searches (p. 9) mandates that inmates are afforded such opportunity as defined by this provision, 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).

During the pre-onsite audit phase, SCI Camp Hill provided a memorandum from the Major of the Guard to all uniformed staff regarding all gender specific posts at the facility. A total of 12 security posts were identified as needing to be gender specific (if one person post), or where one of the staff members had to be gender specific (if two or more staff on post). Examples of SCI Camp Hill gender specific posts include the infirmary unit post, special observation and assessment unit post, clothing room officer post, and E-Block (DTU/RHU) post in housing unit control room.

During the onsite audit phase, the site review of inmate housing, gymnasium, both kitchens, 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 great degree of privacy available to them. Privacy was also available in the shower and bathroom areas of the dormitories in M housing (only dormitory housing unit) unit. During the site review, the auditor also viewed the shower areas in the housing units from the officer control stations that are located on a platform above the first floor in general population to ensure that staff did not have the ability to observe genitalia. The auditor's view of these areas confirmed that staff did not have the ability to see inside the showers which are outfitted with swinging doors; the doors have the ability to lock while the inmate is showering. Interviews conducted with 29 random inmates and 25 targeted inmates also confirmed that staff do not view them while showering, performing bodily functions, or changing clothes except during routine cell checks.

Moreover, the facility indicated in their response to the PAQ that the facility has policies and procedures which require staff of the opposite gender to announce their presence when entering an inmate housing unit. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Limits to Cross-Gender Viewing and Searches (p. 9) 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 Camp Hill provided two memorandums addressed to staff from the PCM that provide guidelines for female staff to announce their presence when entering a housing unit and the procedures to undertake when any inmate is known to be deaf or hard of hearing, which include flickering the housing unit lights.

During the onsite audit phase, the auditor observed that either female staff made the cross-gender announcement when entering the inmate housing units or, alternately, the officer working control made the announcement through the intercom system. The auditor found that the facility has done an excellent job ensuring that all inmates are aware of when someone of the opposite gender is entering a housing unit. With the exception of some outliers, approximately 95% of the inmates who were randomly interviewed indicated that either female staff or the control officer consistently announced their presence when entering the housing units. Twelve security staff that were randomly interviewed stated that the announcement is consistently completed by either the female staff member or by the officer in the control station on the unit.

During the facility review, the auditor identified two bathrooms that either allowed for more than one inmate to access or inhibited staff's ability to visually inspect the area. These areas

are noted below:

1. SCI Camp Hill's Kitchen 2 is located approximately in the center of the prison and utilizes approximately 80-90 inmate workers per shift for food preparation. It maintains an inmate bathroom with a window in the bakery that was found to be completely covered by cardboard that was cut to meet the exact size of the window which was taped on the inside of the bathroom door. This was prohibiting staff the ability to complete their required physical security checks of the bakery due to the blockage on the window. Additionally, there was no sign on the bathroom door to indicate that only one inmate is permitted in the bathroom at a time.

The facility rectified this area by the final day of the onsite audit phase. Via visual inspection and, subsequent, photographs, the auditor confirmed the cardboard was removed and a sign indicating one inmate at a time was posted.

2. SCI Camp Hill's Kitchen 2 is located approximately in the center of the prison and utilizes approximately 80-90 inmate workers per shift for food preparation. It maintains an inmate bathroom with a window in the main food preparation area, but does maintain a sign on the bathroom door to indicate that only one inmate is permitted in the bathroom at a time. Corrective action has been completed and verified during the last day of the onsite audit phase through a visual inspection by the Auditor and through photos submitted by the PCM during the post-onsite audit phase.

The facility rectified this area by the final day of the onsite audit phase. Via visual inspection and, subsequent, photographs, the auditor confirmed a sign indicating one inmate at a time was posted.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (e). The facility indicated in their response to the PAQ that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmates for the sole purpose of determining the inmate's genital status. DC-ADM 008, PREA Procedures Manual, Section 9 – Working with Transgender and Intersex Inmates, Section Reception and Classification (p. 1) 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.

In accordance with the policy, the facility reported that no such search has occurred in the past 12 months. A total of four transgender inmates who were interviewed confirmed that they have not been searched for the sole purpose of determining their genital status. Interviews with 12 random staff also confirmed that agency policy prohibits them from searching a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Additionally, interviews with a staff member that performs screening for risk of sexual victimization and a medical staff member also verified that inmates identifying as transgender or intersex are not searched to solely determine genital status.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (f). The facility indicated in their response to the PAQ that 100 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Limits to Cross-Gender Viewing and Searches (p. 10) requires that staff be trained in the tenets of this provision.

A PowerPoint presentation was provided as validation of the training curriculum, as were staff in-service training rosters for the course titled “Offender Searches.” A review of SCI Camp Hill in-service training records for 2018 confirmed that all staff in work status had been trained. The auditor reviewed the training curriculum “Offender Searches” that was developed by the agency’s Training Academy during the pre-onsite audit and found it to be appropriate and consistent with national standards for conducting inmate searches. Twelve random interviews with staff indicated that they were all trained within the past 12 months, which mirrored the staff in-service training rosters provided.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 006, Reasonable Accommodations for Inmates with Disabilities Procedures Manual, Section 1 – General Procedures</li> <li>d. PA DOC DC-ADM 006, Reasonable Accommodations for Inmates with Disabilities Procedures Manual, Section 2 – Accommodations (effective 12/29/14)</li> <li>e. PA DOC DC-ADM 006, Reasonable Accommodations for Inmates with Disabilities Procedures Manual, Section 3 – Specific Disabilities</li> <li>f. PROPIO LS, LLC Contract (effective 6/19/18)</li> <li>g. PROPIO LS, LLC Over-the-Phone Interpreting Instructions</li> <li>h. Inmate Handbook (2017 Edition, Spanish)</li> <li>i. Sexual Abuse and Sexual Harassment Reporting Poster (Spanish)</li> <li>j. PREA Inmate Intake Handout (Spanish)</li> <li>k. PA DOC PREA Risk Assessment Tool - Spanish (effective 6/14/18)</li> <li>l. PREA Announcements for Deaf and Hard of Hearing Inmates Memo (dated 2/22/19)</li> <li>m. PA DOC Foreign Language Employee Directory</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PCM</li> <li>b. Staff interpreter (Spanish)</li> <li>c. Inmates with a cognitive disability</li> <li>d. Inmates who are limited English proficient</li> <li>e. Inmates who are blind, deaf, or hard of hearing</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA signage throughout the facility (English and Spanish)</li> <li>b. PREA Inmate Intake Handout (Spanish Version)</li> <li>c. Test telephone call to PROPIO LS, LLC language services contractor</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.16 (a). The facility indicated in their response to the PAQ that they agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse or sexual harassment. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Access to Information for Special Populations (p. 5) restates this expectation and further states that all written materials shall either be delivered in alternative formats that accommodate the inmate’s disability or the information shall be delivered through alternative methods, such as reading it to the inmate or community through an interpreter, with ensures the understanding of the PREA-related materials. DC-ADM 006,</p>

Section 1 – General Procedures, Section 2 – Accommodations and Section 3 – Specific Disabilities also details the agency’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.

During the onsite audit phase, interviews were conducted with six inmates with a cognitive disability, one with limited English proficiency, and one whom is hard of hearing. Each indicated that they are provided with access to facility services and are provided with material regarding their rights to be free from sexual abuse and sexual harassment, as well as information on how to report sexual abuse and sexual harassment.

An interview with the agency head designee revealed that the agency maintains materials in Spanish and braille. A braille shop is operational at the agency’s female prison. She stated the agency also maintains a contract for a sign language interpreter, a TTY system available for deaf and hard of hearing inmates, and translators for PREA related matters. The auditor confirmed that the agency maintains a TTY system and also has developed a list of staff throughout the agency who speak languages other than English who can be utilized for interpretation services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.16 (b). The facility indicated in their response to the PAQ that the agency has established procedures to provide inmates with limited English proficiency 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. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Access to Information for Special Populations (pp. 5-6) 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 PCM’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 (i.e. PROPIO LS, LLC) must be utilized. During the onsite audit phase, the auditor completed a test call to the PROPIO LS, LLC language line to ensure that it was operational.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.16 (c). The agency indicated in their response to the PAQ that the agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants 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, or the investigation of the inmate's allegations. The facility engages interpretation services to avoid using inmates in this capacity, but should they need to the facility indicated they would document such assistance. SCI Camp Hill has not used an inmate in this capacity in the past 12 months. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Access to Information for Special Populations (p. 6) restates this provision and emphasizes

that justification for any use of an inmate interpreter must be documented.

The agency's head indicated that PA DOC 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. One inmate with limited English proficiency was interviewed with the assistance of an interpreter during the onsite phase of the PREA audit at SCI Camp Hill. Additionally, one inmate who was hearing impaired and six inmates with identified cognitive disabilities were interviewed. Each indicated that they had no difficulty reading or understanding the PREA information (e.g., handouts, video, and 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 the PCM verified the information provided during the pre-onsite audit phase; 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 Camp Hill 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 with PROPIO LS, LLC for their language translation needs if no qualified staff or contractor is available. The contracted language line includes over 200 languages for interpreter services. The auditor was able to successfully test that the telephone number for PROPIO LS, LLC was operational. Interviews with 12 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 site review of SCI Camp Hill, the auditor observed PREA posters displayed throughout the facility in Spanish, as well as English. Information pertaining to PREA is also provided to inmates in Spanish and English during the intake process.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. 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 (effective 7/13/18)</li> <li>d. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 3 – Employee Arrests – Felony, Misdemeanor, or Summary Offense</li> <li>e. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 40 – Conducting Pre-Employment Background Investigations (effective 7/13/18)</li> <li>f. Policy 1.1.4, Centralized Clearances Procedures Manual, Section 4 – Centralized Clearance Check Procedures (effective 5/23/18)</li> <li>g. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 38 – Recruitment, Selection, and Placement for Non-Civil Service Positions</li> <li>h. Pennsylvania Department of Corrections Code of Ethics</li> <li>i. Pennsylvania Department of Corrections Application for Employment (revised 10/16)</li> <li>j. Consent to Release Information for Prison Rape Elimination Act Compliance Form</li> <li>k. Position Vacancy Interest Form</li> <li>l. PREA Current/Prior Employer Letter (effective 7/13/18)</li> <li>m. Description of Applicant (effective 5/30/16)</li> <li>n. Centralized Clearance Check Information Request Form</li> <li>o. Sample of Clean/NCIC Checks Memos</li> <li>p. Employee Arrest Record (effective 5/11/17)</li> <li>q. JNET Notification Services</li> <li>r. Sample of employee background checks and completed applications</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Administrative (Human Resources) Staff</li> <li>b. Sexual abuse investigator (PREA Lieutenant)</li> <li>c. Random staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.17 (a). The facility indicated in their response to the PAQ that the agency prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of a contractor who may have contact with inmates who may have engaged in any of the conduct detailed in this provision. 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, Section Guidelines (p. 1) maintains that the agency 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 agency shall</p>

not hire or promote anyone who:

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.

Further, Policy 1.1.4, Centralized Clearances Procedures Manual, Section 4 – Centralized Clearance Check Procedures, Section Consistent with PREA (pp. 3-4) indicates 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.

During the pre-onsite audit phase, SCI Camp Hill provided sample copies of personnel files that included: PREA Current/Prior Employer Letter; Position Vacancy Interest Form; Application for Employment (including Consent to Release Information for Prison Rape Elimination Act Compliance Form); and Centralized Clearance Check Information Request Form. Thereafter, during the onsite audit phase, the auditor interviewed the SCI Camp Hill Human Resources Director. The auditor was informed that all hiring and background checks are completed by the agency at the agency's central office via the Office of Special Investigations and Intelligence [OSII; now Bureau of Investigations and Intelligence (BII)]. The facility is responsible for conducting background checks of all contractors and volunteers. The auditor reviewed 25 randomly selected, additional personnel records, of which four were contractors, and accompanying forms that document the application process and criminal background checks. The interview with human resources confirmed that the forms were a mandatory component of the hiring process.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (b). The facility indicated in their response to the PAQ that agency policy requires the consideration of 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. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 40 – Conducting

Pre-Employment Background Investigations, Section Consistent with PREA (p. 2) 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. Policy 1.1.4, Centralized Clearances Procedures Manual, Section 4 – Centralized Clearance Check Procedures (p. 4) states that the agency shall consider incidents of sexual harassment when determining whether to enlist the services of any contractor who may have contact with inmates.

The auditor reviewed 25 randomly selected personnel records, of which four were contractors, and accompanying forms that document the application process, which screens for prior incidents of sexual harassment and criminal background checks. Specifically, the auditor reviewed the applicants' applications, which directly ask, "Have you had substantiated against you allegations of sexual harassment in the workplace, or have you ever resigned during a pending investigation of sexual harassment?" Moreover, the Position Vacancy Interest Form includes the same inquiry. Finally, the PREA Current/Prior Employer Letter requests previous employers to answer, "Has the individual ever been involved as the alleged perpetrator in any incident of sexual harassment?"

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (c). The facility indicated in their response to the PAQ that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. SCI Camp Hill reported 43 individuals hired in the past 12 months who may have contact with inmates had a criminal background record check completed.

Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 40 – Conducting Pre-Employment Background Investigations, Section Consistent with PREA (p. 3) details PA DOC's background check process, which includes a review by OSII/BII of the applicant's name, address, and telephone number against each facility's visitor and telephone lists; their ten year driving record; PSP investigative files; and, in some instances, confirmation of licensing status/certification; professional license/certification verification; military records; criminal justice documentation; and drug-related convictions. The same policy (p. 3) also stipulates that Human Resource Offices shall send the PREA Consent to Release of Information Form and PREA Current/Prior Employer Letter to the attention of the applicable employer's Human Resource Office, receive and review their responses, and determine whether the applicant may be hired consistent with PREA. If the current/former employer responds "Yes" to any of the questions, the Background Coordinator will obtain the Office of Chief Counsel's concurrence that the candidate will be considered unsuitable for hire.

SCI Camp Hill 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. As discussed above, human resources then reaches out via the PREA Current/Prior Employer Letter to ascertain whether the applicant has a prior history of substantiated sexual abuse. The auditor

reviewed 25 randomly selected personnel records, of which four were contractors, and accompanying forms that document the application process, including the previous employer inquiry process and criminal background checks.

Human Resources also indicated that when an employee or contractor reports having been employed by another agency facility and requests employment at SCI Camp Hill, contact is made with the prior facility to inquire about past discipline via the PREA Current/Prior Employer Letter, which is 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.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (d). The facility indicated in their response to the PAQ that agency policy requires a criminal background check be completed before enlisting the services of any contractor who may have contact with inmates. Policy 1.1.4, Centralized Clearances Procedures Manual, Section 4 – Centralized Clearance Check Procedures, Section Consistent with PREA (pp. 3-4) 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 agency 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, Centralized Clearances Procedures Manual, Section 4 – Centralized Clearance Check Procedures, Section Consistent with PREA (p. 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 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 Camp Hill reported seven contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with inmates. The auditor verified that all had a criminal background check conducted.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (e). The facility indicated in their response to the PAQ that agency policy requires either a criminal background check be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

PA DOC receives notification of criminal justice contact via Justice Network (JNET). 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. Per Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 3 – Employee Arrests – Felony, Misdemeanor, or Summary Offense (p. 1) all agency employees are cross-checked against 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 Camp Hill 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. During the onsite audit phase, the auditor was able to review two examples of the documentation provided by the JNET system with the human resources director. In addition, Policy 1.1.4, Centralized Clearances Procedures Manual, Section 4 – Centralized Clearance Check Procedures, Section Consistent with PREA (p. 5) stipulates that the Centralized Clearance Unit (CCU) is responsible for conducting criminal history checks on all contractors every two years.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

15.17 (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 and Background Investigation Questionnaire. Both contain questions about an applicant’s previous misconduct as described in provision (a) of this section. Additionally, Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 3 – Employee Arrests – Felony, Misdemeanor, or Summary Offense (p. 1) 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 members are 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 PA DOC employee application packet, which was reviewed during both the pre-onsite audit and onsite audit phases. Informal interviews with random staff confirmed that employees are required to notify their supervisor of any negative contact with law enforcement.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (g). The facility indicated in their response to the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

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 and Background Investigation Questionnaire. 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 PA DOC 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 OSII are reviewed for misrepresentation or falsification, omission or concealment of material fact and are grounds for non-employment or termination.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (h). Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 38 – Recruitment, Selection, and Placement for Non-Civil Service Positions 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 agency to release their Official Personnel Folder to the Department if they were a former Commonwealth employee. Human resources confirmed that this process occurs. They further indicated that SCI Camp Hill receives these requests from other agencies on a regular basis and that they comply according to agency policy.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.18	<b>Upgrades to facilities and technologies</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16) <ol style="list-style-type: none"> <li>a. Camera Committee Meeting Minutes (12/17/18, 5/8/18, and 2/14/18)</li> <li>b. SCI Camp Hill Camera Project Statement</li> <li>c. SCI Camp Hill DVAR Camera Locations</li> </ol> </li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Superintendent</li> <li>b. PCM</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Facility review (including Master Control)</li> <li>b. Deputy Superintendent for Facilities Management’s Office Computer (access to camera monitoring system)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.18 (a). The facility indicated in their response to the PAQ that the facility has not made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Upgrade to Facility and Technologies (p. 7) 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 onsite audit phase, the auditor did not observe any new structures to the physical plant. Interviews with the Superintendent and PCM confirmed that SCI Camp Hill has not acquired a new facility or made any substantial expansion or modification since the last PREA audit in September 2015.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.18 (b). The facility indicated in their response to the PAQ that the facility has 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. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Upgrade to Facility and Technologies (p. 7) requires that the installation or updating of video monitoring, electronic surveillance, or other technology, the agency will consider how such technology may enhance the ability to protect inmates from sexual abuse. SCI Camp Hill reported that the facility is currently in the process of completing a camera project that has</p>	

been ongoing for several years. When completed, a total of 755 cameras in the interior of the institution will be monitored with the ability to record. SCI Camp Hill reported that, currently, 404 cameras display to a monitor while 320 are able to record. There are also 89 cameras that monitor and record the perimeter areas of the facility. Additionally, SCI Camp Hill maintains numerous security mirrors throughout the facility to enhance inmate observation.

During the auditor's interview with the Superintendent and PCM, both indicated that upon completion, the additional cameras being installed will significantly aid in eliminating blind spots that have been identified during monthly meetings of the Perimeter Intrusion Detection System (PIDS), Camera Committee Meetings, and annual PREA Staffing Plan Review meeting. Both also maintained that the need for increased video surveillance has been reported on numerous occasions to the agency's leaders as evidenced by the ongoing camera installation project. The PCM attends both the monthly PIDS and SRC meetings. A review of the quarterly Camera Committee Meeting minutes showed that discussions regarding video monitoring, surveillance systems and other monitoring technologies are a significant priority at the facility in order to enhance safety and security and their ability to protect inmates from sexual abuse.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 4 – Responding to Reports of Sexual Abuse (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008, PREA Procedures Manual, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (effective 9/22/16)</li> <li>d. Memorandum of Understanding between Department and Pennsylvania State Police (dated 9/24/13 and 2/16/17)</li> <li>e. Memorandum of Understanding Amendment One between Department and Pennsylvania State Police (fully executed 8/10/18)</li> <li>f. PSP 115.21 Compliance Request Letter (dated 6/16/15)</li> <li>g. PSP 115.21 Compliance Request Response Letter (dated 7/1/15)</li> <li>h. PSP 115.22, 115.34, 115.71 Compliance Request Letter (dated 2/16/16)</li> <li>i. Letter of Agreement between Sexual Assault/Rape Crisis Services of Carlisle YWCA and PA DOC</li> <li>j. Letter of Agreement between PA DOC and Geisinger Holy Spirit Hospital</li> <li>k. WebTAS Entries</li> <li>l. Staff Investigation Pocket Guide</li> <li>m. Medical Incident/Injury Report</li> <li>n. A National Protocol for Sexual Assault Medical Forensic Examinations (dated April 2013)</li> <li>o. Progress Note Medical Provider</li> <li>p. Medical Incident/Injury Report</li> <li>q. Inmate Query – Account Transactions</li> <li>r. Random Criminal and Administrative Investigations</li> <li>s. Instructions for PREA Evidence Retention (Sample Guidelines) (effective 9/22/16)</li> <li>t. Shift Commander Checklist (effective 3/1/19)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Sexual abuse investigator (PREA Lieutenant)</li> <li>b. Administrative (Human Resources) staff</li> <li>c. Carlisle YWCA program staff</li> <li>d. Inmates who reported sexual abuse</li> <li>e. Geisinger Holy Spirit Hospital representative</li> <li>f. Random staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Location of investigation files</li> <li>b. Evidence kits</li> </ol> </li> </ol> <p>115.21 (a). The facility indicated in their response to the PAQ that while the agency/facility (i.e. Agency Security Office Investigators) is responsible for conducting administrative sexual abuse investigations, PSP conducts criminal investigations. When conducting a sexual abuse</p>

investigation, agency investigators follow a uniform evidence protocol. DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, General Responsibilities (p. 1) stipulates staff is 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. DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Emergency Medical and Mental Health Treatment Services (p. 4) further states that security staff shall take steps to gather and/or preserve direct and circumstantial evidence, including any available physical or DNA evidence and shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

During the onsite audit phase, the audit team interviewed 12 random staff, each of whom expressed awareness of and articulated the agency's policy for obtaining usable physical evidence. They also knew who (i.e. PREA Lieutenant) was designated as the primary investigator at the facility for allegations of sexual abuse and sexual harassment. During the course of these interviews, the auditor observed that many staff carried their pocket guide for investigative/first responder steps as a reference. Though all carried this resource, several did not need to reference this guide to accurately discuss their role during an allegation of sexual abuse; they were successful in reciting their responsibilities from memory. These 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, take the alleged victim inmate to medical for evaluation, and secure the scene.

During the post-onsite audit phase, the auditor was informed that SCI Camp Hill evidence kits are being stored in two separate locations. Specifically, five evidence kits are located in the dispensary supply closet and two, which were observed during the site review, are in the PREA Lieutenant's office. The auditor was provided photos of the evidence kits, which are accompanied by step-by-step instructions [i.e. Instructions for PREA Evidence Retention (Sample Guidelines)] attached to the bag directing users on how to collect physical evidence such as clothing; how to instruct the alleged victim and suspect; how to secure the scene; who to notify; and where to place the evidence in order to maintain a chain of custody. Evidence collection kits are made available to first responders, medical staff, and investigative staff to aid their efforts in collecting and preserving timely usable evidence. DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, General Responsibilities (p. 1) 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.

Responsibility for conducting criminal investigations falls under the jurisdiction of PSP. The auditor reviewed a compliance request letter dated 6/16/15 and, subsequent, response letter (dated 7/1/15) indicating PSP will comply with the evidence protocol provisions of 115.21. Moreover, the auditor was provided a copy of a current memorandum of understanding between PA DOC and PSP outlining the scope of responsibilities to comply with this provision.

During specialized staff interviews, staff stated that PSP would 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 Camp Hill personnel, and agency utilize a 96-hour guideline for determining whether a SANE exam shall be performed or not.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (b). The facility indicated in their response to the PAQ that the facility does not house juveniles or youthful offenders, but that the evidence collection protocol, which was adapted from DOJ's Office of Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, is developmentally appropriate for youth. DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, General Responsibilities (p. 1) indicates the protocol established for evidentiary purposes shall be developmentally appropriate for youth, where applicable, in accordance with this provision. The auditor was able to verify through facility records and staff interviews that there were no youth housed at SCI Camp Hill during the 12-month review period.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (c). The facility indicated in their response to the PAQ that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility; SCI Camp Hill does not perform such examinations. Examinations conducted at an outside facility (i.e. Geisinger Holy Spirit Hospital) are performed by Sexual Assault Nurse Examiners or, when not available, a qualified medical practitioner. In the past 12 months, SCI Camp Hill has transported six inmates to Geisinger Holy Spirit Hospital for a forensic medical examination, which were performed by SANEs; all efforts to provide a SANE are documented.

DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Emergency Medical and Mental Health Treatment Services (p. 3) states that when abuse occurred within the past 96 hours and the alleged victim reports an allegation of vaginal, oral, and/or anal penetration by a body part or inanimate object, the alleged victim shall be immediately transported to an outside hospital to be examined by a medical professional who is skilled and experienced in the use of a rape kit for the collection of forensic evidence. In addition, SCI Camp Hill offers all inmates who experience sexual abuse access to forensic medical examinations without financial cost to the victim. This practice is set forth in DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Emergency Medical and Mental Health Treatment Services (p. 2), which states 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.

During the pre-onsite audit phase, the auditor conducted an interview with a representative from Geisinger Holy Spirit Hospital who indicated that the hospital has SANE/SAFE staff available at the hospital. The representative indicated that the hospital has at least ten SANE/SAFE staff currently employed at Geisinger Holy Spirit Hospital. The SANE/SAFE staff is on call and will arrive within an hour to respond to victims if they are not currently at the hospital. While at SCI Camp Hill the auditor also interviewed specialized staff and inmates who reported prior sexual abuse who indicated they were not charged for the hospital visit or a

SANE/SAFE exam. This assertion was verified by reviewing inmate Account Transaction queries.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (d). The facility indicated in their response to the PAQ that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means; such efforts are documented. The facility reported that an outside advocate is always available on-call thereby eliminating the need for the facility to provide an alternate qualified staff member in the event an advocate is unavailable. DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Inmate Access to Outside Support Services (p. 7) indicates that, in addition to making an advocate available to the alleged victim during a forensic medical examination, the PCM is to make arrangements with the victim advocate, within 96 hours of the alleged abuse, to meet with the inmate at the facility or via telephone, if requested. Such meeting should occur in a private area.

SCI Camp Hill entered into a Letter of Agreement with Sexual Assault/Rape Crisis Services of Carlisle YWCA, which describes which each party agrees to provide following an incident of inmate sexual abuse. One such responsibility of Carlisle YWCA includes providing advocacy for and accompany the victim to the hospital where a forensic examination is conducted. A copy of the Letter of Agreement was provided to the auditor during the pre-onsite audit phase. A new MOU is scheduled to be signed in April 2019.

Specialized staff were interviewed and also corroborated this existing agreement. During the pre-onsite audit phase, the auditor conducted an interview with the Director of the Carlisle YWCA who indicated that a victim advocate is available to meet with the inmate victim during a SANE exam upon request. The advocate indicated that accompaniment and ongoing services have been provided to inmates at the local hospital and SCI Camp Hill, respectively, numerous times during the past calendar year. This was also verified through a review of SCI Camp Hill's visitation logbook and gate clearance passes. Follow-up advocacy is provided to inmates on an as needed or requested basis. The Carlisle YWCA advocate stated that staff employed by their agency are qualified to serve in this role and have received education concerning sexual assault and forensic examination issues in general.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (e). The facility indicated in their response to the PAQ that, if requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Inmate Access to Outside Support Services (p. 7) restates that if the inmate is taken to a local hospital for a forensic medical examination, they should be afforded the opportunity for support services provided by a victim advocate. If requested, the victim advocate shall meet the alleged victim at the hospital to accompany and support the alleged victim through the forensic medical examination process and investigatory interview. They shall also provide emotional support, crisis intervention, information, and referrals. During the

pre-audit audit phase interview with the YWCA of Carlisle, the advocate stated that when requested by the inmate victim, a victim advocate would accompany and support the inmate through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as appropriate. The current MOU agreement with the YWCA of Carlisle is consistent with this practice. Per the Carlisle YWCA staff, follow up and on-going care and support is provided to inmates as requested. The availability of such services were confirmed by four inmates who previously reported sexual abuse.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (f). The facility indicated in their response to the PAQ that the agency is not responsible for conducting criminal investigations and relies on PSP for such follow-up. SCI Camp Hill 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 that 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 standards 115.22 and 115.71; review allegations of sexual crimes committed within state correctional facilities; perform a criminal investigation when appropriate; and refer cases to the prosecutorial agency having jurisdiction when such referral is consistent with its policies, procedures and practices

During the onsite audit phase, the auditor corroborated the above practices and partnerships through specialized staff interviews. SCI Camp Hill investigative staff reported that all allegations of sexual abuse are referred to PSP regardless of whether there is a potential for violation of criminal statutes. The auditor also verified this through specialized staff interviews and when conducting a random sample review of 21 investigatory files that included both administrative and criminal investigation notes in the file.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (g). Auditor is not required to audit this provision of the standard.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (effective 9/22/16)</li> <li>c. Shift Commander Checklist (effective 9/22/16)</li> <li>d. PA DOC public website</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Facility Superintendent</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.22 (a). The facility indicated in their response to the PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Specifically, PA DOC conducts administrative investigations, while PSP completes criminal investigations. DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (p. 1) affirms 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. For reports of sexual abuse, the shift commander is expected to notify PSP as soon as practical upon receipt of a report and document such notification on the Shift Commander Checklist. The facility indicated that of the 122 allegations of sexual abuse and sexual harassment reported within the designated 12-month period all were investigated administratively. Further, the facility stated 89 allegations within this same period were referred for criminal investigation. In accordance with the Auditor Handbook guidance, the audit team reviewed 21 sexual abuse and sexual harassment investigations.</p> <p>The agency head (designee) indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. She stated facility level security officers are equipped to complete investigations at the local level while OSII/BII may also complete administrative and criminal investigations as they are sworn officers. PSP conducts criminal investigations on behalf of the agency. In addition, the facility Superintendent was interviewed onsite. She stated that all allegations of sexual abuse and sexual harassment including verbal, written, and those initiated through the grievance process are referred to agency PREA investigators for an investigation and, when appropriate, PSP.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.22 (b). The facility indicated in their response to the PAQ that the agency's policy requires 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</p>

not involve potentially criminal behavior. DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, Section Full Investigation (p. 3) states that the facility is required to report all sexual abuse and sexual harassment allegations to OSII/BII; thereafter, OSII/BII determines the appropriate entity (i.e., BII, PSP, or facility security office) to conduct an investigation of sexual abuse or sexual harassment and provides notification to the appropriate entity. All allegations involving potentially criminal behavior are referred to PSP for a decision as to whether a criminal investigation is appropriate. An interview with the facility's PREA Lieutenant affirmed this practice. Documentation of referrals of sexual abuse allegations to PSP is recorded on the Shift Commander Checklist.

Twenty-one investigative files were reviewed for documentation of referrals of allegations of sexual abuse and sexual harassment. Shift Commander Checklists were routinely completed documenting referrals to PSP and were included in investigative files. Investigative reports consistently state the names of the PSP troopers who were notified of the allegations and whether or not they would be conducting an investigation.

PA DOC DC-ADM 008, PREA Procedures Manual is available on PA DOC's website. This document was successfully located and accessed by the auditor via the PA DOC website on 3/26/19.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.22 (c). DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (pp. 1-9), which is posted on PA DOC's public website, describes the responsibilities of the agency and external investigating entity. The responsibilities outlined in the policy include the following: referrals from the Facility Security Office to the OSII/BII or the PSP; suspension of an administrative investigation pending a criminal investigation; gathering and preserving evidence; following a uniform evidence protocol for administrative investigations; and conducting compelled interviews.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.22 (d). The auditor is not required to audit this provision of the standard.

115.22 (e). The auditor is not required to audit this provision of the standard.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.31	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. Policy SC-ADM 008 Section 2, PREA Procedures Manual, (Sexual Abuse/Sexual Harassment Prevention and Training) Attachment 2-F</li> <li>d. 2015 PREA DC-ADM 008 Policy Update</li> <li>e. 2017 PREA Basic Training with Notes Section</li> <li>f. 2017 PREA Basic Training Participant Guide</li> <li>g. 2017 PREA Basic Training Course Lesson Plan (effective 3/17)</li> <li>h. PREA Policy Update 2017 Training</li> <li>i. PREA 2018 Essentials Training (Staff Refresher Training)</li> <li>j. PREA Specialized 2018 Investigations Training</li> <li>k. PREA Specialized 2018 Medical Mental Health Training</li> <li>l. Web Based Training Menu Screenshots</li> <li>m. Professional Boundaries: Safety, Awareness, and Expectations Basic Training Participant Guide (Developed by Moss Group)</li> <li>n. Professional Boundaries: Safety, Awareness, and Expectations Basic Training Facilitator Guide (Developed by Moss Group)</li> <li>o. Handout 1 – Sexual Abuse and Sexual Harassment</li> <li>p. Dynamics of Sexual Abuse and Sexual Harassment in Confinement: Males</li> <li>q. Women Offenders in Pennsylvania Corrections Course (Modules: Social Factors Contributing to Incarceration; Crimes Profiles; Pains of Imprisonment; Gender Expectations; A Brief History of the Treatment of Female Offenders; Addiction; Prisonization and Relationships in Prison; Keeping Up Appearances; Programming for Women Offenders; Abuse and Resulting Trauma; Infractions of Female Offenders; Health Care for Incarcerated Females; Legal Concerns; Verbal Abuse and Aggression; Parental Rights Concerns; and Cross-Gender Communication) (effective 6/11)</li> <li>r. PA DOC PREA Video (Contained on Public Website)</li> <li>s. Individual Employee Training Transcripts</li> <li>t. PREA Training and Understanding Verification Form; blank and completed (effective 9/22/16)</li> <li>u. PREA – Immediate Response Procedures pocket cards</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PCM</li> <li>b. Training Coordinator</li> <li>c. Random staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA posters</li> </ol> </li> </ol>

Findings (By Provision):

115.31 (a). The facility indicated in their response to the PAQ that the agency trains all employees who may have contact with inmates on the following topics: the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of inmates to be free from sexual abuse and sexual harassment; right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Training (p. 14) designates the PCM, in conjunction with the training coordinator at each facility, to ensure that all employees who have contact with inmates receive training on the provisions enumerated above. The same policy (p. 15) also states that beginning in 2016, and every even numbered year thereafter, the annual PREA education shall be provided in the form of a refresher of the initial basic staff training information for all staff members.

The auditor reviewed the agency's 2017 PREA Basic Training lesson plan, the Participant and Instructor Basic Training Guide, and new hire training entitled "Professional Boundaries: Safety, Awareness, and Expectations Basic Training," 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 detail each of the sub-topics listed within this provision.

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

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31 (b). The facility indicated in their response to the PAQ that training is gender neutral and applicable to both male and female facilities. However, staff working with female inmates are required to take an additional course designed for incarcerated female populations. According to DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Training (p. 15) staff shall receive training 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.

According to SCI Camp Hill's training coordinator, no staff transferred from a female facility during the past 12 months. Consistent with the coordinator's account, records revealed that no

female staff have transferred or arrived at SCI Camp Hill from a female facility in the past 12 months. The coordinator also emphasized that a majority of the training materials are applicable to both male and female staff. However, if/when a staff member transfers from a female facility, the staff member is required to receive additional female-specific training. SCI Camp Hill staff also receive an orientation of gender specific posts at SCI Camp Hill; facility specific procedures for announcing opposite gender staff; pat down and strip search procedures within the facility; and the restricted areas of SCI Camp Hill based upon staff gender. Each staff member is also be provided the handout, Dynamics of Sexual Abuse and Sexual Harassment in Confinement: Males.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31 (c). The facility indicated in their response to the PAQ that, in between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. Specifically, refresher training is a web-based training conducted during odd years; PREA Essentials, the full refresher course, is offered during even years. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Training (p. 15) restates that beginning in 2017 and every odd number year thereafter annual PREA education shall be provided in the form of an update to the DC-ADM 008 procedures manual for all staff.

During the onsite audit phase, the auditor confirmed through 12 random staff interviews that each received initial training during PA DOC's training academy and also completed a combination of classroom and web-based training prior to having contact with inmates. These trainings include the elements described in provision (a). Moreover, staff are provided with PREA – Immediate Response Procedures pocket cards, which serve as an at-a-glance response guide for staff following an incident or allegation of sexual abuse. The auditor was able to view these PREA pocket resources card during the onsite audit phase when interacting with numerous staff, as well as during the 12 random staff interviews when they referenced the card as a tool during the interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31 (d). The facility indicated in their response to the PAQ that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Training (p. 15) states that after even and odd year training staff shall be required to verify that they have received the updates and understand the included items on the PREA Training and Understanding Verification Form, which shall be retained in the staff member's training file. The statement on the form which the employee is required to sign reads as follows: "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; in that case, an electronic signature is

captured and recorded.

For classroom instruction, the PREA Training and Understanding Verification Form is completed on paper, signed by a witness, and maintained in the staff member's training file. Electronic signatures are captured and maintained in the agency's internet-based training management system (i.e. LSO or Employee Training Transcript). SCI Camp Hill's training coordinator is responsible for monitoring staff training. The training coordinator demonstrated the function of the LSO software which tracks and records staff training records and affirmed that staff who complete online PREA training sign the PREA Training and Understanding Verification Form electronically. A staff training completion record will not be generated within the LSO if a staff member does not complete the PREA Training and Understanding Verification Form online.

The auditor reviewed 873 staff training records that were provided in the PAQ. These records all reflect that staff have completed their annual refresher training (i.e. PREA 2018 Essentials Training) detailing the agency's current sexual abuse and sexual harassment policies and procedures. During the onsite audit phase, the auditor requested to review 25 additional randomly selected staff training records which were provided by the training coordinator. Each showed receipt and understanding of all PREA training, including the PREA 2018 Essentials Training, since their hire. The review of the 25 randomly selected staff training records indicated that the refresher training was completed by all during the 12 month review period.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

**Corrective Action.**

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC Contractors/Volunteers PREA Training (effective 5/19/17)</li> <li>d. Contractor/Volunteers Hours of Work</li> <li>e. PREA Training and Understanding Verification Form; blank and completed (effective 9/22/16)</li> <li>f. PREA – Immediate Response Procedures pocket cards</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Contractors and volunteers</li> <li>b. PCM</li> <li>c. Training Coordinator</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA posters</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.32 (a). The facility indicated in their response to the PAQ that all volunteers and contractors (specifically, 237 volunteers and contractors at SCI Camp Hill) who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Contractors and Volunteers (p. 16) designates the PCM, in conjunction with the training coordinator at each facility, to ensure that all volunteers and contractors who have contact with inmates receive training on their responsibilities. The same policy (p. 16) states that contractors and volunteers (to include contract service providers, public visitors, or non-agency employees) shall receive training on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Such expectation was corroborated during interviews with one volunteer and two contractors.</p> <p>During the onsite audit phase, two contractors (Chaplain and Director of Therapeutic Communities) and one volunteer (member of Church of the Living God) were interviewed. All three individuals confirmed that they had received training on their responsibilities under the agency’s zero tolerance policy against sexual abuse and sexual harassment prevention, detection, and response policies and procedures. 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. The auditor also reviewed 17 random, completed PREA Training and Understanding Verification Forms of volunteers and contractors, which indicated receipt and understanding of Contractor/Volunteer PREA Training.</p>

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.32 (b). The facility indicated in their response to the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Further, all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Contractors and Volunteers (p. 17) delineates two levels of training for contractors and volunteers. Level One is intended for contractors and volunteers who have a high level of contact (i.e. five or more hours a week, on average) with inmates and is comprised of the same pre-service and annual trainings regular staff members receive. Level Two is intended for contractors and volunteers who have a sporadic level (i.e. less than five hours a week, on average) of contact with inmates and is comprised of a brief orientation by the volunteer coordinator or security office to include information on the agency's zero tolerance policies, how to make a report, and to whom to make a report. During the onsite audit phase, 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. This bifurcated system was affirmed through a conversation with the training coordinator while onsite. The auditor reviewed 11 training records from 2018 via the PAQ during the pre-onsite audit phase, which served as proof of training.

Contractors and volunteers who were interviewed referenced that they had received the PREA – Immediate Response Procedures pocket cards, which could be used as a resource to guide 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. All three contractors and volunteers stated during their interviews that they had received training specific to the agency's zero tolerance policy and how to make a report of sexual abuse or sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.32 (c). The facility indicated in their response to the PAQ that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Contractors and Volunteers (p. 17) describes that receipt of training shall be documented on the PREA Training and Understanding Verification Form and maintained in the contractor or volunteer's training file. The statement on this form for which the volunteer or contractor 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 hard copy form is when training is completed via a web-based means. In that event, an electronic signature is captured and recorded. Electronic signatures are maintained in the agency's LSO system.

The same policy (p. 17) further states the facility volunteer coordinator shall be responsible for documenting the PREA training that each volunteer has received, whereas the PCM is responsible for maintaining the acknowledgment forms for all contractors. PREA training is effective for a period of one year. The PCM verified this term during the onsite audit phase.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

<b>115.33</b>	<b>Inmate education</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training Bulletin (effective 6/14/18)</li> <li>d. PREA Inmate Intake Handout (English and Spanish) (effective 6/14/18)</li> <li>e. Sexual Abuse/Sexual Harassment Education Program, Inmate Orientation and Training (effective 6/30/14)</li> <li>f. National PREA Resource Center, Inmate Education Facilitator’s Guide, PREA: What You Need to Know, Notification of Curriculum Use (effective 2/14)</li> <li>g. PREA Inmate Education Verification Form; blank and completed (English and Spanish) (effective 9/22/16)</li> <li>h. Inmate Cumulative Adjustment Record (ICAR) System</li> <li>i. Inmate Handbook (2017 Edition; English and Spanish)</li> <li>j. Sexual Abuse and Sexual Harassment Reporting Poster (English)</li> <li>k. Just Detention International DVD PREA: What You Need to Know (published 2/27/14)</li> <li>l. PROPIO LS, LLC Contract (effective 6/19/18)</li> <li>m. Attachment 2H Memo (dated 4/4/19)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PCM</li> <li>b. Intake staff</li> <li>c. Random staff</li> <li>d. Random and targeted inmates</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Sexual Abuse and Sexual Harassment Reporting Posters (English and Spanish)</li> <li>a. PREA audit postings</li> <li>b. Inmate Television System (Just Detention International DVD What You Need to Know)</li> <li>c. Diagnostic and Classification Housing Unit (R-Block)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.33 (a). The facility indicated in their response to the PAQ that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months, 100 percent of newly admitted inmates (i.e. 10,474) were given this information at intake. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Inmate Education (p. 18) states that 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</p>	

abuse, sexual harassment, or retaliation. Further, DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Inmate Education, which was revised via Bulletin on 6/14/18, requires that medical staff provide a copy of the PREA Inmate Intake Handout to each inmate immediately upon facility intake.

During the onsite audit phase, the auditor observed the intake process, which takes place within SCI Camp Hill's Diagnostic and Classification block. Among other materials provided to inmates upon their first day of arrival is a copy of the agency's Inmate Handbook (2017 Edition; English and Spanish). The handbook provides information on the agency's zero tolerance policy of sexual abuse or sexual harassment and the methods of reporting for inmates. According to the handbook, 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.

Inmates are also interviewed during the first day by medical, mental health, and an intake counselor. SCI Camp Hill maintains a large white board in the orientation classroom that provides inmates with a clear understanding of what will occur during each of the five days they are housed in the Diagnostic and Classification block. On the first day medical staff complete the PREA Risk Assessment Tool (PRAT). On the same day, inmates shall, according to policy, receive the PREA Inmate Intake Handout. This handout is clear and concise, detailing the agency's zero tolerance policy and reporting methods.

During the onsite audit phase, the auditor conducted a specialized staff interviews with intake staff who conduct the inmate PREA education and medical staff who perform screening for risk of victimization and abusiveness. Both reported that the PREA Inmate Intake Handout is offered to inmates, but that they are not mandated to accept it. In addition, the auditor observed during the site review that older versions of this material was available, and being distributed, in the intake area.

Although the auditor was able to verify through inmate interviews that all inmates are provided educational information via Just Detention International's video PREA: What You Need to Know; a review of a 18 randomly sampled signed PREA Inmate Education Verification Forms; and review of the Inmate Cumulative Adjustment Record (ICAR) system, the practice of offering the PREA Inmate Intake Handout is not consistent with the expectations of this provision. This practice is also contrary to the requirements set forth in DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Inmate Education (p. 18).

In response to the inconsistent distribution of the PREA Inmate Intake Handout, SCI Camp Hill's Deputy Superintendent for Diagnostic Center circulated a memorandum, dated 4/4/19, to all medical staff during the post-onsite audit phase, that states, "Be advised that Attachment 2 H "What to do if you have been sexually assaulted?" has been provided to the medical area of R block. All inmates initially being seen must be given this attachment. All other materials are outdated and are to be discarded. Thank you for your cooperation in this matter." The auditor confirmed on 5/22/19 via follow-up communication with facility intake staff that the updated PREA Inmate Intake Handout is, now, affirmatively being distributed to each inmate following their risk screening.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 (b). The agency indicated in their response to the PAQ that in the past 12 months 10,441 inmates were admitted to SCI Camp Hill; all received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Inmate Education (p. 18) stipulates that within 30 days of reception, additional PREA educational information shall be provided to all inmates. Specifically, 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 regarding agency policies and procedures for responding to such incidents. Inmate education may be provided individually or in groups. Staff are directed to remain in the room for the duration of the video. Following the video, the intake counselor shall ask questions, as outlined in the Facilitator's Guide, at the end of the video to determine comprehension of the materials. The intake counselor shall offer to meet privately with any inmate if they request to discuss issues related to the video. The same policy (p. 19) also directs counselors to discuss issues related to sexual abuse in prison during the inmate's annual review and offer the inmate an opportunity to discuss related concerns. The counselor shall provide a Sexual Assault Awareness Informational Handout during the annual review.

During the onsite audit phase, an intake staff member who provides the PREA inmate education shared the materials that are provided during this portion of the orientation process. The intake counselor affirmed that inmates are shown the Just Detention International's video PREA: What You Need to Know on their second day on the Diagnostic and Classification block. While the intake counselor remains in the room during the video, contrary to policy and as observed by the auditor, there was not a discussion that followed the video, nor was additional information specific to SCI Camp Hill provided.

During the onsite audit phase, the auditor met with specialized staff and interviewed 29 random inmates who corroborated the policy with the facility's practices. The auditor reviewed six Inmate Cumulative Adjustment Records (ICAR) records that were provided during the pre-onsite audit phase and eight random records while onsite. All records selected verified that the inmates had received comprehensive education consistent with agency policy. Within this system is a notation that each inmate attended orientation, which included the PREA: What you Need to Know video.

While final analysis of the evidence indicates the facility is in substantial compliance with this provision, the auditor recommends enhancing the PREA inmate education curriculum to include information on how an inmate can report sexual abuse, sexual harassment and retaliation at the facility level, and include contact information for Carlisle YWCA who maintains a memorandum of understanding with SCI Camp Hill for victim advocacy services. It is also recommended that the PREA inmate education curriculum include a discussion of other facility-specific procedures, such as how and why opposite gender staff announce their presence on housing units at SCI Camp Hill.

115.33 (c). The facility indicated in the PAQ that all inmates received education as of 6/30/14. Moreover, agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. The facility reported that comprehensive education is repeated upon each intra-agency transfer. Both facility staff and the PCM stated during interviews that all PA DOC facilities have adopted the agency's DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Inmate Education. Specifically, Section Inmate Education (p. 19) of this policy states that any inmate that is transferred must receive education upon transfer, only to the extent that the policies and procedures of the inmate's new facility differs from those of the previous facility. As observed on all education materials, the agency has adopted a universal means of reporting sexual abuse, sexual harassment, and report-related retaliation. The use of the video, PREA: What You Need to Know, and the Sexual Abuse/Sexual Harassment Education Program, Inmate Orientation and Training have been required since 6/30/14 for all PA DOC prisons.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.33 (d). The facility indicated in the PAQ that PREA education is available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Inmate Education (p. 18) requires such accommodation. The auditor observed that SCI Camp Hill has PREA information posters displayed throughout the facility printed in Spanish and English languages, in addition to inmate education information converted into Braille. If an inmate arrived at the facility and had any disabilities or limited English proficiency limitations, the facility is prepared to assign staff to meet with the inmate utilizing the Inmate Education Facilitator's Guide, PREA: What You Need to Know, Notification of Curriculum Use to provide PREA education. The PREA video includes an audio explanation, along with a staff facilitator who can verbally educate visually impaired inmates. SCI Camp Hill also has a contract with a translation service, PROPIO LS, LLC, to assist non-English speaking or non-reading inmates understand the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.33 (e). The facility indicated in their response to the PAQ that the agency maintains documentation of inmate participation in PREA education. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Inmate Education (p. 19) states that training shall be documented by the inmate signing the PREA Inmate Verification Form, which shall be filed in the counselor's file. Participation in the PREA inmate education sessions shall also be documented in an Inmate Cumulative Adjustment Record (ICAR). The auditor randomly selected eight inmate records within the ICAR system and 13 completed PREA Inmate Education Verification Forms and found compliance with the agency policy requiring documentation of inmate's attendance at the PREA education sessions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.33 (f). The facility indicated in their response to the PAQ that the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The auditor observed and reviewed that PREA information at SCI Camp Hill is continuously made available to inmates in several ways:

Inmate Handbook (2017 Edition; English and Spanish). 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.

Just Detention International DVD PREA: What You Need to Know. Played daily on the inmate TV system. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Inmate Education (p. 19) requires that the PREA video be played a minimum of two times each month over the inmate television channel.

PREA Inmate Intake Handout. Available to any inmate upon transfer from one facility to another.

Sexual Abuse and Sexual Harassment Reporting Posters (English and Spanish). Posted throughout the facility. Describes zero tolerance for sexual abuse or sexual harassment and informs how an inmate can report sexual abuse or sexual harassment.

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 of the above resources and activities during the onsite audit phase and had multiple discussions with both staff and inmates in regard 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.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008, PREA Procedures Manual, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (effective 9/22/16)</li> <li>d. Policy DC-ADM 008 Section 5, PREA Procedures Manual (Investigating Allegations of Sexual Abuse and/or Sexual Harassment) 9 pages</li> <li>e. PREA Grant Project: Sexual Assault Investigator Training, Investigative Outcomes (effective 1/17)</li> <li>f. PREA Grant Project: Sexual Assault Investigator Training, Introduction to Sexual Abuse and Sexual Harassment Investigations (effective 1/17)</li> <li>g. PREA Grant Project: Sexual Assault Investigator Training, Interviewing Victims and Suspected Perpetrators (effective 1/17)</li> <li>h. PREA Grant Project: Sexual Assault Investigator Training, Evidence Protocol and Forensic Medical Examinations (effective 1/17)</li> <li>i. PREA Grant Project: Sexual Assault Investigator Training, Documentation (effective 1/17)</li> <li>j. PREA Grant Project: Sexual Assault Investigator Training, Prosecutorial Collaboration: Techniques to Get Prison Cases Prosecuted (effective 1/17)</li> <li>k. PREA Grant Project: Sexual Assault Investigator Training, PA DOC Allegation Processing Procedures (effective 1/17)</li> <li>l. Employee Training Transcript</li> <li>m. PREA Training Rosters</li> <li>n. PREA Staff Training and Understanding Verification Form; completed</li> <li>o. PREA Specialized 2018 Investigations (Web-Based Training)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PCM</li> <li>b. Sexual abuse investigator (PREA Lieutenant)</li> <li>c. Random Staff</li> <li>d. Targeted Inmates</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Location of investigative files</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.34 (a). The facility indicated in their response to the PAQ that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Specialized Staff Training (p. 15) states that any staff designated to conduct sexual abuse investigations shall receive training to include but not limited to: interviewing sexual abuse</p>

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.

In 2017 the agency adopted a comprehensive special investigations training program which was developed by the Massachusetts Department of Corrections by means of a technical assistance grant from National PREA Resource Center. The special investigations training include seven modules that provide 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. SCI Camp Hill has trained seven investigators to investigate allegations of sexual abuse; a review of the training records reviewed by the auditor indicates that all have received the required training. A sexual abuse investigator (PREA Lieutenant) affirmed that she last attended this training in 2018. She indicated that the classroom instruction covered all of the topics required by this standard.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.34 (b). By way of curriculum review, the auditor confirmed the comprehensive training utilized to train staff to investigate allegations of sexual abuse contain the elements required by this provision, which include: 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 classroom-based course conducted on two consecutive days.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.34 (c). The facility indicated in their response to the PAQ that the agency maintains documentation showing that investigators have completed the required training. Specifically, seven staff members at SCI Camp Hill are trained to conduct sexual abuse investigations. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Specialized Staff Training (p. 15) directs staff to sign off that they have received the information and understand the included items on the PREA Training and Understanding Verification Form (unless completed through the web-based training). This information shall be kept in the staff member's training file. The auditor reviewed the training records (i.e. PREA Training and Understanding Verification Form) for all six trained investigators; all completed the specialized training described above.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.34 (d). The auditor is not required to audit this provision of the standard.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.



115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. Handout 1 – Sexual Abuse and Sexual Harassment</li> <li>d. Medical and Mental Health Care Standards, Participant Guide (effective 9/18)</li> <li>e. PREA Specialized Training, Medical and Mental Health Care Standards (effective 9/16)</li> <li>f. PREA Specialized Training, Medical and Mental Health Care Standards (effective 10/17)</li> <li>g. PREA Specialized Training, Medical and Mental Health Care Standards (effective 9/18)</li> <li>h. PREA Training and Understanding Verification Form (effective 9/22/16)</li> <li>i. Wellpath Staff Roster</li> <li>j. Centurion Physicians Staff Roster</li> <li>k. SCI Camp Hill Medical Staff Roster (effective 2/22/19)</li> <li>l. SCI Camp Hill Mental Health Staff Roster (effective 2/22/19)</li> <li>m. Letter of Agreement between PA DOC and Geisinger Holy Spirit Hospital</li> <li>a. PREA Specialized Training: Medical and Mental Health Care Standards: Facilitator Guide, 2017. Training for 2018</li> <li>b. PREA – Medical Response (pocket card)</li> <li>c. Memorandum of Understanding between SCI Camp Hill and Geisinger Holy Spirit Hospital</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>d. PCM</li> <li>e. Medical/mental health staff</li> <li>f. Geisinger Holy Spirit Hospital Forensic Nurse Coordinator</li> <li>g. Targeted inmates</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>b. PREA posters (English and Spanish)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.35 (a). The facility indicated in their response to the PAQ that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Specifically, SCI Camp Hill has 127 medical and mental health care practitioners who fall into this category. One hundred percent have received training required by this provision.</p> <p>DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Medical/Mental Health Practitioners (p.16) states that 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,</p>

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.

The auditor reviewed the training materials specific to the medical and mental health care providers and found both the training curriculum (facilitator's guide) and the staff participant guide met the criteria of this portion of the standard's requirements. The training was developed by the PREA Compliance Division, Bureau of Health Care Services, and Psychology Office and is revised annually as appropriate. In addition, the auditor reviewed 15 random PREA Training and Understanding Verification Forms, signed by medical and mental health care staff, indicating they participated in and understand PREA-related healthcare training.

Interviews with both medical and mental health staff indicated that they 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. Staff indicated that they have received both online and classroom instruction on their responsibilities.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.35 (b). The facility indicated in their response to the PAQ that agency medical staff at the facility do not conduct forensic medical examinations. Rather, all forensic medical examinations are conducted at the local community hospital, Geisinger Holy Spirit Hospital. In advance of the onsite audit, the auditor conducted a telephone interview with the forensic nurse coordinator from Geisinger Holy Spirit Hospital who stated that the hospital is responsible for conducting all forensic medical examinations for SCI Camp Hill. According to the forensic nurse coordinator, the hospital has at least 10 SANE/SAFE staff currently available. The auditor reviewed the Letter of Agreement between PA DOC and Geisinger Holy Spirit Hospital, which formalizes this partnership.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.35 (c). The facility indicated in their response to the PAQ that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. During the pre-onsite audit phase, SCI Camp Hill reported that all 127 medical and mental health care providers (employees and contractors) that provide 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. The auditor reviewed the signed PREA Training and Understanding Verification Form for 15 medical and mental health staff who participated in the specialized training in 2018.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.35 (d). During the pre-onsite audit phase and the onsite audit phase, the auditor was able to review a random sample of 15 completed PREA Training and Understanding Verification Forms for the specialized medical and mental health training, including those who contract for this service. Interviews with contracted medical and mental health staff affirmed their receipt of such training. A review of the specialized training curriculum also was reviewed and is appropriate per the requirements of this standard.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC PREA Risk Assessment Tool (effective 6/14/18)</li> <li>d. PA DOC PREA Risk Assessment Tool - Spanish (effective 6/14/18)</li> <li>e. PA DOC PREA Risk Assessment Tool User Guide (revised 5/18)</li> <li>f. PA DOC DC-ADM 008, Section 2-01 Bulletin (effective 6/14/18)</li> <li>g. PREA Risk Assessment Tools (PRAT); completed</li> <li>h. PRAT Training Module (effective 5/18)</li> <li>i. Email correspondence directing reassessment (dated 8/15/18, 10/29/18, and 12/3/18)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Staff responsible for screening</li> <li>b. Random inmates</li> <li>c. Classification/housing assignment staff</li> <li>d. PREA Coordinator</li> <li>e. PCM</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Screening process</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.41 (a). The facility indicated in their responses to the PAQ that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness towards other inmates. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Screening for Risk of Victimization and Abusiveness (p. 10) states all inmates shall be assessed during the intake screening process, upon receipt into another facility, whenever an inmate is involved in an incident of sexual abuse and at his/her annual review, for risk of being sexually abused by other inmates or sexually abusive towards other inmates. POC DOC PREA Risk Assessment Tool User Guide (p. 3) further directs staff to administer the PREA Risk Assessment Tool (PRAT) for every inmate to assess for risk of being sexually abused by other inmates or sexually abusive towards other inmates. Moreover, this guide identifies the job classifications responsible for conducting the screening at various stages.</p> <p>During the onsite review, the auditors observed medical staff conducting risk screenings as part of the intake process. Risk screeners have a conversation with individual inmates in a semi-private space and complete the PRAT in the WebTAS (inmate information software) system. Interviews with screener and random inmates affirm that inmates are screened upon admission. Of 42 relevant inmate interviews, 40 inmates remembered being asked the</p>

applicable screening questions.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (b). The facility indicated in their responses to the PAQ that the agency has a policy that requires inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake. In the past 12 months, 10,441 inmates have reportedly entered the facility and remained there for 72 hours or more. Of these inmates, the facility stated all were screened for risk within 72 hours of admission. Three completed sample screenings and movement logs were uploaded to the PAQ, which included an electronic date stamp indicating that each inmate was screened within 72 hours of admission.

DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Screening for Risk of Victimization and Abusiveness (p. 11) states that within the first 72 hours of reception to the agency and receipt into another facility, the PRAT shall be conducted by a qualified health care or unit management staff. PREA Risk Assessment Tool User Guide (p. 3) restates that health care or unit management staff are responsible for conducting the screening within 72 hours of admission.

The auditor randomly selected 21 inmates from the 53 total inmates interviewed and requested evidence of screening completed within 72 hours. The facility provided records which demonstrated that all 21 inmates were screened within 72 hours of admission. Moreover, an interview with a risk screener indicated that screenings are conducted within 72 hours of admission and, more likely than not, within hours of arrival.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (c). The facility indicated in their response to the PAQ that risk assessments are conducted using an objective screening instrument. A review of the PRAT reveals 22 questions or screening measures. Eighteen of the 22 questions depend upon the inmate's self-assessment and response. Four of the 22 questions (i.e. "Does the inmate's gender expression match cultural and societal expectations (i.e. do you perceive the inmate to be gender nonconforming)?", "What is your gender expression?", "If the IQ score is unavailable, does the inmate appear to have a developmental disability?", "Describe the physical build of the inmate:", and " Describe the presentation of the inmate:" are based upon the screener's perception and requires their subjective assessment.

The evidence indicates that the PRAT is standardized, consistently administered to all inmates, structured using a weighting and scoring mechanism, guided by a supplemental user guide, and culminates in an overall determination of sexual risk. Eighteen of the 22 questions are objective, meaning they are worded in a way which does not allow the person responsible for risk screening to impart their feelings or opinions. Four of the 22 questions as described above are appropriately subjective and are in compliance with considerations the screener is asked to make per 115.41 (d) (1, 3, and 7).

A final analysis of the evidence indicates the facility is in substantial compliance with this

provision.

115.41 (d). The PRAT, revised in the spring of 2018, is comprised of 22 questions; all of which meet the prescribed criteria for this provision. Specifically, the PRAT includes the questions, “Have you ever been convicted of a crime of violence?”; “Did your current offense involve personal violence?”; “Is this the first time you have ever been incarcerated?”; “What is your age today?”; “Which of the following best describes your sexual orientation?”; “Are you intersex?”; “What is your gender expression?”; “What is your gender identity?”; “Have you ever been sexually victimized prior to this incarceration?”; “Have you ever victimized someone before this incarceration?”; “Have you ever sexually victimized anyone while incarcerated?”; “Did any of your offenses ever involve sexually victimizing a child victim?”; “Did any of your offenses ever involve sexually victimizing an adult victim?”; “Do you have a physical disability?”; “Do you have a diagnosed mental disability?”; “Do you know if you have a developmental disability?”; “Do you feel vulnerable while incarcerated?”; and “Is the inmate detained solely for civil immigration purposes?” In addition, the screener is required to assess the gender expression, physical build and presentation of the inmate. The PRAT does not include extraneous or additional questions that do not serve to assess the 10 prescribed risk-related criteria required by this provision.

An interview with a risk screener affirmed that the required considerations are made. The screener successfully recited each of the questions asked on the PRAT, which encompass the above criteria.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (e). The PRAT includes the following questions, “Have you ever been convicted of a crime of violence?”; “Did your current offense involve personal violence?”; “Have you ever victimized someone before this incarceration?”; and “Have you ever sexually victimized anyone while incarcerated?” Each of these questions attempts to elicit information about an inmate’s prior history of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Responses are recorded as part of the screening and used to determine each inmate’s risk of being sexually abusive. The facility risk screener indicated that such considerations are made as she was able to recite these specific questions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (f). The facility indicated in their responses to the PAQ that the agency has a policy that requires the facility to reassess each inmate’s risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate’s arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. In the past 12 months, 10,139 inmates have reportedly entered the facility and remained there for 30 days or more. Of these inmates, the facility stated all were rescreened for risk within 30 days of admission. Three completed sample screenings and movement logs were uploaded to the PAQ, which included an electronic date stamp indicating that each inmate was rescreened within 30 days of admission.

DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Screening for Risk of Victimization and Abusiveness (p. 11) states all inmates shall be reassessed between day 20 and 30 of every inmate's arrival into the corrections system or receipt into another facility using the PRAT. PREA Risk Assessment Tool User Guide (p. 3) restates that corrections counselors are responsible for conducting the reassessment within 30 days of admission.

During inmate interviews, 25 inmates recalled being asked the risk questions within 30 days of their arrival. Nine inmates arrived at the facility less than 30 days from the interviews. The remainder of inmates could not recall being asked the risk questions again. An interview with the initial (within 72 hours) risk screener indicated that medical staff are not responsible for rescreening inmates within 20-30 days of admission. Rather, counselors are responsible for such follow-up.

The auditor randomly selected 21 inmates from the 53 total inmates interviewed and requested evidence of rescreening within 30 days. The facility provided records which demonstrated that all 21 inmates were screened again within 30 days of admission.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (g). The facility indicated in their response to the PAQ that the agency has a policy requiring an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Screening for Risk of Victimization and Abusiveness (p. 11) states that the counselor shall reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility staff since the intake screening. The same procedural manual (p. 12) states that when there is an allegation of sexual abuse, the Licensed Psychology Manager (LPM) or their designee shall administer the PRAT to all involved inmates within 72 hours of the allegation. However, a bulletin issued by the agency head on 6/14/18 effectively revised this item and requires the LPM to administer the PRAT to all involved inmates following an allegation of sexual abuse within 24 hours or the next business day of the allegation being made. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Screening for Risk of Victimization and Abusiveness (p. 12), also states that every inmate shall be reassessed at the annual review conducted by his or her counselor using the PRAT and by the PCM, 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. PREA Risk Assessment Tool User Guide (p. 3) restates that corrections counselors, LMP/designee, and PCM are responsible for reassessing as described above.

The auditor reviewed three correspondences from facility staff in which a multidisciplinary team was notified of separate allegations of sexual abuse. Psychology personnel were directed to complete a PRAT reassessment. Three corresponding screening logs were provided, which included an electronic date stamp indicating that each inmate was screened reassessed as directed.

The facility's risk screener indicated that she would not be called upon to conduct an as needed rescreening. Instead, a psychologist, counselor, or PCM Assistant would rescreen. Random, general population inmates who have been at the facility for a longer duration affirmed that the risk screening is conducted by their counselor during their annual review.

The auditor reviewed four records of inmates who reported sexual abuse while at SCI Camp Hill in the preceding 12 months. Documentation revealed that all four inmates had been reassessed after their report of sexual abuse.

While a final analysis of the evidence indicates the facility is substantially compliant with this provision, the auditor recommends clearly defining who is responsible for conducting reassessments.

115.41 (h). The facility indicated in their response to the PAQ that the agency has a policy which prohibits disciplining inmates for refusing the answer screening questions related to whether or not they have a mental, physical, or developmental disability; whether or not they are or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not they have previously experienced sexual victimization; or their own perception of vulnerability.

DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Screening for Risk of Victimization and Abusiveness (p. 12) states that inmates shall not be disciplined for refusing the 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 PRAT, itself, includes the following opening statement, which is read by the screener to the inmate (as directed on slide 15 of the PRAT Training provided to nurses, psychology staff, counselors, and PCMs in May 2018), "...You may share as much or as little information as you feel comfortable providing. The results of the assessment are used to help keep you and other inmates safer, and the Department is committed to confidentiality regarding the information that you share. You will not be penalized in any way if you choose not to provide any information." An interview with a risk screener affirmed that inmates are not disciplined for refusing to answer; screeners state as much during their introduction of the PRAT.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.41 (i). DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Screening for Risk of Victimization and Abusiveness (p. 10) states that the sensitive information collected via the PRAT shall be kept as confidential as possible so as not to be used to the inmate's detriment by staff and other inmates. The PRAT User Guide (p. 4), states that information obtained during the PRAT administration should be shared with other staff only to inform safety and management decisions for the inmate. Further, disclosure of sensitive information obtained during the assessment unrelated to safety and management decisions or disclosed to the inmate's detriment is prohibited. The procedural manual (p. 11) and PRAT User Guide (p. 3) also states the PRAT shall be completed in the WebTAS system. If staff use the paper format of any assessment to collect information in must be entered into

the WebTAS system as soon as an inmate has been assigned a number. The paper copy of the assessment(s) shall be shredded as soon as the information is entered into the WebTAS system. PRAT User Guide (p. 2) further notifies users that the electronic PRAT is accessible based upon the screener's computer access profile. Staff must have a defined role in the assessment process to be granted access to the assessment system. Assessing staff will only have access to create an assessment and cannot review past assessments. PCMs and Administrative Officer will be granted a higher level of access, allowing for a review of previous assessments.

An interview with the PREA Coordinator revealed that access to the automated PRAT is governed by the user's login. The administrator of the automated system is the only person who can add or modify a user's access. Access to the system is bifurcated. Staff who conduct screening assessments may only enter information. Thereafter, they are electronically unable to return to the screening contents or results. Additional access is granted to the facility's PCM and Administrative Officer; they are given the added ability to access and review screening results.

The facility's PCM stated that access to the electronic PRAT is limited by role/classification. Users may only access the screening tool if they are given such computing permissions. Once the risk screening questions are answered and the tool is complete, the screener no longer has access to that specific record. If/when screenings are conducted on paper screens, data is inputted into WebTAS as soon as possible and the paper screen is shredded. The PCM is unsure if he has access to review the raw data gathered from the PRAT; he has never tried to access inmate responses. The risk screener echoed the PCM's assertion. Risk screeners are unable to access inmate responses once the data is submitted.

As part of the site review and described in the narrative section above, the auditors observed the risk screening process. Screening stations are separated by shoulder-length partitions. A screener and inmate sit on opposite ends of a small table. Albeit divided by partitions, several pairs of inmates and screeners may be next to one another discussing vulnerabilities. During the site review, the auditor expressed concern over the lack of real or perceived privacy. The PCM shared that they are aware of the privacy issue and have requested expanded partitions to remedy.

A final analysis of the evidence indicates the facility is substantially compliant with this provision. However, the auditor recommends enhancing privacy during the screening by modifying the physical structure of the screening location.

Recommendations.

1. 115.41 (g). Clarify policy to more clearly delineate who (or which classification) is responsible for rescreening inmates in accordance with provision (g). As stated, corrections counselors are responsible for reassessing for risk based upon any additional, relevant information received by the facility staff since the intake screening. The PCM is responsible for reassessing inmates following receipt of additional information that bears upon the inmate's risk of victimization or abusiveness. These two responsibilities sound very similar. Moreover, the LPM is responsible for reassessing all involved inmates within 24 hours or the next business day of receiving a sexual abuse allegation. The PCM, per policy, is directed to reassess an inmate's risk level following an incident of sexual abuse. Again, these

responsibilities appear the same.

2. 115.41 (i). Improve the actual or perceived privacy during the initial risk screening process.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008 PREA Procedures Manual, Section 9 – Working with Transgender and Intersex Inmates (effective 4/4/18)</li> <li>d. PA DOC PREA Risk Assessment Tool User Guide (revised 5/18)</li> <li>e. PRAT Instructions</li> <li>f. PRAT Training Memo (issued 3/3/15)</li> <li>g. PRAT Training Module (effective 5/18)</li> <li>h. Gender Review Committee Checklist; completed</li> <li>i. Log of inmates by risk category and housing assignment</li> <li>j. Administrative PREA Accommodation Committee Decision Record; completed</li> <li>k. Gender Review Committee Referral Packet; completed</li> <li>l. Master Roster Report</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Staff responsible for screening</li> <li>b. Classification/housing assignment staff</li> <li>c. PCM</li> <li>d. Transgender and intersex inmates</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.42 (a). The facility indicated in their response to the PAQ that the agency uses the information from the risk screening as required by standard 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. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Screening for Risk of Victimization and Abusiveness (p. 10) states that the information received through the administration of the PRAT shall be used to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. The PRAT User Guide (p. 2) states that the scores generated by the assessment are used to enhance inmates’ personal safety when making decisions regarding programming, work, education, housing and bed placement. Additionally, staff are trained to apply the PRAT scores in inmate housing, work, education, and program assignments as evidenced by the review of the PRAT Training Module.</p> <p>One of the facility’s risk screener’s indicated that the scores generated from the PRAT are used to make safe bed and housing assignments. Specifically, placement on R-Block and movement off of R-Block are decisions made by the sergeant, assigned movement officer,</p>

and unit manager who receive risk-based alerts about the compatibility of inmates. However, she was unable to describe how the risk screening information is used to make safe work, education, and program assignments. The PCM shared that not only is the PRAT used to consider all housing placements, but that the inmate employment coordinator, for instance, uses the PRAT to make job assignments. This was confirmed during additional conversations with the powerhouse supervisor. He stated that the employment office conducts a staffing review on all applicants and considers their potential risk before making a placement decision. During interviews and conversations with random and specialized staff, there appears to be a clear understanding that housing, work, education, or program shall not be made without approval from the unit manager or program/work supervisor who have access to viewing the confidential and restricted information, including potential risk of abusiveness or victimization, in WebTAS. Finally, a review of an inmate log arranged by risk category (i.e. institutional sexual predator and potential sexual assault victim) and housing assignment illustrates that those at risk of abusiveness are kept separate, by housing, from those at risk of victimization.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (b). The facility indicated in their response to the PAQ that the agency makes individualized determinations about how to ensure the safety of each inmates. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Screening for Risk of Victimization and Abusiveness (p. 13) restates this provision verbatim. Agency policy also gives facility Gender Review Committees (GRC) the latitude to approve individualized, facility-specific accommodations to meet the safety and privacy needs of transgender and intersex inmates. The facility provided six examples of their GRC assessments, in which the multi-disciplinary team determines the safest, most appropriate placements for transgender inmates.

As stated above, one of the facility's risk screener's indicated that the scores generated from the PRAT are used to make safe bed and housing assignments, but she was unable to describe how the risk screening information is used to make safe work, education, and program assignments. The PCM shared that not only is the PRAT used to consider all housing placements, but that the inmate employment coordinator, for instance, uses the PRAT to make job assignments. This was confirmed during additional conversations with the powerhouse supervisor. He stated that the employment office conducts a staffing review on all applicants and considers their potential risk before making a placement decision. During interviews and conversations with random and specialized staff, there appears to be a clear understanding that housing, work, education, or program shall not be made without approval from the unit manager or program/work supervisor who have access to viewing the confidential and restricted information, including potential risk of abusiveness or victimization, in WebTAS.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (c). The facility indicated in their response to the PAQ that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis

whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. According to DC-ADM 008, Section 9 – Working with Transgender and Intersex Inmates, Section Reception and Classification (p. 3), in deciding whether to assign a transgender or intersex inmate to a facility that is consistent with his/her gender identity, and in making other privacy, housing and programming assignments, the agency shall consider, on a case-by-case basis, whether a placement would ensure the health and safety of all impacted inmates and whether the placement or accommodation could potentially present management or security problems. DC-ADM 008, Section 9 – Working with Transgender and Intersex Inmates, Section Reception and Classification (p. 1-5), provides direction around reviewing the safest location for transgender and intersex inmates. Specifically, once an inmate has been identified as transgender or having an intersex condition the PCM shall be notified immediately. The PCM shall meet privately with the inmate within five days of notification and complete the GRC Checklist. Within five business days of meeting with the inmate, the PCM shall schedule a meeting of the GRC. The purpose of the GRC is to make individualized determinations about transgender or intersex inmates' housing and programming assignments to ensure their safety. For all instances in which the facility or the inmate request a transfer to a facility that is consistent with the gender identification of the inmate, a referral packet shall be submitted to the Administrative Gender Review Committee [recently retitled, Administrative PREA Accommodation Committee (PAC)] for review.

The auditor interviewed the PCM during which time he described the GRC. The process begins with a pre-meeting wherein the PCM or PCM Assistant meet with the transgender inmate. Together, they review some of the questions the committee will ask so as to prepare the inmate, describe the GRC process, and answer questions. The GRC, itself, is comprised of multi-disciplinary team members including the Superintendent, deputy Superintendent of centralized services, deputy Superintendent of facility management, PCM, psychologist, and health care administrator. The committee will complete the GRC Checklist and make as many accommodations as possible to ensure the inmate is comfortable. For example, some transgender inmates request to be housed with other transgender inmates; the committee is, oftentimes, able to oblige this request. If the inmate or committee makes a more complex request or recommendation, such as a transfer to a female institution, the matter is forwarded to Central Office for their review and consideration. The PCM stated that the facility and agency make every effort to balance the health and safety of the inmate with the security needs of the facility. The auditors interviewed four transgender inmates. Each one stated they have been asked questions about their safety at SCI Camp Hill. One inmate added that they have asked several times.

The facility provided documentation of six completed GRC Checklists that have been conducted in the last 12 months (five for transgender inmates and one for an inmate with an intersex condition). As part of the GRC Checklist transgender inmates are asked to share whether their current housing placement presents a safety or security concern and if they agree with the GRC's recommended housing placement. All six inmates agreed with the committee's recommendation that they remain in a male facility.

In addition to the facility-level reviews, the agency provided an example of an Administrative PAC Decision Record, wherein an agency-level team consisting of representatives from psychology, healthcare, security, PREA compliance division, population management, legal

counsel, victim advocacy, and LGBTI subject matter expert consultants weigh in on facility placement decisions after the facility-based GRC makes a recommendation. The review packet included a written synopsis of the local GRC meeting with discussion points and recommendations; GRC checklist; copies of PRATs; integrated case summary; psychological evaluation; intake assessment; cell history; misconduct history; institutional adjustment record; medical and mental health progress notes; medication history; gender-related grievances and correspondence; PREA-related allegations; and community-based medical provider information.

A final analysis of the evidence indicates the facility has a well-defined process of reviewing the safest, most appropriate placement for transgender and intersex inmates and, as such, is in substantial compliance with this provision.

115.42 (d). According to DC-ADM 008, Section 9 – Working with Transgender and Intersex Inmates, Section Reception and Classification (p. 3), transgender and intersex inmates shall be reassessed every six months to review any threats to safety experienced by the inmate. The reassessment process mirrors the initial GRC and, when needed, Administrative PAC processes. During the reassessment the unit manager and PCM shall meet with the transgender or intersex inmate during their semi-annual and annual review to complete the Gender Review Reassessment Checklist. Should the inmate transfer to another institution before a six month review can be completed, the GRC at the receiving facility shall be activated to meet with the inmate within five business days.

A facility risk screener stated that transgender and intersex inmates are followed-up with frequently, but was unsure of the frequency. The PCM confirmed that the GRC convenes every six months to review the safety of transgender and intersex inmates.

Due to the transient nature of SCI Camp Hill the audit team was unable to review any six month reassessments. The PREA Coordinator and PCM confirmed that SCI Camp Hill has not housed a transgender inmate for longer than six months as the majority of inmates are classified and transferred to a facility that more appropriately meets their needs. The last transgender inmate admitted to SCI Camp Hill was on 2/1/19. To ensure that an agency-wide reassessment system is in place the auditor reviewed the initial GRC Checklist for a transgender inmate conducted at SCI Camp Hill on 5/25/18; the inmate had subsequent reassessments, as documented on the GRC Checklist, completed at two different facilities on 7/25/18 and 10/1/18.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (e). According to DC-ADM 008, Section 9 – Working with Transgender and Intersex Inmates, Section Reception and Classification (p. 3), a transgender or intersex inmate's own views, with respect to his/her own safety shall be given serious consideration. Further direction within this policy states that the transgender or intersex inmate shall be invited to attend the GRC meeting unless contraindications exist or they choose not to attend. GRC participants shall listen attentively to the inmate's responses without interfering with the PCM's line of questioning or challenging the inmate about any inconsistencies known to them by various sources. As part of the Gender Review Committee Checklist transgender inmates are asked to

share whether their current housing placement presents a safety or security concern. They are, then, asked if they agree with the housing recommendation of the GRC.

An interview with the PCM corroborated that the facility's practice aligns with agency policy. He indicated that SCI Camp Hill gives serious consideration to a transgender or intersex inmate's own views about their safety within the institution. As noted, above four transgender inmates were interviewed. Each indicated that they have been asked to share their perceptions of their own safety; some indicated multiple times.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (f). According to DC-ADM 008, Section 9 – Working with Transgender and Intersex Inmates, Section Reception and Classification (p. 3), transgender and intersex inmates shall be given the opportunity to shower separately and privately from other inmates. The PCM indicated that not only is there physical separation, but transgender or intersex inmates may shower separately by time, if they choose. Specifically, they may wait until all other inmates have showered before taking a turn. During the site review, the audit team observed that all inmates may shower separately in individual stalls which are protected by curtains or shower doors. The audit team interviewed four transgender inmates; all of whom indicated they may shower separately and privately.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (g). According to DC-ADM 008, Section 9 – Working with Transgender and Intersex Inmates, Section Reception and Classification (p. 5), the Office of Population Management shall not place transgender or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in connect with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Interviews with the agency PREA Coordinator, PCM and four transgender inmates affirm that practice is consistent with policy. The PREA Coordinator stated the agency is not subject to any legal action or consent decrees. The agency ensures that every facility has the ability to house transgender and intersex inmates. That said, the agency has identified five of the 25 state correctional institutions that are not ideal housing locations for transgender or intersex inmates because they do not have individual or private showers. In the remaining facilities, including SCI Camp Hill, transgender and intersex inmates may be scattered throughout. Transgender inmates are currently housed among 19 different agency facilities. He further stated that transgender and intersex inmates are not clustered in one housing unit. Although transgender inmates typically request clustering, the agency has avoided this practice to ensure they are not limited to a dedicated unit or wing. The PCM stated the facility does not have a dedicated unit or wing for transgender or intersex inmates. All four transgender inmates that the audit team interviewed affirmed that they are not housed with only transgender inmates. The audit team confirmed they are on different units by reviewing Master Roster Reports.

A final analysis of the evidence indicates the facility is in substantial compliance with this

provision.

**Corrective Action.**

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.43	<b>Protective Custody</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. Involuntary Administrative Custody Services Access Restriction Form (effective 9/22/16)</li> <li>d. Initial Response Checklist – Alleged Victim; blank and completed (effective 9/22/16)</li> <li>e. PA DOC DC-ADM 802, Administrative Custody Procedures (effective 11/14/16)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Superintendent</li> <li>b. Staff who supervise inmates in segregated housing</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.43 (a). The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of 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. Of those inmates identified as being at risk of sexual victimization, zero were held in involuntarily segregated housing in the past 12 months for 24 hours of less awaiting an assessment.</p> <p>According to DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Protective Custody (p. 6), inmates who have allegedly suffered sexual abuse shall not be placed 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, and a determination has been made that there is no other available alternative means of separation from likely abusers. Moreover, 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>A review of the Initial Response Checklist – Alleged Victim Form (blank and completed) revealed that as part of the first response the shift commander must determine the most appropriate level of housing. This item is followed by a reminder that the alleged victim should be housed in a restricted status only if he/she requests placement or cannot be protected by other means. If that’s the case, documentation shall articulate the circumstances. The checklist also includes an item that indicates the alleged victim may refuse a restricted status housing placement and should sign a waiver indicating such refusal.</p> <p>In response to this item, the facility Superintendent stated that policy prohibits segregated status for alleged victims, but that the facility considers what housing unit is most appropriate for those who might be at high risk of victimization or who may have experienced victimization.</p>	

Housing options include: R-Block control group (for diagnostic and classification inmates), H-Block (for vulnerable general population inmates); and restrictive housing/protective custody, upon request. Where possible and appropriate, classification staff talk to inmates to receive their feedback about their housing preferences. She indicated that identifying needs and preferences of the newly received inmates in the diagnostic and classification center can be challenging, but as they get to know them their housing may be adjusted to better suit their needs. The Superintendent, PCM, and staff who supervise inmates in segregated housing 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 site review.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (b). According to DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Protective Custody (p. 7), if the shift commander assigns an inmate to involuntary AC for the purpose of protection from sexual victimization, access to programs, privileges, education, or work opportunities shall be afforded to that inmate to the extent possible. If the facility restricts access to these opportunities, the facility shall document on the Involuntary Administrative Custody Services Access Restriction Form the opportunities that have been limited; the duration of that limitation; and the reasons for such limitations.

The facility did not have any completed forms to review as no inmates at high risk of victimization have been placed in AC in the last 12 months, but they provided a blank version of the form. In addition to the inmate's identifying information, the form includes space to record the date/time of admission into AC, the services denied to the inmate, reason for denial of services, and a review of the denial.

An interview with a security staff member who supervises inmates in segregation revealed that inmates are rarely admitted to the restrictive housing unit for protection; they are not admitted to that unit after an experience of sexual abuse. If an inmate expresses imminent risk they are, first offered, different housing units. If they insist that no housing unit is safe, they would be temporarily placed in either RHU or DTU under AC status until the 15 day investigation period is complete. If they were on AC status, they would be afforded limited privileges like short term commissary items and some reading/legal materials. Depending on their placement in RHU or DTU they may have additional access to other programs, privileges, and education, but no work opportunities. The staff member emphasized this circumstance would be very rare. If, however, placement in such status was necessary, staff are required to document what opportunities are being refused, denied, or accepted. The Superintendent, PCM, and staff who supervise inmates in segregated housing 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. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (c). The facility indicated in their response to the PAQ that of those inmates identified

as being at risk of sexual victimization, zero were involuntarily segregated for longer than 30 days while awaiting alternative placement. Zero inmates have been involuntarily segregated for any period of time. According to DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Protective Custody (p. 7), the facility may assign inmates to involuntary AC only until an alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed 30 days.

The Superintendent indicated during an interview with the auditor that inmates at high risk of victimization are only placed in segregated housing until an alternative means of separation from likely abusers can be arranged. She stated that inmates are kept in such status for the least amount of time as possible. She could not recall a recent time an inmate was assigned such status. The last time was in 2014; at which time the inmate was placed in such status following an incident of staff-on-inmate sexual abuse. The inmate was placed in AC for less than 30 days and transferred. A staff member who supervises inmates in segregated housing stated that the facility makes every effort to explore alternate housing options, including transfer to another facility, before placing an inmate at risk in segregation. He emphasized that such placement is rare; he has seen this decision made twice in eight years at different facilities. Again, if no other placement was appropriate, segregated status may last for less than one week. Thereafter, PRC would identify another alternative placement. The Superintendent, PCM, and staff who supervise inmates in segregated housing 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. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (d). As stated above, the facility has not identified a need to separate inmates at high risk of sexual victimization by placing them in involuntary segregated housing in the last 12 months. As such, the facility indicated in their response to the PAQ that there have been no cases in which to record a statement of the basis for the facility's concern for the inmate's safety and the reason(s) why alternative means of separation could not be arranged.

According to DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Protective Custody (pp. 6-7), if an involuntary AC housing assignment is made in accordance with the above provisions, the shift commander shall clearly document on DC-141 the basis for the staff member's concern for inmate safety; the other alternative means of separation that were explored; and the reason why no alternative means of separation can be arranged.

As stated, the Superintendent, PCM, and staff who supervise inmates in segregated housing 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. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (e). The facility indicated in their response to the PAQ that no inmates were held in involuntary segregated housing pursuant to this standard. The facility further responded that if an involuntary segregated housing assignment was made, the facility would review the inmate's separation every 30 days to determine if a continuing need exists.

According to DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Protective Custody (p. 7) and DC-ADM 802 Administrative Custody Procedures, Section Involuntary Protective Custody (p. 2), the Program Review Committee (PRC) shall review placement for every inmates placed in such status every 30 days to determine whether there is a continuing need for separation from the general population. Such reviews shall be documented on DC-141.

A staff member who supervises inmates in segregation stated that PRC is required to review every placement on a weekly basis. The Superintendent, PCM, and staff who supervise inmates in segregated housing 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. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 3 – Reporting Sexual Abuse and Sexual Harassment (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 803, Inmate Mail and Incoming Publications Procedures Manual, Section 1 – Mail Processing Procedures (effective 4/6/19)</li> <li>d. PA DOC Records Office Operations Procedure Manual, Section 1 – Processing of Reception</li> <li>e. Inmate Handbook (2017 Edition)</li> <li>f. Sexual Abuse and Sexual Harassment Reporting Poster</li> <li>g. 2017 PREA Basic Training for staff</li> <li>h. 2018 PREA Essentials Training for staff</li> <li>i. PA DOC public website screenshots</li> <li>j. PREA Inmate Intake Handout (effective 6/14/18)</li> <li>k. Grievance Rejection Form; completed (effective 2/16/16)</li> <li>l. Employee Report of Incident Form; completed (revised 8/12)</li> <li>m. Inmate’s Request to Staff Member Form; completed</li> <li>n. PSP report correspondence notification (dated 2/14/19)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Random staff</li> <li>b. Random inmates</li> <li>c. PCM</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Informal interviews</li> <li>b. Posted information</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.51 (a). The facility indicated in their response to the PAQ that the agency has established multiple internal methods for inmates to privately report sexual abuse; sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. According to DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Inmates (p. 2), inmates may report any of the above items verbally or in writing to any staff member; by submitting an Inmate Request to Staff Member form, or by submitting a written report to the Bureau of Criminal Investigations (BCI)/PREA Coordinator in Harrisburg, PA. BCI is an entity of the Pennsylvania State Police. In addition, within the same policy section (p. 3), every inmate must be provided with immediate access to at least one of the methods indicated above through which he/she may privately report.</p>

The 2017 edition of the inmate handbook includes a detailed description of reporting options, which include those outlined in policy above. Moreover, inmate reporting options were reviewed in the 2017 and 2018 staff training modules. The auditor reviewed three Inmate's Request to Staff Member Forms, wherein inmates described retaliation, imminent risk and sexual abuse. The facility documented follow-up on the two former incidents and opened a sexual abuse investigation for the latter. While inmates may report sexual abuse and sexual harassment via the inmate grievance system, all such reports are removed from the system and routed to facility leadership for their review, action, and investigation. Secured grievance boxes were observed affixed to the wall in each housing unit. The auditor reviewed 10 grievances alleging sexual abuse; all were removed from the grievance system for formal investigation.

During the site review, the audit team observed posters hung throughout the facility, including on inmate housing units, which displayed the sexual abuse and sexual harassment zero tolerance policy and reporting options. The reporting options mirrored those listed above. There were also abuse hotline reporting posters which directed inmates to use the number to report incidents of physical abuse. The auditor tested this phone line and received a voice recording inviting inmates to share experiences of excessive force, oral or written threats of violence, or life threatening acts. While sexual abuse and sexual harassment may fall under any of these categories, this line, as described the PREA Coordinator and PCM, is not intended for such reporting. They both, however, indicated that if such a report of sexual abuse or sexual harassment was received via this method it would be routed to central office for processing.

Informal conversations with inmates during the site review and formal random and target inmate interviews indicated that all but six inmates could recite at least one way to report sexual abuse or sexual harassment. Fifteen of 54 inmates responded that they would call a hotline to make a report. The PREA Coordinator and PCM indicated that the PREA reporting hotline was eliminated as a reporting option approximately three years ago. While this reporting option has been redacted from reporting posters, the PREA Coordinator stated new posters have been ordered and will be posted as soon as possible. The confusion about the existence of a reporting hotline exists among staff. Of 12 random staff members interviews five believe there is a sexual abuse and sexual harassment reporting hotline. Although some staff responded that a hotline was an option, all 12 were able to recite another, acceptable method of inmate reporting to include: reporting to any staff member; submitting a request slip; writing to PSP; or using their unit call buttons.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.51 (b). The facility indicated in their response to the PAQ that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. As described above and according to DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Inmates (p. 2), inmates may report to PSP's BCI/PREA Coordinator in Harrisburg, PA. The same policy (p. 1) states that correspondence received by PSP shall be scanned and emailed to the agency's

PREA notification email address (and checked daily by the PREA Compliance Division) for tracking purposes and dissemination to the appropriate facility. The auditor reviewed an email correspondence from PSP to the PREA Compliance Division, which included two scanned letters forwarded upon receipt in a timely manner.

Interviews with mailroom staff indicated that inmates are provided eight free envelopes and postage by the facility. DC-ADM 803 Section 1 – Mail Processing Procedures, Section Mail Privileges (p. 5) indicates inmates are provided, without cost, to mail eight one-ounce, first-class letters per month. Thereafter, inmates may send an unlimited number of letters at their own expense. Privileged correspondence, including mail addressed to the BCI/PREA Coordinator, need not include the inmate's name or PA DOC number. This information is made available to inmates in the Inmate Handbook (2017 Edition).

An interview with the PCM confirmed that in order to report externally inmates may write a letter to PSP. Not only may they write to PSP, but they may do so anonymously (i.e. they are not required to record their name on the outgoing envelope or enclosed correspondence). Inmates may also report anonymously via a third party. Of 54 random and target inmates interviewed, 30 affirmed they could report anonymously. While a handful of the 30 stated they would tell a family member or friend, the overwhelming majority were unable to identify how they would or could report anonymously. The reporting posters and inmate handbook omit a reference to an anonymous reporting option. The updated PREA Inmate Intake Handout does state that reports can be made anonymously, but there is not instruction on how to do so. As described in the standard discussion of 115.33 and 115.53, during the site review the audit team observed that inmates were receiving (if they accepted the materials) older, outdated PREA reporting information, not the PREA Inmate Intake Handout dated 6/14/18, nor did the team observe a discussion about reporting options following the inmate education video on day two of orientation. Following the onsite review, on 4/4/19, the facility sent an email communication and memo to intake staff requiring them to immediately discard older educational materials, replace with the current PREA Inmate Intake Handout, and, finally, give, not offer, this handout to inmates.

The agency does not house inmates solely for immigration purposes and, as such, does not have a policy or provide inmates detained solely for civil immigration purposes information on how to contact consular or Department of Homeland Security officials. According to PA DOC Records Office Operations Procedure Manual, Section 1 – Processing of Reception (p. 15), the agency does not accept or house inmates that are detained solely for civil immigration purposes.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision. However, while the structure is in place to report anonymously, twenty-five of 54 inmates were unaware of the way in which to do so. Moreover, of the 30 inmates who indicated they could report anonymously just four reported that they would do so by sharing their experience with a family member or friend. Zero inmates stated that reporting anonymously to the BSI/PREA Coordinator address is an avenue.

115.51 (c). The facility indicated in their response to the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Moreover, staff are required to document verbal

reports. According to DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section General (p. 2), staff shall accept and document reports made verbally, in writing, anonymously, and from third parties and promptly forward to the facility’s designated investigators. On the following page of the same policy, staff are directed to notify the shift commander immediately upon receiving a report of sexual abuse or sexual harassment, verbally or in writing.

All random staff interviewed stated inmates can report in any of the ways described above, including anonymously. All also stated that they would complete an incident report immediately upon accepting a report from an inmate, regardless of the report method. Four of 54 inmates stated they could not or were not aware of written or verbal reporting options; the overwhelming majority affirmed that they can report in any of the accepted ways with the exception of reporting anonymously as described above.

A review of PA DOC’s public website revealed a list of ways in which sexual abuse or sexual harassment may be reported. The list appears comprehensive; meaning, the list does not appear directed, specifically, to third parties, but rather describes all of the ways in which a person (in the community or confinement) may report. In addition to the ways an inmate can report, the website provides an additional mailing address and two telephone numbers [PA DOC Bureau of Investigations and Intelligence (BII)] to report to.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision. However, the auditor recommends that the facility clarify the chain of reporting (i.e. notify designated facility investigators, the shift commander, or both).

115.51 (d). The facility indicated in their response to the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment by reporting to any facility administrator, PRM, or PSP. Further, they are informed of these methods via training materials, posters, agency website, and policy. According to DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Staff, Contractors, and Volunteers (p. 4), the sexual abuse reporting address is an option for an employee, contract service provider, or volunteer to privately report an allegation of sexual abuse, sexual harassment, or retaliation.

During the site review, the audit team observed posters hung throughout the facility. Not only are inmate reporting options including displayed, but so is staff reporting information, which includes the methods described above. Staff training modules circulated in 2017 and 2018 include information on staff reporting methods, as does the information posted to the public website, which staff have access to.

Twelve of twelve random staff stated they can report privately. They, further, described multiple methods including notifying the shift supervisor, PCM, and BII.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

**Recommendations:**

1. 115.51 (b). Ensure incoming and existing inmates receive information about how to report

sexual abuse and sexual harassment anonymously. Consider updating the inmate handbook and reporting posters for emphasis and enhancing comprehensive PREA education following the PREA video (discussed in standard 115.33).

2. 115.51 (c). Clarify to whom staff are expected to notify upon receipt of a sexual abuse or sexual harassment report. In one place, DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section General (p. 1, A.3.) requires staff to notify the facility investigator(s) and in another place (p.2, B.2.) policy requires staff to notify the shift commander.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 3 – Reporting Sexual Abuse and Sexual Harassment (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 804, Inmate Grievance System Procedures Manual, Section 1 – Grievances &amp; Initial Review (effective 2/16/16)</li> <li>d. Grievance Rejection Form; completed (effective 2/16/16)</li> <li>e. Inmate Handbook (2017 Edition; English and Spanish)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Facility Superintendent</li> <li>b. Sexual abuse investigator (PREA Lieutenant)</li> <li>c. Grievance staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.52 (a). The facility indicated in their response to the PAQ that the agency does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse. According to DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Inmates (pp. 2-3), inmates shall not utilize the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse. However, if an inmate files a grievance related to staff-on-inmate sexual abuse or 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 PCM for tracking and investigation. The inmate shall be notified of this action. Further, DC-ADM 804, Inmate Grievance System Procedures Manual, Section 1 – Grievances &amp; Initial Review, Section Filing of an Initial Grievance (p. 1) states that the Inmate Grievance System is not meant to address incidents of an urgent or emergency nature including allegations of sexual abuse. Any allegation of a sexual nature (abuse and harassment) against a staff member and any allegation of inmate-on-inmate sexual abuse must be addressed via DC-ADM 008 PREA Procedures Manual. While incidents of inmate-on-inmate sexual harassment are not included as an allegation-type that is removed from the grievance process, the facility’s sexual abuse investigator indicated that, in practice, they are removed and investigated in accordance with DC-ADM 008 PREA Procedures Manual.</p> <p>The auditor reviewed the Inmate Handbook (2017 Edition) and learned that inmates are informed about how to submit a grievance, matters which are not appropriate for the grievance process (i.e. allegations of a sexual nature), and, alternately, how to report such incidents. The auditor reviewed eight examples of inmate grievances, which were rejected from the grievance process due to their sexual nature. It was confirmed by cross-reference of investigation files that each resulted in a sexual abuse and/or sexual harassment investigation.</p>

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (b). The facility indicated in their response to the PAQ that this provision is not applicable. The inmate grievance policy, DC-ADM 804, Inmate Grievance System Procedures Manual, does not accept allegations of sexual abuse and consequently places no time limits or prerequisites for informal resolution on these allegations. This is consistent with information from onsite interviews with specialized staff as well as information contained in the Inmate Handbook (2017 Edition). Staff confirmed during interviews that no time limits are imposed for allegations of sexual abuse and no requirements are imposed regarding using an informal grievance process prior to making an allegation of sexual abuse.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (c). The facility indicated in their response to the PAQ that this provision is not applicable. Inmates are able to report sexual abuse utilizing multiple available methods outside of the grievance process; moreover, these methods (including verbal and written reports to any staff member, written reports to the PREA Coordinator, and reports to family or friends) as described in the Inmate Handbook (2017 Edition) provide options that could be made without involvement of a staff member who is the subject of a complaint. Specialized staff were asked during onsite interviews about procedures in place for inmates to submit grievances to staff members who may be named in a complaint. Information provided by staff was consistent with policy, which states that the staff member who serves as the Grievance Officer shall not be directly involved in or named as the subject of the grievance. The auditor reviewed eight examples of inmate grievances, which were rejected from the grievance process due to their sexual nature. It was confirmed by cross-reference of investigation files that each was referred for investigation to a staff member who was not the subject of the complaint.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (d). The facility indicated in their response to the PAQ that this provision is not applicable. DC-ADM 804, Inmate Grievance System Procedures Manual, – Grievances & Initial Review (p. 1) removes from the grievance process any allegation of a sexual nature (abuse and harassment) against a staff member and any allegation of inmate-on-inmate sexual abuse. The policy states that sexual abuse and sexual harassment allegations are removed from the grievance system and immediately forwarded for an investigation investigated in accordance with DC-ADM 008 PREA Procedures Manual. DC-ADM 008, PREA Procedures Manual, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Inmates (pp. 2-3) states that allegations rejected from the grievance system are forwarded to the facility Security Office and the PCM; the inmate who initiated the grievance is also notified. Specialized staff confirmed the time limits provided in Section 5 of the DC-ADM 008, PREA Procedures Manual for decisions regarding investigations of allegations of sexual abuse and sexual harassment, which apply to allegations re-directed from the grievance process.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (e). The facility indicated in their response to the PAQ that this provision is not applicable. Per DC-ADM 008, PREA Procedures Manual, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Inmates (p. 4) and Inmate Handbook (2017 Edition), inmates are able to report sexual abuse with the assistance of third parties such as family members and friends. Reviews of investigative files show that reports from third parties are accepted and investigated. Documentation supports that although the grievance process is not available for third parties to report allegations of sexual abuse and sexual harassment, the facility accepts and conducts investigations based on third party reports.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (f). The facility indicated in their response to the PAQ that this provision is not applicable. The agency has established procedures outlined in DC-ADM 008, PREA Procedures Manual, Section 4 – Responding to Reports of Sexual Abuse, for responding to reports of sexual abuse. Interviews with investigative staff indicated that when an allegation of a substantial risk of imminent sexual abuse is received the shift commander is immediately notified and a lieutenant is activated to respond to the inmate and ensure there is separation of the alleged victim and alleged abuser. The Superintendent stated in her onsite interview that a determination is made about which housing unit is most appropriate for the alleged victim. Consideration would be given to an inmate's request to be placed in restricted housing or protective custody.

The standard provisions 115.52(f)-2 and 115.52(f)-5, require an initial response within 48 hours after an allegation of substantial risk of imminent sexual abuse and a final decision within 5 days. Although these provisions apply to the grievance process, from which sexual abuse allegations are rejected, it is recommended the facility create written procedures for responding to allegations of substantial risk of imminent sexual abuse (1) within the time frame in §115.52(f)-2; (2) for providing the inmate a final decision within 5 days consistent with §115.52(f)-5; and (3) for documenting these steps.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (g). The facility indicated in their response to the PAQ that this provision is not applicable. DC-ADM 804, Inmate Grievance System Procedures Manual, Section 1 – Grievances & Initial Review, Section Filing of an Initial Grievance (p. 1) removes from the grievance process any allegation of a sexual nature (abuse and harassment) against a staff member and any allegation of inmate-on-inmate sexual abuse. The policy states that sexual abuse and sexual harassment allegations are removed from the grievance system and immediately forwarded for an investigation in accordance with DC-ADM 008, PREA Procedures Manual. Staff interviews revealed that a bad faith determination in the context of a sexual abuse grievance or allegation would be made only after review of all the evidence from the investigation. In making a bad faith determination, the investigator would need to be

assured the incident did not happen and there were circumstances showing bad or retaliatory intent.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

**Recommendations:**

1. 115.52 (a). The grievance policy currently rejects complaints of staff-on-inmate sexual abuse and sexual harassment and inmate-on-inmate sexual abuse. In practice, complaints of inmate-on-inmate sexual harassment are also removed and routed for investigation. Consider aligning policy with practice (i.e. removing inmate-on-inmate allegations of sexual harassment).

2. 115.52 (f). Consider developing written procedures related to allegations of a substantial risk of imminent sexual abuse; see discussion in 115.52(f)

**Corrective Action.**

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 4 – Responding to Reports of Sexual Abuse (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 803 Inmate Mail and Incoming Publications Procedures Manual, Section 1 – Mail Processing Procedures (effective 4/6/19)</li> <li>d. Inmate Handbook (2017 Edition)</li> <li>e. PREA Inmate Intake Handout (effective 6/14/18)</li> <li>f. Letter of Agreement (effective 3/30/15)</li> <li>g. Sexual Assault/Rape Crisis Services of Cumberland County Brochure</li> <li>h. Consent to Participate in Services; completed</li> <li>i. Post-Sexual Assault Interview Form; completed</li> <li>j. YWCA support services request correspondences</li> <li>k. Control Number Request Form</li> <li>l. Sexual assault service provider confidential mailing correspondences (dated 9/7/18 and 9/12/18)</li> <li>m. Attachment 2H memo (dated 4/4/19)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Random inmates</li> <li>b. Inmates who reported sexual abuse</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Posted support services information</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.53 (a). The facility indicated in their response to the PAQ that they provide inmates with access to outside victim advocates for emotional support services related to sexual abuse; provide inmates with access to such services by giving inmates mailing addresses and telephone numbers for victim advocacy or rape crisis organizations; and provide inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The agency does not house inmates solely for civil immigration purposes and, as such, does not provide information for immigrant services agencies.</p> <p>According to DC-ADM 008, Section 4 – Responding to Reports of Sexual, Section Inmate Access to Outside Support Services (p. 7), the PCM shall ensure that inmates are offered and provided with access to outside advocates for emotional support services related to sexual abuse which occurred in a confinement setting. During non-working hours, the shift commander shall ensure the aforementioned support services. Support services may be provided via a variety of methods including in person, during a non-monitored phone call,</p>

and/or in writing. The preferred service delivery method is in person in a confidential setting. Policy also states that an inmate shall be offered the opportunity to talk with a victim advocate upon receipt of an allegation and receive continued care when they have been the victim of facility sexual abuse, no matter if they reported the facility sexual abuse immediately or made a delayed disclosure.

DC-ADM 803 Section 1 – Mail Processing Procedures, Section Incoming Inmate Mail Procedures – Privileged Mail (p. 10) affords inmates the opportunity to communicate via written correspondence with their local sexual assault service provider provided the advocacy organization completes a Control Number Request Form. Once the form is completed and submitted to PA DOC Office of Chief Counsel for approval, future incoming communications will be treated as privileged. This process was reviewed with the Pennsylvania Coalition Against Rape (PCAR), on behalf of local advocacy organizations, during a telephone conference on 9/12/18 with the PREA Coordinator.

The auditor reviewed the Inmate Handbook (2017 Edition) wherein inmates are informed they may access PCAR by mail. During the site review, the audit team observed PCAR's contact information on PREA posters, which were posted in all inmate common areas. In addition, the PREA Inmate Intake Handout, as part of a list of items inmates should consider after an experience of sexual abuse, states that inmates may use outside rape crisis center services for counseling and support. The handout then lists the mailing address for PCAR, along with a notation that victims of sexual abuse may access support services free of charge. Inmates may also contact their facility's PCM to arrange for access to local rape crisis center services. This handout is designed to be distributed during intake. During the site review, however, auditors observed older, outdated versions of this form being distributed. Following the onsite review, on 4/4/19, the facility sent an email communication and memo to intake staff requiring them to immediately discard older educational materials, replace with the current PREA Inmate Intake Handout, and, finally, give, not offer, this handout to inmates. After an inmate discloses an experience of sexual abuse, the facility distributes the brochure, Sexual Assault/Rape Crisis Services of Cumberland County, which includes the local rape crisis center's (operated by the YWCA) mailing address and telephone number. The auditor also reviewed one Post-Sexual Assault Interview Form, which included an indicator the rape crisis counseling services were offered and a notation that the inmate declined YWCA services.

Thirteen of 54 inmates stated they are aware of external support services. The remainder indicated they were unaware such services existed. Of the four inmates interviewed due to their report of sexual abuse in the last 12 months, one expressed familiarity with external support services. He stated he saw an advocate from the YWCA on one occasion, but the services stopped despite his interest in continuing. He denied that he has the YWCA's mailing address to write to the agency independently.

A pre-onsite interview with the YWCA revealed that the YWCA does visit SCI Camp Hill when they receive a referral. The YWCA representative indicated the working relationship is positive (when fully staffed, they visit SCI Camp Hill weekly or bi-monthly) although maintaining confidentiality has been difficult at times. The representative elaborated by stating they meet with inmates in the visiting room during visitation. At that time, the room is typically full; those in the room can see that the advocate is being escorted by the "PREA person." While the meeting room is in a distinct space with a door and walls, the walls are lined by large windows,

which inhibits privacy and confidentiality when working with the advocate. The representative stated that meeting with inmates outside of visiting hours may improve the value of services. During the onsite review, the auditor observed the meeting space and shared similar concerns. It should be noted that the room the YWCA meets with inmates in is the same room that attorneys conduct privileged visits with their inmate clients. SCI Camp Hill's PCM stated the YWCA has not expressed concern that the meeting space compromises safety or confidentiality. Finally, the memorandum of understanding (MOU) (i.e. Letter of Agreement) developed and signed by the facility and sexual assault service provider on 3/30/15 states that the YWCA will provide confidential support services to the victim either by telephone, mail, or in person.

The auditor reviewed 19 signed Consent to Participate in Services Forms which inmates must sign before receiving services from the YWCA and corresponding service request referral correspondences to the YWCA from SCI Camp Hill, evidence that external support services are provided.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.53 (b). The facility indicated in their response to the PAQ that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. According to DC-ADM 008, Section 4 – Responding to Reports of Sexual, Section Inmate Access to Outside Support Services (p. 7), the PCM shall inform inmates of the provisions stated above. None of the random or targeted inmates were able to affirm that they are informed of the above provisions before accessing support services.

The auditor reviewed 19 signed Consent to Participate in Services forms which inmates must sign before receiving services from the YWCA. The form includes a statement notifying inmates that YWCA staff members are mandated reporters of child abuse under Pennsylvania law. The Inmate Handbook (2017 Edition) further informs inmates of the extent to which their communications will be monitored. During the onsite review, the auditors observed the space in which advocacy meetings are held. While the space is encased in windows, there are no recording devices in the room.

A final analysis of the evidence indicates the facility is substantial compliance with this provision.

115.53 (c). The facility indicated in their response to the PAQ that the facility maintains a MOU (i.e. Letter of Agreement) with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. The auditor reviewed such agreement signed by SCI Camp Hill and YWCA leadership on 3/30/15. Within, the agreement describes the respective responsibilities of SCI Camp Hill and YWCA as it relates to facilitating and providing support services for inmates following an experience of sexual abuse in confinement. An interview with a YWCA representative prior to the onsite phase of the audit revealed that the facility and advocacy organization intend to meet in April 2019 to discuss the

provisions of the agreement and resign.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

**Recommendations.**

1. 115.53 (a). Inmate interviews revealed that although external support services are available and a system for accessing such services is in place, existing inmates are largely unaware of such services. Replacing older education materials, as directed on 4/4/19 will help, but the facility might consider enhancing overall awareness of such services (i.e. circulating an inmate memo, posting a notice, announcing on the internal TV channel, emphasizing during comprehensive education, etc.). In addition to improving awareness of PCAR, the facility might also consider improving awareness of the local sexual assault service provider, YWCA, and the ways to receive support.

2. 115.53 (a). Reconsider the meeting space for in-person YWCA advocacy to allow for greater confidentiality.

**Corrective Action.**

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

<b>115.54</b>	<b>Third-party reporting</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="252 371 1469 786" style="list-style-type: none"> <li data-bbox="252 371 1043 405">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="252 416 1469 663" style="list-style-type: none"> <li data-bbox="252 416 596 450">a. Pre-Audit Questionnaire</li> <li data-bbox="252 461 1469 539">b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 3 – Reporting Sexual Abuse and Sexual Harassment (effective 9/22/16)</li> <li data-bbox="252 551 751 584">c. PA DOC public website screenshots</li> <li data-bbox="252 595 911 629">d. PREA Inmate Intake Handout (effective 6/14/18)</li> <li data-bbox="252 640 1015 674">e. Sexual Abuse and Sexual Harassment Reporting Poster</li> </ol> </li> <li data-bbox="252 707 628 741">2. Site Review Observations: <ol data-bbox="252 752 528 786" style="list-style-type: none"> <li data-bbox="252 752 528 786">a. Posted information</li> </ol> </li> </ol> <p data-bbox="252 842 560 875">Findings (By Provision):</p> <p data-bbox="252 931 1481 1133">115.54 (a). The facility indicated in their response to the PAQ that the agency and facility provide a method, and publicly distribute reporting information on PA DOC’s website, to receive third-party reports of inmate sexual abuse or sexual harassment. In addition to posting methods on the public website, the facility hangs accessible reporting posters in the visiting room.</p> <p data-bbox="252 1189 1469 1391">DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Friends, Family, and the General Public (p. 4) states that third party reporters may write to the PSP via the BCI/PREA Coordinator address in Harrisburg, PA. 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 data-bbox="252 1447 1461 1906">During the onsite review, the auditor also observed posters hung in the visiting room, which described these reporting options, in addition to the reporting options that inmates have. The auditor also observed this information posted to PA DOC’s public website in two places. The information is easily accessed once on the Prison Rape Elimination Act page of the website. Once users click on a tile labeled “Make a Report,” they are provided with the ways in which an inmate can make a report, which includes “Have your family call to notify the facility or contact PSP.” The PSP address is listed. A subsequent statement notifies users that reports can be submitted anonymously. Users may also navigate by searching for “Report Abuse.” In addition to resources to report physical abuse, the method for reporting sexual abuse and sexual harassment is listed and includes writing to PSP, which may be accomplished anonymously.</p> <p data-bbox="252 1962 480 1995">Corrective Action.</p> <p data-bbox="252 2007 1358 2074">A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>



115.61	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 3 – Reporting Sexual Abuse and Sexual Harassment (effective 9/22/16)</li> <li>c. Employee Report of Incident Form; completed (revised 8/12)</li> <li>d. PA Department of Aging website</li> <li>e. Sexual abuse and sexual harassment investigations</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Superintendent</li> <li>b. PREA Coordinator</li> <li>c. Medical and mental health staff</li> <li>d. Random staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.61 (a). The agency indicated in their response to the PAQ that all staff must report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are also required to immediately report according to policy any retaliation against inmates or staff who reported such an incident. Finally, staff must immediately report according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>According to DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Staff, Contractors, and Volunteers (p. 3), any staff member, contract service provider, and volunteer shall immediately report to the shift commander if he/she has knowledge, suspicion, or information regarding the following that occurred in any confinement facility: sexual abuse of an inmate; sexual harassment of an inmate that occurred in a facility; retaliation against inmates or staff who reported such an incident; and/or staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, verbal reports shall be immediately documented on the DC-121, Part 3, Employee Report of Incident. Written incident forms regarding PREA allegations shall be retained in the appropriate investigative file, held in strict confidence, and precipitate an immediate investigation. The auditor reviewed 15 completed Employee Report of Incident forms, wherein staff reported incidents of alleged sexual abuse or harassment as reported to them by inmates.</p> <p>Twelve of 12 random staff interviews corroborated practice is consistent with policy. Each staff member stated staff are required to report each of the incidents described above if they have knowledge, suspicion, or knowledge of such conduct. They further reported they would report to a shift commander and file an incident report.</p>

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.61 (b). The facility indicated in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, the agency prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Staff, Contractors, and Volunteers (p. 4) restates this provision.

Twelve of 12 random staff interviewed reported they would immediately contact the shift commander; they would refrain from sharing the information other than with staff who have a need to know.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.61 (c). DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Methods of Reporting for Staff, Contractors, and Volunteers (p. 3) directs medical and mental health staff, unless precluded by Federal, State, or local law, to report sexual abuse in accordance with provision (a), inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

The auditor interviewed a medical clinician and mental health practitioner, both of whom indicated that they disclose the limits of confidentiality, including the disclosure of sexual abuse, at the start of services. They affirmed that they are required to immediately report in accordance with provision (a) and DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment. While the mental health practitioner has not had any knowledge, suspicion, or information of sexual abuse to report, the medical clinician reported she has and reported such information immediately to supervisory staff and documented. Both reported they understand their responsibility and the confidentiality requirements for inmate medical and mental health information pursuant to this standard and policy.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.61 (d). DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section General (p. 1) indicates that if the alleged victim is under the age of 18, the agency shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Housing Youthful Inmates (p. 8) states male youthful inmates shall be transferred to SCI Pine Grove within 24 hours of reception by the agency. SCI Camp Hill reported there have been zero youthful inmates at the facility in the past 12 months.

The auditor spoke to the Superintendent, PREA Coordinator, and PCM to confirm no youthful inmates are housed at the facility. An interview with the PREA Coordinator affirmed that

Upon review of PA Department of Aging's public website, the auditor learned that while the state has mandatory abuse reporting for older (vulnerable) adults who experience sexual abuse, serious physical injury, serious bodily injury, or suspicious death per the Older Adult Protective Services Act (amended in 1997), employees of state correctional facilities are not mandated reporters.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.61 (e). DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section General (p. 1) states staff shall accept and document reports made verbally, in writing, anonymously, and from third parties and promptly forward to the facility's designated investigators. During the onsite review, the audit team examined 21 investigations and noted the PREA lieutenant was informed of each allegation as documented. An interview with the Superintendent confirmed this practice.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

**Corrective Action.**

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008 PREA Procedures Manual, Section 4 – Responding to Reports of Sexual Abuse (effective 9/22/16)</li> <li>d. Initial Response Checklist – Alleged Victim; completed (effective 9/22/16)</li> <li>e. Inmate Query – Cell History</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head (designee)</li> <li>b. Superintendent</li> <li>c. Random staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.62 (a). The facility indicated in their response to the PAQ that when the agency or facility learns an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. SCI Camp Hill reported that there have been 29 instances of substantial imminent risk in the past 12 months. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section PREA Compliance Manager (p. 3) directs staff to take appropriate and immediate action to protect the inmate who may be at substantial, imminent risk of sexual abuse.</p> <p>The auditor examined three Initial Response Checklists – Alleged Victim that were completed following staff’s knowledge, suspicion, or information of imminent sexual abuse risk. The documentation indicated that the inmate at imminent risk was consulted about the safest housing placement; the corresponding Inmate Query – Cell History demonstrated that an immediate move was made to a safer location.</p> <p>The Agency Head (designee) stated the agency would take immediate action to ensure the victim is separated from any threats. The agency or facility would consider alternate housing units or facilities, if necessary. Action would be taken so as not to place a victim (or those at imminent risk) in segregated housing based on a threat or risk of victimization. If a segregated status was the safest, most appropriate location, the inmate would maintain all of his privileges. An interview with the Superintendent echoed this process.</p> <p>Interviews with 12 random staff verified those at imminent risk would be separated from the threat immediately by housing unit. Staff further articulated that they would ask preliminary questions to better understand the risk; act immediately as safety is paramount; offer a couple of solutions and allow the inmate to choose; notify the shift commander; and keep the person at imminent risk separate from the threat until a placement decision could be made.</p>

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.63	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 3 – Reporting Sexual Abuse and Sexual Harassment (effective 9/22/16)</li> <li>c. Notification of Sexual Abuse Allegation to Another Facility Form; completed</li> <li>d. Notification correspondences</li> <li>e. Employee Report of Incident Form; completed (revised 8/12)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head (designee)</li> <li>b. Superintendent</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.63 (a). The facility indicated in their response to the PAQ that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. In the past 12 months, SCI Camp Hill has made 59 notifications of alleged sexual abuse to other locations.</p> <p>DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Inter-Facility Reports (p. 4) indicates that inmates may file a report of sexual abuse sustained while confined at another facility. Further, it is the facility manager or designee’s responsibility to notify the head of the facility in which the reported abuse occurred and forward such notification to the facility PCM for tracking purposes.</p> <p>The auditor reviewed 11 notifications from SCI Camp Hill to other facilities within the PA DOC system. Nine of the 11 notifications were sent via email from the Superintendent to the head of the receiving facility. The two remaining notifications were sent on the Superintendent’s behalf by the deputy Superintendent in her absence. Allegations were documented on the Notification of Sexual Abuse Allegation to Another Facility form. The information enclosed on the form include the date the allegation was received; the date and location of the alleged incident; the alleged perpetrator; the alleged victim; method and summary of initial report; and follow-up actions taken, including to whom and when the notification was made. Where applicable, the facility also attaches and forwards the completed Employee Report of Incident Form with the notification form.</p> <p>In addition to notifying the facility of the alleged abuse within 72 hours, the auditor reviewed documentation which directed medical to evaluate the inmate for any injuries that may have occurred from the alleged abuse; psychology to document, reassess using the PRAT, and offer the inmate outside services; counselor to initiate retaliation monitoring. All were directed</p>

to forward documentation to the PCM Assistant for recordkeeping.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.63 (b). The facility indicated in their response to the PAQ that agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Inter-Facility Reports (p. 4) restates this expectation and further directs such notification to be documented on the Notification of Sexual Abuse Allegation to Another Facility form. This document shall be maintained by the PCM for tracking purposes.

As stated, the auditor reviewed 11 notifications from SCI Camp Hill to other confinement facilities. Ten of the 11 notifications were provided within 72 hours. One notification was provided four days after the initial allegation receipt. Four notifications were made on the same day SCI Camp Hill received the allegation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.63 (c). The facility indicated in their response to the PAQ that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Inter-Facility Reports (p. 4) restates this expectation and further directs such notification to be documented on the Notification of Sexual Abuse Allegation to Another Facility form. This document shall be maintained by the PCM for tracking purposes.

The auditor reviewed 11 notifications from SCI Camp Hill to other confinement facilities. All eleven were documented in identical format. The Superintendent (or deputy on her behalf) emailed the notification to the head of the facility where the alleged abuse occurred and attached the Notification of Sexual Abuse Allegation to Another Facility form, in addition to Employee Report of Incident Form, where applicable.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.63 (d). The facility indicated in their response to the PAQ that agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, SCI Camp Hill has received 11 notifications from other confinement facilities.

According to DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Inter-Facility Reports (p. 4), upon received of an allegation from another facility that an inmate was sexually abused while confined at that location, the facility manager/designee at the receiving facility shall document the receipt of the allegation on the Notification of Sexual Abuse Allegation to Another Facility form; immediately notify the security office to initiate a PREA investigation; and forward the notification and supporting documentation to the facility PCM within 5 days of the receipt of the allegation.

The auditor reviewed three allegations of sexual abuse that SCI Camp Hill received from another confinement facility. All three precipitated a sexual abuse or sexual harassment investigation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

**Corrective Action.**

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 4 – Responding to Reports of Sexual Abuse (effective 9/22/16)</li> <li>c. Initial Response Checklist – Alleged Victim; blank and completed (effective 9/22/16)</li> <li>d. Initial Response Checklist – Alleged Abuser; blank and completed (effective 9/22/16)</li> <li>e. Shift Commander Checklist; blank and completed (effective 9/22/16)</li> <li>f. Instructions for PREA Evidence Retention (effective 9/22/16)</li> <li>g. PREA – Immediate Response Procedures pocket cards</li> <li>h. Security staff schedule books</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Security staff and non-security staff first responders</li> <li>b. Random staff</li> <li>c. Inmates who reported sexual abuse</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.64 (a). The facility indicated in their response to the PAQ that the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report must separate the alleged victim and abuser and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Moreover, if the abuse occurred within a time period that allows for the collection of physical evidence, the first security staff member to respond shall request that the alleged victim and ensure that the alleged suspect not take any actions that could destroy physical evidence. In the past 12 months, the facility indicated in the PAQ that they have received 89 allegations of sexual abuse. However, the facility provided allegation and investigation summary data to the auditor in advance of the onsite audit and, upon closer review, the facility actually received 88 allegations of sexual abuse in the past 12 months. Per the facility’s responses to the PAQ, of these allegations, there were no instances in which the first security staff member to respond to the report separated the alleged victim and abuser. There were five occasions in which staff were notified within a time period that still allowed for the collection of physical evidence. In each of these five incidents, security staff responded by preserving and protecting the crime scene until appropriate steps could be taken to collect any evidence. This included requesting the alleged victim and ensuring the alleged suspect not take any actions that could destroy physical evidence.</p> <p>DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section First Responder Duties (p. 1) directs security staff first responders to take the actions as described above. The first responder duties, according to policy, also includes notifying the shift commander. Policy clarifies the time period in which evidence may be collected; specifically, if the abuse occurred</p>

within 96 hours security staff shall request that the alleged victim and ensure that the alleged abuser not take any actions that may destroy physical evidence. In addition, per DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Shift Commander Responsibilities Involving Sexual Contact (pp. 1-2), shift commanders are directed to initiate the Shift Commander Checklist following a report of sexual contact. They are responsible for ensuring that the alleged victim and abuser are separated; securing any video, audio, or photographic evidence; notifying the intelligence gathering captain, deputy Superintendent for internal security, or security lieutenant; ensuring the alleged victim is immediately escorted to the medical department; and ensuring the Incident Response Checklist – Alleged Victim and Incident Response Checklist – Alleged Abuser is complete. For non-contact abuse allegations, shift commanders are expected to respond in the same manner with the exception of escorting the alleged victim to the medical department and completing the Incident Response Checklist – Alleged Abuser. Rather, following a non-contact allegation, shift commanders must ensure the Initial Response Checklist – Alleged Victim of Non-Contact Abuse is completed.

The auditor reviewed several worksheets and tools which serve to reinforce first responder duties at SCI Camp Hill. First, PREA – Immediate Response Procedure pocket cards are distributed to all staff; first responder duties are also listed in their schedule books along with other pertinent at-a-glance information. Next, the auditor reviewed the following checklists: Initial Response Checklist – Alleged Victim; Initial Response Checklist – Alleged Abuser; and Shift Commander Checklist. Specifically, the auditor reviewed these completed forms related to four alleged incidents of sexual abuse. The forms describe first responder duties for initial responders and supervisory staff in a clear and concise, but thorough, manner. Finally, evidence preservation and retention guidelines, Instructions for PREA Evidence Retention, are well defined and listed as a DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse policy attachment

Ten of 12 security staff members interviewed successfully articulated all of their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; requesting the alleged victim not take any actions that might destroy physical evidence; and ensuring the alleged abuser not take any actions that might destroy physical evidence. All stated, at minimum, they have or would notify the shift commander and separate the alleged victim from the alleged abuser. In addition to their basic responsibilities, others added that they would document the report and follow-up actions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.64 (b). The facility indicated in their response to the PAQ the agency has a policy that requires non-security staff first responders to request the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the 88 allegations that an inmate was sexually abused at SCI Camp Hill in the last 12 months, non-security staff were the first to respond in two instances. As part of the response in both incidents, non-security staff requested that the alleged victim not take any actions that could destroy physical evidence and notified a security supervisor.

DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section First Responder Duties (p. 1) directs non-security staff to immediately notify the shift commander and request

that the alleged victim not take any actions that could destroy physical evidence. Interviews with non-security staff members indicate all are well-versed in their first responder duties.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

**Corrective Action.**

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.65	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 4 – Responding to Reports of Sexual Abuse (effective 9/22/16)</li> <li>c. Local institutional plan</li> <li>d. Initial Response Checklist – Alleged Victim; blank and completed (effective 9/22/16)</li> <li>e. Initial Response Checklist – Alleged Abuser; blank and completed (effective 9/22/16)</li> <li>f. Shift Commander Checklist; blank and completed (effective 9/22/16)</li> <li>g. Instructions for PREA Evidence Retention (effective 9/22/16)</li> <li>h. PREA – Immediate Response Procedures pocket cards</li> <li>i. Security staff schedule books</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Superintendent</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.65 (a). The facility indicated in their response to the PAQ that they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Introduction (p. 1) restates this provision verbatim. The auditor reviewed the facility’s local institutional plan and observed that it includes responsibilities and procedures for security staff first responders, shift commanders, emergency medical treatment providers, and mental health treatment providers. As discussed in provision 115.64(a), the facility has a myriad of worksheets and tools to help first responders remember their first responder duties. Such resources include: Initial Response Checklist – Alleged Victim; Initial Response Checklist – Alleged Abuser; Shift Commander Checklist; Instructions for PREA Evidence Retention; PREA – Immediate Response Procedures pocket cards; and security staff schedule books. An interview with the Superintendent affirmed that the above response plan is in place following an incident of sexual abuse. She shared that they discuss the plan during executive meetings and have an opportunity to adjust course if/when they discover the plan is not working as it was intended. The facility reaches out to the PREA Coordinator, as needed, with questions or challenges for support and to brainstorm solutions.</p> <p>Corrective Action.</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC 4.1.1, Human Resources and Labor Relations Procedures Manual, Section 5 – Suspension Without Pay for Exempt Employees Under the Fair Labor Standards Act and Suspension Pending Investigation for Exempt and Non-Exempt Employees (effective 10/10/17)</li> <li>c. Federal of State Cultural and Education Professional (FSCEP) Local 2382 Collective Bargaining Agreement (effective 7/1/16 – 6/30/19)</li> <li>d. American Federation of State, County, and Municipal Employees (AFSCME) First-Level Supervisors of H-1 Unit Employees language replacement (effective 7/1/17-6/30/20)</li> <li>e. Correctional Institution Vocational Education Association, Pennsylvania State Education Association, National Education Association (CIVEA) (effective 7/1/16 – 6/30/19)</li> <li>f. AFSCME Master Agreement (effective 7/1/16 – 6/30/19)</li> <li>g. Pennsylvania State Correctional Officers Association Interest Arbitration Award (dated 11/6/14)</li> <li>h. Office and Professional Employees International Union (OPEIU) Healthcare Pennsylvania Local 112 (OPEIU) Collective Bargaining Agreement (effective 7/1/16 – 6/30/19)</li> <li>i. Pennsylvania Doctor’s Alliance (effective 7/1/16 – 6/30/19)</li> <li>j. Service Employees International Union, Healthcare Pennsylvania, CTW, CLC Collective Bargaining Agreement (effective 7/1/16 – 6/30/19)</li> <li>k. Suspension pending investigation memo (dated 1/12/15)</li> <li>l. Service Employees International Union (SEIU) Local 668</li> <li>m. Suspension pending investigation memo (dated 1/13/15)</li> <li>n. Suspension pending investigation memo (dated 2/13/15)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head (designee)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.66 (a). The agency indicated in their response to the PAQ that the agency or facility has entered into or renewed collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later. The auditor reviewed the union agreements and verified none 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 of 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 governs. An interview with the Agency Head (designee) 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.</p>

115.66 (b). The auditor is not required to audit this provision of the standard.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008 PREA Procedures Manual, Section 4 – Responding to Reports of Sexual Abuse (effective 9/22/16)</li> <li>d. Department Retaliation Monitoring Form; blank and completed (effective 9/22/16)</li> <li>e. Inmate Query – Cell History Report</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head (designee)</li> <li>b. Superintendent</li> <li>c. Staff charged with retaliation monitoring</li> <li>d. Inmates who reported sexual abuse</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.67 (a). The facility indicated in their response to the PAQ that the agency has 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. At SCI Camp Hill, the inmate’s assigned counselor monitors for retaliation and reports back to the PCM. A deputy Superintendent monitors staff.</p> <p>DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Protection Against Retaliation (p. 5) affirms that 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 seeks 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. The same policy restates the ongoing duty to protect inmates and staff who report sexual abuse or sexual harassment or cooperate with an investigation. According to DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section PCM Duties (p. 2), the PCM is required to ensure that inmate monitoring takes place. Specifically, the PCM shall ensure that such inmates are provided with the opportunity to meet with a corrections counselor; corrections counselors are expected to complete the Department Retaliation Monitoring Form and update the PCM. In accordance with the same policy (p. 3), the PCM shall notify the Deputy Superintendent for Centralized Services (DSCS) when staff require monitoring. DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Protection Against Retaliation (p. 5) further states that the DSCS shall meet with any staff that require retaliation monitoring due to report of sexual abuse or sexual harassment, or because of an expressed fear of retaliation due to cooperation with an investigation of inmate sexual abuse or sexual harassment.</p>

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (b). DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Protection Against Retaliation (pp. 5-6) directs the agency and facility to employ multiple protection measures, such as housing changes or transfer for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with the victim. The agency shall also make available emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment, or for cooperating with investigations.

An interview with the Agency Head (designee) affirmed that the agency protects inmates from retaliation by implementing a zero tolerance policy for such conduct. She stated counselors monitor inmates, while the DSCS monitors staff for retaliation. SCI Camp Hill's Superintendent indicated staff and inmates are protected during a period of close monitoring for at least 90 days. In addition to investigating potential retaliation, the facility will protect the alleged victim from real or perceived retaliation by separating the victim and suspect, for instance. Even if the retaliation investigation produces an unsubstantiated outcome, the facility will still take precautions to protect those involved. Staff who engage in retaliation are subject to progressive discipline.

One of the facility's retaliation monitors reported counselors are tasked with monitoring inmates for retaliation if an inmate who is already on their caseload alleges sexual abuse. The designated monitor initiates contact with the inmate within 72-96 hours post-allegation for an initial check-in. During this time, she describes what retaliation is or may look like to help inmates who may not understand. Thereafter, they meet within 30, 60, and 90 days post-allegation. The monitor stated she has an open door policy; she relies on the inmate to report real or perceived retaliation. Logistically, the monitor works on the same block that the inmate lives, allowing her to observe and track the atmosphere of the housing unit. By policy, she responds to request slips within 5 days, but, in practice, she responds daily, which allows her to promptly remedy an immediate concerns. If an inmate shared a concern about retaliation, she indicated she would notify her supervisor for assistance problem-solving and refer to a psychologist or external support services (YWCA), if appropriate. Interviews with three inmates who reported sexual abuse while at SCI Camp Hill indicated felt properly protected against retaliation after reporting their experience of sexual abuse.

The auditor reviewed five completed Department Retaliation Monitoring Forms. Of the five, one indicated a need to take protective measures. The initial retaliation monitor met with the inmate within 96 hours of the allegation and, again 10 days later. During the second meeting the inmate described feeling as though inmates and staff were talking about him, but he was unable to articulate if he believed it was related to his report of sexual abuse. To remedy perceived or imminent retaliation, the inmate was transferred to another block as evidenced by the Inmate Query – Cell History Report. Retaliation monitoring continued in his new housing unit for two months during which time he reported no negative interactions or experiences with inmates or staff.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (c). The facility indicated in their response to the PAQ that the agency/facility monitors the conduct or treatment of inmates or staff who report sexual abuse and of inmate who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. When revealed, the facility acts promptly to remedy any such retaliation. Retaliation monitoring last for at least 90 days and continues beyond 90 days if there is a continuing need. The facility reported that there have been zero instances of retaliation at SCI Camp Hill in the last 12 months.

As described above, DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section PCM Duties (p. 2) and DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Protection Against Retaliation (pp. 5-6), tasks the PCM with ensuring that such inmates are provided with the opportunity to meet with a corrections counselor; corrections counselors are expected to complete the Department Retaliation Monitoring Form and update the PCM. If the PCM determines that the initial monitoring indicates a continuing need, the periodic status checks shall be extended beyond 90 days by the corrections counselor. The DSCS shall make contact with the identified staff for at least 90 days. Such monitoring must be documented on the Department Retaliation Monitoring Form. Retaliation monitoring shall include reviewing: disciplinary reports; housing reports; program changes; negative performance reviews; and reassignments of staff.

The Superintendent stated that when the facility suspects they will investigate the potential retaliation and protect the alleged victim from real or perceived retaliation by separating the victim and suspect, for instance. Even if the retaliation investigation produces an unsubstantiated outcome, the facility will still take precautions to protect those involved. A retaliation monitor at SCI Camp Hill stated she monitors inmates for a period of no less than 90 days (periodic formal and informal check-ins); during which time she assesses their affect and potential behavior changes, elicits their feedback about actual or perceived retaliation, and reviews any infractions or programming adjustments.

The auditor reviewed five completed Department Retaliation Monitoring Forms. The form, itself, prompts users to review infractions; evaluations and programming; housing reassignment; and reported and observed negative interactions with staff and inmates. Of the completed forms, monitors initiated contact with the inmate within 96 hours of receiving the allegation. Three inmates were monitored for the full 90 day period. Two inmates transferred to other institutions before the 90 day period closed. However, notations were made on each form indicating their respective transfer; retaliation monitoring information was forwarding to the receiving facility for their continue follow-up. As stated above, one of the monitoring forms indicated a need to take protective measures. In response, the inmate was moved to an alternate housing unit for his continued protection.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (d). According to DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section PCM Duties (p. 2), the PCM is responsible for overseeing that corrections counselors conduct periodic status checks. If the PCM determines that the initial monitoring indicates a continuing need, the periodic status checks shall be extended beyond 90 days by the corrections counselor.

A corrections counselor who was interviewed in her role as a retaliation monitor affirmed that retaliation monitoring is initiated within 96 hours of receiving the allegation. Subsequent status checks are conducted again within 15 days, 30 days, 60 days, and 90 days.

A review of completed Department Retaliation Monitoring Forms illustrates there are spaces to record check-ins with inmates victims/reporters and staff reporters within 96 hours of the allegation and then within 15 days, 30 days, 60 days, and 90 days.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

116.67 (e). According to DC-ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, Section Protection Against Retaliation (p. 6), if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. An interview with the Agency Head (designee) indicated the agency or facility would monitor that person for a period of 90 days and take appropriate remedial action to eliminate the risk. The Superintendent reiterated that any who expresses fear would be protect from such retaliation. The person would be closely monitored for at least 90 days and an investigation would commence during which time the inmate or staff person would be separated from the threat. As stated earlier, SCI Camp Hill has not received any reports of retaliation, or fears of retaliation, from an inmate or staff in the last 12 months.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (f). The auditor is not required to audit this provision of the standard.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.68	<b>Post-allegation protective custody</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="252 371 1426 786" style="list-style-type: none"> <li data-bbox="252 371 1043 405">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="252 416 1426 618" style="list-style-type: none"> <li data-bbox="252 416 596 450">a. Pre-Audit Questionnaire</li> <li data-bbox="252 461 1369 528">b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li data-bbox="252 539 1390 573">c. PA DOC DC-ADM 802, Administrative Custody Procedures Policy (effective 11/14/16)</li> <li data-bbox="252 584 1426 618">d. Involuntary Administrative Custody Services Access Restriction Form (effective 9/22/16)</li> </ol> </li> <li data-bbox="252 674 427 707">2. Interviews: <ol data-bbox="252 719 948 786" style="list-style-type: none"> <li data-bbox="252 719 485 752">a. Superintendent</li> <li data-bbox="252 763 948 786">b. Staff who supervise inmates in segregated housing</li> </ol> </li> </ol> <p data-bbox="252 842 560 875">Findings (By Provision):</p> <p data-bbox="252 931 1481 1301">115.68 (a). The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. In the past 12 months, SCI Camp Hill reports that there have been zero inmates who allege to have suffered sexual abuse who held in involuntary segregated housing for any time period. As such, there is no documentation to demonstrate the basis of the facility's concern for the inmate's safety and the reason(s) why an alternative means of separation could not be arranged.</p> <p data-bbox="252 1357 1481 1984">According to DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Protective Custody (p. 6), inmates at a high risk for sexual victimization or inmates who have allegedly suffered sexual abuse shall not be placed involuntarily in 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 contact the assessment immediately, the facility may hold the inmate in involuntary AC for less than 24 hours while completing the assessment. This expectation is also enumerated in DC-ADM 802, Administrative Custody Procedures Policy, which elaborates by stating if no other available alternative means of protection exist, the shift commander, PCM, and on-call administrator will makes such determination. In the event AC is appropriate, the auditor reviewed the Involuntary Administrative Custody Services Access Restriction Form, which includes the date/time the inmate was admitted to AC status; a listing of the services denied to the inmate; a reason for denial of services; and a review of the denial.</p> <p data-bbox="252 2040 1458 2152">An interview with the Superintendent affirmed that policy prohibits placing alleged victims in a segregated status. Rather, they consider what other housing unit(s) are most appropriate. One option at SCI Camp Hill is to place a vulnerable inmate in a control group on R-Block or</p>

on H-Block, which are better suited for higher risk inmates. The facility makes every effort to talk to inmates to get their feedback about their housing preferences, where appropriate. If AC is the only option an alleged victim would only be placed there until an alternative means of separation from the abuser could be identified. A staff member who supervises inmates in segregated housing stated that the facility makes every effort to explore alternate housing options, including transfer to another facility, before placing an inmate at risk in segregation. He emphasized that such placement is rare; he has seen this decision made twice in eight years at different facilities. Again, if no other placement was appropriate, segregated status may last for less than one week. Thereafter, PRC would identify another alternative placement. The Superintendent, PCM, and staff who supervise inmates in segregated housing 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 site review.

**Corrective Action.**

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.71	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual, Section 18 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (effective 4/22/19)</li> <li>d. PA DOC DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual, Section 1 – Data Collection and Retention (effective 9/22/16)</li> <li>e. Sexual abuse and sexual harassment administrative investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Sexual abuse investigator (PREA Lieutenant)</li> <li>b. Facility Superintendent</li> <li>c. PCM</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.71 (a). The facility indicated in their response to the PAQ that the agency/facility has a policy related to criminal and administrative agency investigations. DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (p. 1) asserts 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. Timelines are set forth in this policy to ensure prompt responses and completion of investigations. More specifically, within 24 hours of receipt of an allegation of sexual abuse or sexual harassment, the facility is required to conduct a preliminary investigation. For allegations of sexual abuse, the facility must complete investigative procedures and completion of an investigation summary within 30 days of receipt of the assignment. For allegations of sexual harassment, investigative procedures and preparation of an investigation summary must be completed within 60 days of assignment. The rationale for any delays in completing a sexual abuse investigation must be explained in writing to the BII/OSII and an anticipated date of completion must be approved or rejected by BII/OSII.</p> <p>Twenty-one investigative files were selected in accordance with the methodology described in the Facility Narrative and reviewed during the pre-onsite and onsite audit phase. Third party and anonymous reports are investigated per DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (p. 1). This is consistent with information from the investigative staff interview and review of investigative files.</p> <p>Review of investigative files suggests investigations are completed promptly, thoroughly and objectively. Investigations consistently collected information from inmate and staff interviews and statements from victims, abusers, and witnesses. Evidence appears to be gathered comprehensively to include medical documentation, inmate grievances, housing reports, cell</p>

history, etc. The investigator explained during the interview she weighs all of the evidence and determines whether or not the preponderance of evidence standard is met. Completed investigations are reviewed by the PCM and the Facility Superintendent.

As a final step in the investigation process, investigative reports are reviewed by BII/OSII within 15 days of receipt and a determination is made by BII/OSII whether the facility investigation was completed satisfactorily or not. If the investigation was not satisfactory it is referred back to the facility security office with specific instructions to address the identified issues.

An identified area of concern is the lack of available video evidence. Investigative staff indicated checks are routinely made for available video footage for all cases in an effort to review and save potential evidence, however, no video footage was available for any files reviewed. Documentation of SAIRs was reviewed. In all but one case, the box was checked "No," in response to the question whether there was adequate camera coverage. As discussed with the Superintendent and PCM, the facility is in the midst of a substantial camera upgrade project, which should address this concern.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (b). According to DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (p. 1) where sexual abuse is alleged, the agency shall use investigators who have received specialized training in sexual abuse investigations pursuant to 115.34. This expectation is consistent with information from the interview of investigative staff and reviews of investigative files. The PREA Lieutenant confirmed during the interview she has completed training specific to sexual abuse investigations in confinement. She indicated the training she received covered topics of interviewing techniques, evidence collection, Miranda and Garrity warnings, gathering evidence, and how to compile investigative information in the appropriate format. Twenty-one investigative files were reviewed to determine compliance. Of the names of assigned investigators found in these files, all were confirmed as receiving specialized training by cross referencing a list of trained investigators provided by the facility. As discussed in standard 115.34, the elements of PA DOC's specialized investigations training are substantially compliant.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (c). DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, Section General Responsibilities (p. 1) mirrors this provision, stating investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators (abusers), and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator (abuser). Further, DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section First Responder Duties (p. 1) provides the procedures for responding to a report of sexual abuse. With regard to gathering and preserving evidence, the policy states that a first responder must secure any crime scene until evidence can be collected; if the abuse occurred within the last 96 hours the

responding staff person is responsible for requesting the alleged victim and ensuring the alleged abuser not taken any actions that could destroy physical evidence. The shift commander notified of a report of sexual abuse must secure any video, audio, or photographic evidence and complete an Initial Response Checklist. Also if the abuse occurred within the last 96 hours, the facility must immediately transport the alleged victim to an outside hospital for an examination and collection of forensic evidence. Security staff are responsible for gathering and preserving direct and circumstantial evidence and following a uniform evidence protocol. Written guidelines are available for staff in the resource titled, Instructions for PREA Evidence Retention. Photographic evidence of the alleged abuser (only) may be taken to document any injuries sustained during the abuse.

A review of 21 investigative files show investigators conduct interviews of victims, subjects, and witnesses. Inmate witnesses are asked to provide a written statement after the interview and may decline to do so. Investigative files include inmate written statements (when agreed to by the inmate); declinations are documented in the investigative summary report. Staff witnesses are required to provide a written statement following an interview; written statements are included in the files and documented in investigative reports.

Moreover, a review of investigative files show investigators gathered and documented physical evidence. For example, the PREA investigator stated when a rape kit is collected she documents that in her report. According to investigative staff, a review of prior complaints and reports is conducted. However, results of these reviews were not documented in the investigative summaries. The auditor recommends, as a better practice, to document these searches. If the search yields information relevant to the present allegation, that information should be included in the summary report and assessed as part of the current outcome. If the search for prior complaints and reports does not result in relevant information, documentation should reflect that the search that was performed, the date of the search, and the conclusion no relevant data was found.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (d). According to DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, Section General Responsibilities (p. 1) when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Investigative staff were interviewed onsite. When asked whether there is consultation with prosecutors before the facility conducts compelled interviews, she described the process. She indicated that if during a preliminary inquiry she learned that a prosecutable crime may have taken place, she would share the information with PSP and OSII/BII. (PSP and OSII/BII have the legal authority to conduct criminal investigations. See DC-ADM 008, PREA Procedures Manual, Section 18; issued March 22, 2019; effective April 22, 2019.) If allegations are referred to PSP and PSP declines to investigate, OSII/BII then determines whether to conduct an investigation. If and when either of these entities completes their investigation, including conducting interviews of subjects, the facility is then given the opportunity to review the outside investigation and to include that information in a summary report.

Reviews of investigative files show that summary reports include documentation of investigations conducted by outside entities. Investigative summaries include when a referral is made, whether it is accepted, and the findings of any criminal investigation. Copies of reports and evidence from criminal investigations are included in investigative files.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (e). According to DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, Section General Responsibilities (p. 2) 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 agency 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.

Investigative staff was interviewed onsite. When asked to explain the method for judging credibility of a victim, suspect, or witness, she stated she considers the likelihood the allegation could have happened and considers the history of any misconduct and/or any prior PREA-related cases. She will conduct additional follow-up interviews if necessary to determine whether the individual has provided details consistently. Investigators also consider differences in witness, suspect, or victim statements, for examples, and document such conflicts.

A review of investigative files revealed a difference in the portrayal of information (interviews and statements) from inmates as compared to others. On a consistent basis memoranda of inmate interviews provided the length of the individual's sentence, sentencing court, conviction, incarceration date with the DOC, age, and date of birth. Inmate query summaries also were routinely included in the files which repeat these sentence details and personal information. The reason for including this information in the memoranda of interview or in the file is not explained in the summary or elsewhere in the file; nor is the relevance of this information explained in terms of any connection or potential connection to the allegations being investigated. Interviews of non-inmates do not include information about past convictions or recite personal information. Investigative staff indicated including inmate's sentence details and personal information has been a long-standing practice. However, including this information about inmates in memoranda and in files, without consideration or explanation of its relevance to the allegations, could have implications of bias or prejudice to the statements given by inmates. It is recommended this information not be cited throughout the files if it is deemed to be not relevant. If the information is deemed relevant, however, the information could be included along with an explanation detailing its relevance and relation to the allegations being investigated.

Information from investigative staff and reviews of files did not suggest any truth-telling devices or polygraph examinations have been used during an investigation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (f). When conducting sexual abuse and sexual harassment administrative investigations, the investigator is required per DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, Section Sexual Abuse (pp. 4-5) to make an effort to determine whether staff actions or failures to act contributed to the abuse and at the conclusion of the investigation to include in the report a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Investigative staff indicated efforts made to comply with this provision include receiving and reviewing evidence such as log books, guard rounds and shift rosters, and reviewing camera footage. If review of the evidence calls into question staff actions or inactions, the investigator questions witnesses about their knowledge of an incident. The investigator participates in sexual abuse incident reviews in which she is able to share investigative information and any conclusions or opinions whether and how staff may have contributed to the abuse.

When asked what information is included in written reports of administrative investigations, the investigator stated basic questions are explained to include who was involved in or witnessed an incident; where and when an incident occurred; and individuals' descriptions of an incident as well as any motives or suspected motives. She concludes in the report her decision whether an allegation is substantiated, unsubstantiated, or unfounded. Investigative summaries follow a consistent format. A heading includes the names of subjects, names of complainants and case numbers. The body of the report provides a synopsis of the allegations, a summary of findings, and sections for a conclusion, recommendations, and charges.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (g). The facility indicated in their response to the PAQ that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Since August 20, 2012, or the facility's last PREA audit, whichever is later, the facility reports six substantiated allegations of conduct that appeared to be criminal were referred to prosecution. DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, Section Sexual Abuse (p. 5) states that at the conclusion of a criminal investigation of sexual abuse, the investigative summary report must contain a thorough description of the physical, testimonial, legal documents, and attach copies of all documentary evidence where feasible. When asked if criminal investigations are documented and what is contained in the summary report, investigative staff stated she includes in her report that the investigation was conducted by PSP and that their report has been reviewed. She lists the findings of the PSP and references throughout the report. Review of investigative files shows criminal investigations are documented in written reports and include descriptions and copies of physical, testimonial, and documentary evidence.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (h). DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, Section Investigative Review (p. 8) states that after a sexual abuse investigation

has been completed by the facility or by OSII/BII and if the case has not already been referred for criminal prosecution, OSII/BII must refer substantiated allegations of conduct that appear to be criminal for prosecution in the county where the abuse occurred. A review of a case example provided in the PAQ shows that a substantiated case of sexual abuse was referred for prosecution. Additionally, the facility indicated in the PAQ that five additional cases were referred for prosecution since August 20, 2012 or the last PREA audit. Investigative staff was asked when cases are referred for prosecution. She indicated a case would be referred as soon as she became aware the evidence showed a criminal element.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (i). The facility indicated in their response to the PAQ that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. DC-ADM 008, Sections 1 – Data Collection and Retention, section Investigations (p. 4) and 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, Sections Sexual Harassment and Investigative Review (pp. 6 and 8) provide that all criminal and administrative agency investigative information and reports must be retained for as long as the alleged abuser is incarcerated or employed by the agency plus five years. The auditor confirmed through conversations with the PREA Coordinator that the agency maintains investigative records for the period of time required by this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (j). DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, Section General Responsibilities (p. 2) recites the provision, stating the departure of an alleged victim or abuser from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Investigative staff was asked how the facility proceeds when a staff member alleged to have committed sexual abuse terminates employment prior to completion of an investigation. She indicated the staff member would not be allowed to resign during an investigation. She would refer the matter to OSII/BII should an alleged staff abuser attempt to quit or fail to show when required. When asked about inmate abusers who leave the facility prior to completion of an investigation, she indicated she would contact the new facility and request that they conduct an interview. If the inmate were to be released into the community she would make efforts to locate the individual by calling them using their last known phone number. She would document such actions in the summary report. A review of investigative files show that inmate interviews have been coordinated and conducted by the new facility after an inmate has transferred from SCI Camp Hill.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (k). The auditor is not required to audit this provision of the standard.

115.71 (l). DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual

Harassment, Section Investigative Review (p. 8) states that when an investigation is conducted by the PSP or other outside law enforcement agency the facility must ensure follow-up communication with the investigating agency for updates to the investigative process and the agency shall fully cooperate in the investigation.

The Superintendent was asked during the onsite interview how the facility remains informed of the progress of a sexual abuse investigation conducted by an outside agency. She indicated the PREA Lieutenant and Security Office are informed about the progress of an outside investigation, which is facilitated through regular communication and a strong working relationship with PSP. Investigators routinely track cases and timelines to ensure any needed follow-up is achieved. Once the PSP has completed an investigation, the facility may use their investigative information and include it in a written report. The facility may delay, or stop an ongoing, investigation to give priority to the criminal investigation. Investigative staff during an interview reiterated the strong working relationship with PSP and regular communication and feedback. The investigator elaborated on her role during a criminal investigation as working with the PSP troopers and providing information they may need about a victim or perpetrator. She arranges for inmates to be interviewed by PSP. Investigative information provided by the PSP is included in her summary report.

The PREA Coordinator affirmed the agency relies on PSP for criminal investigations. The facility investigator ventures to remain in contact with the PSP trooper at the local barracks charged with the investigation. If the facility has difficulty remaining in contact at the local level, the Coordinator is able to reach out to contacts he has cultivated at PSP's central office who can, then, reach out to the local level. The PCM indicated SCI Camp Hill investigators reach out to PSP on a regular basis via telephone and email. It is their practice to leave the majority of administrative investigations open until they receive a response from PSP. The facility investigator added that there is a PSP trooper who serves as a liaison to SCI Camp Hill; they communicate about the status of cases regularly via email, telephone and in-person visits.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Recommendations:

1. 115.71 (c). As a better practice, the facility shall consider documenting the review of prior complaints and reports of sexual abuse involving the suspected perpetrator. If the search yields information relevant to the present allegation, that information should be included in the summary report and assessed as part of the current outcome. If the search for prior complaints and reports does not result in relevant information, documentation should reflect that the search that was performed, the date of the search, and the conclusion no relevant data was found.

2. 115.71 (e). Limit inmate sentence details and personal information in investigative files. Including this information about inmates in memoranda and in files, without consideration or explanation of its relevance to the allegations, could have implications of bias or prejudice to the statements given by inmates. It is recommended this information not be cited throughout the files if it is deemed to be not relevant. If the information is deemed relevant, however, the information could be included along with an explanation detailing its relevance and relation to the allegations being investigated.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.       <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (effective 9/22/16)</li> <li>c. Sexual abuse and sexual harassment administrative investigation files</li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>a. Sexual abuse investigator (PREA Lieutenant)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.72 (a). The facility indicated in their response to the PAQ that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, Section General Responsibilities (p. 2) recites the provision. Investigative staff accurately stated and described the preponderance of evidence standard when questioned during the onsite interview. Reviews of 21 investigative files were performed onsite. No files suggested the facility imposed a standard of evidence higher than a preponderance of evidence.</p> <p>Corrective Action.</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>

115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, PREA Procedures Manual, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008, Prison Rape Elimination Act (PREA), Section 8 – Notification of Inmates (effective 9/22/16)</li> <li>d. PREA Investigation – Inmate Notification Form; completed (effective 9/22/16)</li> <li>e. Sexual abuse and sexual harassment administrative investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Sexual abuse investigator (PREA Lieutenant)</li> </ol> </li> </ol> <p>115.73 (a). The facility indicated in their response to the PAQ that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the past 12 months, 39 administrative sexual abuse investigations were completed. Of those, 34 inmates were notified of the investigation outcome; five inmates were released from custody prior to the conclusion of the investigation.</p> <p>DC-ADM 008, Section 5 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment, Section Investigation Review (p. 7) provides that after completion of an investigation by the facility or OSII/BII the PCM is responsible for informing the alleged victim as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Further, DC-ADM 008, Section 8 – Notification of Inmates, Section Notification to Inmates (p. 1) states the inmate must be informed of the outcome in writing within five business days of the closure of the investigation.</p> <p>The auditor interviewed three inmates who reported an experience of sexual abuse while at SCI Camp Hill. All affirmed they received a notification letter. A sexual abuse investigator confirmed procedures are in place that require the facility to notify inmates at the close of a sexual abuse allegation of the outcome. The Facility Superintendent confirmed inmate victims receive written notice of the outcome of an investigation. Finally, the auditor reviewed 13 sexual abuse investigative records while onsite. All but one each contained evidence of disposition notification; the inmate victim in the outlier was released from custody prior to the conclusion of the investigation, which was confirmed by review of his release record.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.73 (b). The facility indicated in their response to the PAQ that if an outside entity conducts sexual abuse investigations, the agency request the relevant information from the investigative</p>

entity in order to inform the inmate of the outcome of the investigation. In the preceding 12 month period, OSII/BII conducted both the administrative and criminal investigation. The facility reported that the alleged victim was notified of the results of the investigation.

DC-ADM 008, Section 8 – Notification of Inmates, Section Notification to Inmates (p. 1) requires the facility to request relevant information from the agency that conducted an investigation in order to inform the inmate within 10 business days of the receipt of the information. A sexual abuse investigator interviewed onsite indicated that if the PSP conducts an investigation she will obtain relevant information from their investigation and include it in the facility's investigative summary. Additionally, whether or not an investigation is completed by PSP, the facility conducts its own administrative investigation for all allegations of sexual abuse and provides such outcome notification.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73 (c). The facility indicated in their response to the PAQ that following an inmate's allegation that a staff member committed sexual abuse against the inmate, the agency subsequently informs the inmate (unless the disposition is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. DC-ADM 008, Section 8 – Notification of Inmates, Section Notification to Inmates (p. 1) recites the applicable provisions. The auditor reviewed one investigation in which the alleged abuser was no longer posted within the inmate's unit following an allegation of sexual abuse; the alleged victim was notified of the post change via the PREA Investigation – Inmate Notification Form.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73 (d). The facility indicated in their response to the PAQ that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. DC-ADM 008, Section 8 – Notification of Inmates, Section Notification to Inmates (p. 1) recites the applicable provisions. There were no allegations that resulted in this action for the auditor to review, but a review of the PREA Investigation – Inmate Notification Form reserves a space for such communication.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73 (e). The facility indicated in their response to the PAQ that the agency has a policy that all notifications to inmates described under this standard are documented. In the past 12 months, 39 administrative sexual abuse investigations were completed. Of those, 34 inmates were notified of the investigation outcome; five inmates were released from custody prior to

the conclusion of the investigation. DC-ADM 008, Section 8 – Notification of Inmates, Section Notification to Inmates (p. 1) provides that notifications must be documented on the PREA Investigation – Inmate Notification Form and must be maintained in the appropriate investigative file. Reviews of 13 sexual abuse investigative files show that the facility documents notifications to inmates.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73(f). The auditor is not required to audit this provision of the standard.

**Corrective Action.**

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.76	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation (effective 9/22/16)</li> <li>c. PA DOC 4.1.1, Human Resources and Labor Relations Procedures Manual, Section 4 – Resignations in Lieu of Discharge (RILD) (effective 12/5/16)</li> <li>d. PA DOC 4.1.1, Human Resources and Labor Relations Procedures Manual, Section 7 – Standardization of Pre-Disciplinary Conferences (effective 4/12/17)</li> <li>e. PA DOC 4.1.1 – 1 Bulletin, Section 7 – Standardization of Pre-Disciplinary Conferences (effective 2/17/15)</li> <li>f. PREA Discipline Spreadsheet</li> <li>g. Pre-Disciplinary Conference Results; three examples (dated 12/6/18; 2/26/19; 2/27/19)</li> <li>h. Counseling Session Memorandum (dated 6/7/18)</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Administrative (Human Resources) Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.76 (a). The facility indicated in their response to the PAQ that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, Section Staff Discipline (p. 1) states that staff are subject to discipline up to an including termination for engaging in, failing to report, or knowingly condoning sexual abuse or sexual harassment of an inmate. Agency disciplinary procedures, 4.1.1, Section 7 – Standardization of Pre-Disciplinary Conferences, provide sanctions up to and including termination for violations of DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual. Human resources confirmed during an interview that all staff members are 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, nine staff members have been subject to disciplinary action up to and including termination.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.76 (b). The facility indicated in their response to the PAQ that in the past 12 months nine staff members have violated agency sexual abuse or sexual harassment policies. Of that, two staff members have been terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies. Agency disciplinary procedure, 4.1.1, Section 7 – Standardization of Pre-Disciplinary Conferences, states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The auditor reviewed a termination letter following a pre-disciplinary conference showing a staff member</p>

was terminated following a substantiated disposition of misconduct which included violation of DC-ADM 008, Prison Rape Elimination Act Procedures Manual.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.76 (c). The facility indicated in their response to the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. They, further, indicated that in the past 12 months three staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies. Agency disciplinary procedure, 4.1.1, Section 7 – Standardization of Pre-Disciplinary Conferences states that disciplinary sanctions for staff for violations of DC-ADM 008, Prison Rape Elimination Act Procedures Manual 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. Progressive discipline is recommended to address most performance and conduct issues, according to agency disciplinary procedures. However, more severe action may be implemented in instances of serious violations after consideration of case-specific circumstances. A counseling session can be provided as a non-disciplinary response to a performance issue. The first step in the progressive discipline process is a verbal reprimand; followed by a written reprimand at step two; a term of suspension with its own progression from one to a greater number of days; and finally, as the last step, dismissal from employment.

The auditor reviewed examples of agency disciplinary sanctions. An employee who used profanity and referenced a sexual act towards an inmate was found to have violated the Department Code of Ethics and DC-ADM 008, Prison Rape Elimination Act Procedures Manual; the employee was issued a written reprimand. In a second example an employee also violated the Department Code of Ethics and DC-ADM 008, Prison Rape Elimination Act Procedures Manual; the employee was issued a letter in lieu of a one-day suspension for interfering with an ongoing PREA investigation. A third example involved an employee who was issued a counseling session for failing to report or document an inmate's allegations of sexual abuse. Additionally, as discussed above, two employees employment ended following findings of violations of agency sexual abuse or sexual harassment policies.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.76 (d). The facility indicated in their response to the PAQ that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, two staff members were reported to law enforcement or licensing bodies following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, Section Staff Discipline (p. 1) and 4.1.1, Section 4 – Resignations in Lieu of Discharge, Section Approval Process for Resignations in Lieu of Discharge (p. 1), requires that the proper law enforcement authorities and any relevant licensing bodies are notified related to matters involving employees who are terminated or who resign in lieu of discharge for violation of the agency sexual abuse and sexual harassment policies.

The auditor reviewed two records which indicate law enforcement notification. The auditor was unable to review documentation of licensing body notification as the staff who were terminated (or resigned) were not licensed.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.77	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="252 371 1461 663" style="list-style-type: none"> <li data-bbox="252 371 1043 405">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="252 416 1461 528" style="list-style-type: none"> <li data-bbox="252 416 600 450">a. Pre-Audit Questionnaire</li> <li data-bbox="252 461 1461 528">b. PA DOC DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation (effective 9/22/16)</li> </ol> </li> <li data-bbox="252 584 427 618">2. Interviews: <ol data-bbox="252 629 587 663" style="list-style-type: none"> <li data-bbox="252 629 587 663">a. Facility Superintendent</li> </ol> </li> </ol> <p data-bbox="252 707 561 741">Findings (By Provision):</p> <p data-bbox="252 797 1485 1301">115.77 (a). The facility indicated in their response to the PAQ that agency policy requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. They shall, further, be prohibited from contact with inmates. In the past 12 months, no contractors or volunteers have been reported for engaging in sexual abuse of inmates. DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, Section Corrective Action for Contractors and Volunteers (p. 1) prohibits from contact with inmates any contractor or volunteer who engages in sexual abuse. Any such contractor or volunteer is reported to law enforcement (unless the activity is clearly not criminal) and to relevant licensing bodies. As there were no incidents of contractor or volunteer sexual abuse of inmates in the past 12 months, there was no documentation of discipline for the auditor to review.</p> <p data-bbox="252 1357 1398 1435">A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p data-bbox="252 1491 1485 1738">115.77 (b). The facility indicated in their response to the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. This expectation is restated in DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, Section Corrective Action for Contractors and Volunteers (p. 1).</p> <p data-bbox="252 1783 1485 2152">The Superintendent was interviewed onsite. When asked what remedial measures the facility takes in the instance of a contractor or volunteer violating sexual abuse and sexual harassment policies, she discussed an example from several years ago in which a contract employee who had a prior sex offense was alleged to have sexually harassed an inmate at the facility. The facility consulted with the legal department and the decision was made to not renew the individual’s contract. She further described as a possible remedial measure treating a contractor or volunteer who violates sexual abuse or sexual harassment policies similar to a regular employee in that the individual may be suspended from the facility and may be subject to disciplinary action.</p>

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, Prison Rape Elimination Act (PREA), Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 801, Inmate Discipline Procedures Manual, Section 4 – Disposition of Charges and Misconduct Sanctions (effective 11/24/16)</li> <li>d. PA DOC DC-ADM 801, Inmate Discipline Procedures Manual, Section 3 – Misconduct Hearings (effective 7/2/15)</li> <li>e. PA DOC 13.8.1, Access to Mental Health Care Procedures Manual, Section 11 – Sex Offender Treatment (effective 11/26/18)</li> <li>f. PA DOC DC-ADM 801, Inmate Discipline Policy (effective 7/2/15)</li> <li>g. Misconduct/Rule Violations (effective 7/19/17)</li> <li>h. Review of Misconduct #19 Form (effective 9/22/16)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Facility Superintendent</li> <li>b. Medical/mental health staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Sexual abuse administrative investigation files</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.78 (a). The facility indicated in their response to the PAQ that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and/or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. In the past 12 months, zero inmates have been found to have engaged in inmate-on-inmate sexual abuse.</p> <p>DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, Section Inmate Discipline (p. 1) states that inmates shall be subject to disciplinary sanctions pursuant to the formal disciplinary process, 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. DC-ADM 801, Inmate Discipline Policy describes the disciplinary process in detail. A listing of inmate misconduct/rule violations include rape and engaging in sexual acts with others or sodomy; both of which are class I charges and may result in sanctions including removal of the inmate from a job assignment; disciplinary custody status for up to 90 days; cell restriction for up to 30 days; loss of privileges for up to 180 days; assessment of costs related to the behavior; issuance of a reprimand, warning, or counseling; disposition of contraband; revocation of outside program codes; and/or limitation of commissary privileges. Sanctions are described in detail in DC-ADM 801, Inmate Discipline Procedures Manual.</p>

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (b). DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, Section Inmate Discipline (p. 1) states that disciplinary sanctions must 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.

An onsite interview with SCI Camp Hill Superintendent indicated that inmates found to have engaged in inmate-on-inmate sexual abuse can be issued misconduct report such as for the sexually abusive behaviors or for lying during an investigation. She stated also inmates can face criminal charges for their behavior.

As noted above, there have been no administrative findings of inmate-on-inmate sexual abuse; as such, the auditor was unable to review inmate sanctions related to a finding of sexual abuse. However, policy and the PA DOC rule violation structure supports a process is in place to ensure inmate perpetrators are held accountable.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (c). DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, Section Inmate Discipline (p. 1) states that the disciplinary process must consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining imposition of any sanctions. Section 3 of the Inmate Discipline Policy further states that in preparation for a misconduct hearing the hearing examiner must receive a form to assist their decision following completion of a “Mental Health/Intellectual Disability” consultation between the inmate and a mental health professional. In addition, when conducting the hearing with an inmate who is not on the “Mental Health/Intellectual Disability Roster” but who exhibits active mental health signs suggesting intellectual disability, the examiner must postpone the hearing and refer the inmate to a mental health professional. An interview with the facility Superintendent affirmed the procedures described in the above policies are enacted, when appropriate, at SCI Camp Hill.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (d). The facility indicated in their response to the PAQ that the facility offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. Moreover, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, Section Inmate Discipline (pp. 1-2) and 13.8.1, Access to Mental Health Care Procedures Manual, Section Managing Program Participants who are Found Guilty of Misconduct(s) (p. 15) indicates the facility is to consider whether to require an inmate found

guilty of misconduct related to sexual abuse shall complete sex offender treatment as a condition of access to programming or other benefits. Medical/mental health staff was interviewed onsite and when asked whether an inmate is required to participate in therapy, counseling, or other intervention services as a condition of access to programming or other benefits, the staff member stated that the inmate's participation in such services would be voluntary. Review of policies and information provided during an onsite interview with specialized staff show that the facility considers, but does not always require, participation in interventions in order for the inmate to access programming and other benefits.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (e). The facility indicated in their response to the PAQ that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, Section Inmate Discipline (p. 2) restates this provision. In the preceding 12 months, there were no instances of sexual conduct with staff in which the staff person did not consent. As such, there was no documentation available for review of a substantiated case of staff-on-inmate sexual contact in which the evidence showed there was a lack of consent of the involved staff member.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (f). The facility indicated in their response to the PAQ that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. DC-ADM 008, Prison Rape Elimination Act, Section 7, recites the language of this provision.

The auditor reviewed 14 sexual abuse administrative investigation files while onsite; some of which included evidence of inmate misconduct reports issued post-investigation. One inmate was issued a misconduct report following a finding that his allegations of sexual abuse by staff were unfounded. Three inmates who were found to have made false complaints were issued misconduct reports for lying. The investigative reports cited evidence to support the findings the reports had been false, including in one incident in which investigators corroborated statements from staff showing the complaining inmate had threatened a staff member with a false sexual abuse report and in another incident wherein the inmate admitted during the investigation he had made up allegations against his cellmate in an effort to get a new one. At the conclusion of one of these interviews, the OSII/BII determined the investigation was unsubstantiated, rather than unfounded as the facility investigator had concluded. The file noted the inmate was issued a misconduct report. However, DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, Section Inmate Discipline (p. 2) states that 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 OSII.

While the auditor found sufficient evidence in the investigative record to support the issuance

of a misconduct report in this incident, the outcome was unsubstantiated and, per policy, disciplinary actions shall only be issued following unfounded dispositions. The auditor recommends the facility ensure disciplinary actions are only issued following unfounded dispositions as policy details.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (g). The facility indicated in their response to the PAQ that the agency prohibits all sexual activity between inmates and disciplines inmates for such conduct when an investigation reveals the conduct was not coerced. All sexual activity between inmates is prohibited, and inmates are subject to disciplinary action for such behavior under DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation, Section Inmate Discipline (p. 2). In addition, the policy specifies that inmate-on-inmate sexual activity may not be deemed to constitute sexual abuse unless an investigation has determined the activity was forced or coerced.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Recommendation:

1. 115.78(f). While the auditor found sufficient evidence in the investigative record to support the issuance of a misconduct report in the incident reviewed, the outcome was unsubstantiated and, per policy, disciplinary actions shall only be issued following unfounded dispositions. The auditor recommends the facility ensure disciplinary actions are only issued following unfounded dispositions as policy details.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PREA Risk Assessment Tools (PRAT); completed</li> <li>d. Mental Health Referral Form; completed</li> <li>e. Mental Health Contact Notes; completed</li> <li>f. Mental Health Confidentiality Disclosure Statement Form; completed</li> <li>g. Post Sexual Assault Interview; completed</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Inmates who disclosed sexual victimization at risk screening</li> <li>b. Staff responsible for risk screening</li> <li>c. Medical/mental health staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.81 (a)(c). The facility indicated in their response to the PAQ that all inmates who disclose prior sexual victimization during risk screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. In the past 12 months, one hundred percent of inmates who disclosed prior victimization during screening were offered a follow-up meeting. Medical and mental health staff maintain secondary materials documenting the above services. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Medical and Mental Health Screenings (p. 13) states that if the risk screening 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.</p> <p>During an interview, one of the facility’s risk screeners stated that following an inmate’s disclosure of past sexual abuse, whether it occurred in an institutional setting or the community, the screener offers a psychology and medical referral. Typically, inmates are seen within three to five days, unless there is a clinical need to see sooner. In those cases, the screener can contact psychology and medical immediately for a referral. Following the referral, the screener records the disclosure on an incident report. The auditor interviewed three with inmates who disclosed sexual victimization during risk screening; all three indicated they were referred to mental health following their disclosure and met with them privately.</p> <p>The auditor reviewed five PRATS in which inmates reported prior victimization and, subsequently five mental health referral forms and mental health contact notes. All inmates who reported sexual abuse or sexual harassment were referred and seen by a mental health practitioner within 14 days of disclosure.</p>

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.81 (b). The facility indicated in their response to the PAQ that all inmates who previously perpetrated sexual abuse, as indicated during the risk screening, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the past 12 months, one hundred percent of inmates who previously perpetrated sexual abuse during risk screening were offered a follow-up meeting with a mental health practitioner. Medical and mental health staff maintain secondary materials documenting the above services. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Medical and Mental Health Screenings (p. 13) indicates if the screening indicates that a prison or jail inmate previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening, or sooner, if clinically indicated. An interview with a facility risk screener reiterated that, like victims, alleged perpetrators are referred to mental health within three to five days of disclosure during risk screening. The auditor also reviewed three Mental Health Contact Notes, which demonstrated that perpetrators are seen, following referral from a risk screener, within 14 days of referral.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.81 (d). The facility indicated in their response to the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. If information is shared with other staff it is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. According to DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Medical and Mental Health Screenings (p. 13), 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 as otherwise required by Federal, State, or local law.

While onsite, the auditor observed the facility's database to track offender details and movement. Inmates categorized as having a risk of victimization or risk of abusiveness (i.e. sexual predator) are labeled with a "housing concern," which allows designated staff to, then, obtain more information for placement decisions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.81 (e). The facility indicated in their response to the PAQ that 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. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and

Training, Section Medical and Mental Health Screenings (p. 14) directs medical and mental health practitioners to obtain informed consent as described above. Moreover, the Mental Health Confidentiality Disclosure Statement Form shall be used to document such contact. If the inmate refuses to sign, it shall be noted on the form and signed by the witness and maintained in the medical record.

The auditor reviewed four such completed Mental Health Confidentiality Disclosure Statement Forms. Among other notifications, the form indicated all discussions with mental health staff are kept confidential and will not be disclosed by the DOC except for any acknowledgment of abuse of a minor, which may not be confidential and will be reported to the authorities, if not done so previously. The form, further, leaves space for the inmate to indicate they read the form or had the form read to them, have been given an opportunity to ask questions about it, and acknowledge that they understand and consent to the disclosure of information as set forth on the form. Clinicians are also prompted to indicate the Mental Health Confidentiality Disclose Statement was completed prior to initiating a post sexual assault interview, which is documented on a form of the same name.

Interviews with a medical practitioner and mental health practitioner affirm this practice. The mental health practitioner stated, from a therapeutic perspective, the clinician would work with the inmate to report the incident.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

**Corrective Action.**

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008 PREA Procedures Manual, Section 4 – Responding to Reports of Sexual Abuse (effective 9/22/16)</li> <li>d. Medical Incident/Injury Report Form; completed</li> <li>e. Post Sexual Assault Interview Form; completed</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Medical/mental health staff</li> <li>b. Inmates who reported sexual abuse</li> <li>c. First responders</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.82 (a). The facility indicated in their response to the PAQ that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical staff document their response and service provision on Medical Incident/Injury Report Form and Post Sexual Assault Interview Form. DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Emergency Medical and Mental Health Treatment Services (pp. 2-3) restates this provision. The policy further indicates that medical staff shall document any injuries on the Medical Incident/Injury Report. If the inmate refuses to undergo the medical exam, the inmate must sign a Release from Responsibility for Medical Treatment Form. The same section of this policy lists detailed procedures for responding to sexual abuse within 96 hours of the alleged incident and after, including direction that 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 an injury requiring urgent treatment. DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Mental Health (p. 6) also lists specific response procedures for psychological services staff, including the direction that they are responsible for interviewing all alleged victims and alleged perpetrators of sexual abuse within 24 hours of the allegation being made or as soon as normal facility operations permit.</p> <p>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 96 hours the inmate is transported to the hospital, Geisinger Holy Spirit Hospital, for a SANE examination. Interviews with four inmates who reported sexual abuse verified that they were seen by medical and then by mental health staff in a timely manner.</p>

The auditor reviewed two medical files of inmates who experienced sexual abuse. By review of the Medical Incident/Injury Report and Post Sexual Assault Interview documentation it is evident inmates are seen in a timely, unimpeded manner following a disclosure of sexual abuse. Both inmates were seen by medical on the same day of their report. One inmate also saw a mental health clinician on the same day, while the other saw a mental health clinician the following day.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.82 (b). DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Emergency Medical and Mental Health Treatment Services (p. 2) states that 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.

Ten of 12 security staff members interviewed successfully articulated all of their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; requesting the alleged victim not take any actions that might destroy physical evidence; and ensuring the alleged abuser not take any actions that might destroy physical evidence. All stated, at minimum, they have or would notify the shift commander and separate the alleged victim from the alleged abuser. Seven of 12 reported that they would notify or transport to medical. In addition to their basic responsibilities, others added that they would document the report and follow-up actions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.82 (c). The facility indicated in their response to the PAQ that inmate victims of sexual abuse while incarcerated are 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. DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Emergency Medical and Mental Health Treatment Services (p. 5) restates this expectation.

Four inmates who previously experienced sexual abuse indicated they were tested for sexually transmitted infections. An interview with medical staff confirmed inmates receive information about sexually transmitted prophylaxis. SCI Camp Hill does not house female inmates and, as such, does not by practice offer information about emergency contraception.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.82 (d). The facility indicated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Emergency Medical and Mental Health

Treatment Services (p. 2) states 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.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making the compliance determination:

- 1. Documents: (policies, directives, forms, files, records, etc.)
  - a. Pre-Audit Questionnaire
  - b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (effective 9/22/16)
  - c. PA DOC DC-ADM 008 PREA Procedures Manual, Section 4 – Responding to Reports of Sexual Abuse (effective 9/22/16)
  - d. PRAT; completed
  - e. Mental Health Referral Form; completed
  - f. Mental Health Contact Notes; completed
  - g. Medical Incident/Injury Report; completed
  - h. Post Sexual Assault Interview of Alleged Victim or Alleged Perpetrator; completed
  - i. DOC Consent for HIV Testing; completed
  - j. Progress Notes – Nursing; completed
  - k. Laboratory reports
  - l. Inmate Query – Account Transactions screenshots
- 2. Interviews:
  - a. Medical and mental health staff
  - b. Inmates who reported sexual abuse

**Findings (By Provision):**

115.83 (a). The facility indicated in their response to the PAQ that the facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in a confinement setting. DC-ADM 008 PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Continuity of Care (p. 8) restates this provision. Moreover, psychology staff are directed to monitor alleged perpetrators and victims of institutional sexual abuse on a monthly basis for a minimum of 90 days to ensure the provision of treatment and support services, which shall be documented on a Mental Health Contact Note. The auditor reviewed five PRATS in which inmates reported prior victimization and, subsequently five Mental Health Referral Forms and Mental Health Contact Notes. An interview with a medical health staff member affirmed inmates will receive ongoing treatment in accordance with hospital discharge instructions, when applicable. A mental health clinician also confirmed inmates receive follow up mental health evaluations and treatment following a disclosure of sexual abuse in confinement. All inmates who reported sexual abuse or sexual harassment were referred and seen by a mental health practitioner.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (b). According to DC-ADM 008 PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Continuity of Care (p. 8) 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, other facilities, or their release from custody. As stated above, the auditor reviewed five PRATS in which inmates reported prior victimization and, subsequently five Mental Health Referral Forms and Mental Health Contact Notes, which serve as evidence of follow-up services. An interview with a mental health clinician indicated inmates may receive support services in the form of brochures, handouts, crisis intervention, and group treatment after an individualized determination of their needs. Psychology staff who work with diagnostic and classification inmates do not treatment plan due to the inmates' short-term status, but psychology staff working with general population inmates do develop treatment plans to meet their mental health needs. An inmate's mental health records transfer with them to their receiving facility where follow-up or continued care may be provided. All inmates who reported sexual abuse indicated they were offered follow up medical and mental health services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (c). DC-ADM 008 PREA Procedures Manual, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Continuity of Care (p. 8) states that all facilities shall provide alleged victims with medical and mental health services consistent with the community level of care. Interviews with a medical practitioner and a mental health clinician affirm that care is provided in accordance with the community level of care. The auditor reviewed Mental Health Contact Notes, which indicate services aligned with the community level of care.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (d)(e). The facility indicated in their response to the PAQ that the facility does not offer pregnancy tests or information about lawful pregnancy related medical services to female victims of sexually abusive vaginal penetration because the facility does not house female. SCI Camp Hill does not house female inmates as confirmed through conversations with the PREA Coordinator, PCM, and medical staff. During the onsite review, the auditor did not observe any female inmates. However, DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Emergency Medical and Mental Health Treatment Services (p. 2), states that regardless of when an allegation of vaginal/oral/anal penetration occurred, the facility physician shall ensure that testing of the alleged victim for sexually transmitted infections is completed, in addition to pregnancy testing for female victims. If pregnancy results from the sexual abuse, alleged victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Continuity of Care (p. 8), also states that alleged victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the alleged sexual abuse, alleged victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (f). The facility indicated in their response to the PAQ that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section Continuity of Care (p. 8) restates the provision. Facility physicians are further directed in the above section (p. 5) that testing shall include the following: HIV, gonorrhea, hepatitis C, hepatitis B, chlamydia trachomatis, syphilis, bacterial vaginosis and trichomoniasis, and other diseases per physician’s orders. Inmates who experienced sexual abuse affirmed they were offered testing for sexually transmitted infections.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (g). The facility indicated in their response to the PAQ that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. According to DC-ADM 008, Section 4 – Responding to Reports of Sexual Abuse, Section General (p. 2), services shall be provided without cost as this provision requires. The auditor reviewed queries of account transactions for four inmates who previously alleged sexual abuse and found no evidence that inmates are charged a copay or medical expenses related to treatment services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (h). The facility indicated in their response to the PAQ that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Screening for Risk of Victimization and Abusiveness (p. 12) directs mental health staff to conduct a mental health evaluation on identified facility sexual predators within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. This direction is further enumerated in DC-ADM 008, Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section Medical and Mental Health Screenings (p. 13). An interview with a mental health clinician indicated psychology staff assigned to inmates in general population would assess need for this type of evaluation and treatment; psychology staff charged with diagnostic and classification inmates do not perform this function due to the short-term status of these inmates.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008, Prison Rape Elimination Act (PREA), Section 6 – Sexual Abuse Incident Review (effective 9/22/16)</li> <li>c. PREA Sexual Abuse Incident Review Form; blank and completed (effective 9/22/16)</li> <li>d. PREA Sexual Abuse Incident Review Plan of Action Form; completed (effective 9/22/16)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Facility Superintendent</li> <li>b. PCM</li> <li>c. Sexual abuse incident review team member</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Sexual abuse administrative investigation files</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.86 (a). The facility indicated in their response to the PAQ that the facility conducts a sexual abuse incident review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the agency has completed 21 administrative investigations of alleged sexual abuse, excluding unfounded incidents. DC-ADM 008, Prison Rape Elimination Act (PREA), Section 6 – Sexual Abuse Incident Review, Section General (p. 1) requires each facility to conduct a SAIR at the conclusion of every sexual abuse investigation in which the allegation was substantiated or unsubstantiated. Four out of 14 investigative files reviewed onsite were substantiated or unsubstantiated allegations of sexual abuse; each file was accompanied by a completed SAIR. Five additional SAIR examples were uploaded to the PAQ and reviewed by the auditor.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.86 (b). The facility indicated in their response to the PAQ that the facility ordinarily conducts a SAIR within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the agency has completed 21 SAIRs in the timeframe described by this provision. DC-ADM 008, Prison Rape Elimination Act (PREA), Section 6 – Sexual Abuse Incident Review, Section General (p. 1) states that the SAIR must be completed within 15 working days of the conclusion of the investigation where the allegation of abuse was substantiated or unsubstantiated; a shorter time frame than the 30-day deadline set forth by this provision.</p> <p>A review for timeliness of the SAIR examples provided in the PAQ revealed that in four of the</p>

five examples the facility met the policy requirement by completing the SAIR within 15 working days and consequently met the 30-day deadline established by this provision. In the fifth example the SAIR was completed untimely (i.e. 70 calendar days after the completion of the investigation). Of the four SAIRs reviewed onsite, all were completed within 30 days of the close of the administrative investigation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86 (c). The facility indicated in their response to the PAQ that the SAIR team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. DC-ADM 008, Prison Rape Elimination Act (PREA), Section 6 – Sexual Abuse Incident Review, Section Facility Sexual Abuse Incident Review Committee (p. 1) requires attendance at the SAIR by upper-level management officials as well as participation from representatives of the Security, Psychology and Health Care departments. The facility Superintendent indicated upper level management officials always attend SAIR meetings and they receive input from medical professional, counselors, PREA investigators, and security supervisors. The auditor reviewed nine completed SAIRs, which showed that representation at the SAIR meetings is consistent with this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86 (d). The facility indicated in their response to the PAQ that the facility prepares a report of its findings from SAIRs including, but not necessarily limited to, determinations made pursuant to the above provisions and any recommendations for improvement, and submits such report to the facility head and PCM. DC-ADM 008, Prison Rape Elimination Act (PREA), Section 6 – Sexual Abuse Incident Review, Section Facility Sexual Abuse Incident Review Committee (pp. 1-2) recites and adds to the requirements of this provision. A form, the PREA Sexual Abuse Incident Review, accompanies the policy and assists the committee in considering all necessary items. DC-ADM 008, Prison Rape Elimination Act (PREA), Section 6 – Sexual Abuse Incident Review, Section Facility Sexual Abuse Incident Review Committee (pp. 1-2) states that the SAIR committee must consider the following: (a) whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) 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; (c) assess whether physical barriers in the area may enable abuse, following an examination of the area in the facility where the incident allegedly occurred; (d) assess the adequacy of staffing levels in that area during different shifts; (e) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; (f) consider information such as housing assignment, measures taken as a result of the allegation, need for follow-up for the inmate victim, etc.; and (g) gather information that can help to sensitize staff to possible clues and situations that are present before such incidents may occur. Further, this same policy provides that within two weeks of the SAIR, the PCM or designee must prepare a confidential report utilizing information from the SAIR and any recommendations for improvement. The report must be submitted to the Facility Manager for review and is returned to the PCM upon approval. Policy further directs that five randomly selected SAIR reports shall be reviewed

monthly by the Central Office PREA Administrative Review Committee (ARC), which consists of multi-disciplinary agency leaders, in addition to a PSP representative. Following the review, ARC provides feedback and recommendations to the Facility Manager on the Incident Review Plan of Action Form, as applicable.

The Facility Superintendent, PCM, and a SAIR committee member were each interviewed onsite. The Superintendent was asked during her interview to explain the considerations made by the SAIR committee in reviewing allegations of sexual abuse. She stated the SAIR committee considers the following: motivations for the alleged abuse including sexual orientation, gender identity, race, ethnicity and additional vulnerabilities; physical plant; adequate camera placement; appropriateness of staffing levels; inmate housing assignments; and risk screening. The PCM described consideration of many factors including power dynamics, criminal history, personal demographics, and results from the investigation, as well as from inmates' visits with medical and psychology staff. He stated the committee looks for an overall picture from the investigation; specifically, what happened and how. The committee uses the information to determine if preventative measures can be taken to prevent abuse in the future. The PCM affirmed he reviews the SAIR reports. He has not noticed any trends aside from his observation that most allegations or incidents of abuse occur in cells. The interview a sexual abuse incident review team member confirmed considerations are made in regards to motivations for the abuse (i.e. race, ethnicity, gender identity, sexual orientation, etc.), any physical barriers in the area of the abuse that could have enabled it, the adequacy of staffing levels, and availability of monitoring technology to supplement staff supervision.

In addition to the above interviews, reviews of investigative files and examples provided in the PAQ show the facility is conducting SAIRs following substantiated and unsubstantiated sexual abuse incidents; documenting SAIR meetings in the Sexual Abuse Incident Review Form; considering information relating to motivations for the abuse, physical plant and any barriers, staffing levels, and monitoring technology; and documenting sexual abuse reviews and recommendations for review and approval by the Superintendent.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86 (e). The facility indicated in their response to the PAQ that the facility implements the recommendations for improvement or documents its reasons for not doing so. DC-ADM 008, Prison Rape Elimination Act (PREA), Section 6 – Sexual Abuse Incident Review, Section Facility Sexual Abuse Incident Review Committee (p. 4) states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so on the PREA Sexual Abuse Incident Review Plan of Action Form. The Superintendent stated the information from the SAIR process is used to determine what corrective action to take and to identify opportunities for improvement.

The auditor reviewed a PREA Sexual Abuse Incident Review Plan of Action Form, which listed several deficiencies identified by the ARC. The facility responded to each deficiency with additional information, clarification, steps already taken to address the deficiency, and adjustments to be implemented in the future.

A final analysis of the evidence indicates the facility is in substantial compliance with this

provision.

**Corrective Action.**

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 1 – Data Collection and Retention (effective 9/22/16)</li> <li>c. PA DOC DC-ADM 008 PREA Procedures Manual, Section 6 – Sexual Abuse Incident Review (effective 9/22/16)</li> <li>d. PREA Annual Report (2014)</li> <li>e. PREA Annual Report (2015)</li> <li>f. PREA Annual Report (2016)</li> <li>g. PREA Annual Report (2017)</li> <li>h. Survey of Sexual Victimization, State Prison Systems, Summary Form (2015); blank</li> <li>i. Survey of Sexual Victimization, Substantiated Incident Form (2016); completed</li> <li>j. Survey of Sexual Victimization, Substantiated Incident Form (2017); completed</li> <li>k. Report of Incident; completed</li> <li>l. PREA Tracking System screenshots</li> <li>m. Contractor Sexual Abuse Incident Reviews</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.87 (a)(c). The facility indicated in their response to the PAQ that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, which includes, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by DOJ. DOC DC-ADM 008, Section 1 – Data Collection and Retention, Section Data Collection and Retention (p. 1) indicates the Bureau of Standards, Audits, and Accreditation (BSAA) shall collect the data elements described above using a standardized instrument and set of definitions, in addition to any other information that is required by the SSV and DOJ Bureau of Justice Statistics.</p> <p>The auditor reviewed three completed Report of Incident Forms, which include all of the data elements required by the SSV. The facility is required to complete this form following all substantiated incidents of sexual abuse and sexual harassment and submit to the PREA Compliance Division for data analysis. The auditor also reviewed agency annual reports from 2014, 2015, 2016, and 2017. All included a uniform standard of measuring sexual abuse and sexual harassment incidents, as well as a standardized set of definitions, which mirror the federal PREA standards.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.87 (b). The facility indicated in their response to the PAQ that the agency aggregates the incident-based sexual abuse data at least annually. DOC DC-ADM 008, Section 1 – Data</p>

Collection and Retention, Section Data Collection and Retention (p. 1) directs the agency to aggregate data annually. The auditor reviewed aggregated data from 2011 – 2016 to confirm that the agency, indeed, aggregates incident-based data annually so as to complete the Survey of Sexual Victimization, State Prison Systems, Summary Form.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.87 (d). The facility indicated in their response to the PAQ that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency added that all sexual incident review information is provided to the PREA Compliance Division for analysis and statistical purposes. DOC DC-ADM 008, Section 1 – Data Collection and Retention, Section Data Collection and Retention (p. 1) restates this provision. The auditor reviewed three completed Report of Incident Forms, which include a compilation of data elements from the investigation and sexual abuse incident reviews. This incident-based information is transmitted to the PREA Compliance Division for data analysis and aggregation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.87 (e). The facility indicated in their response to the PAQ that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Moreover, the data from private facilities complies with SSV reporting requirements. DOC DC-ADM 008, Section 1 – Data Collection and Retention, Section Data Collection and Retention (p. 1) directs the agency to collect such information from every facility the agency contracts with for the confinement of inmates. The auditor reviewed the agency's PREA Tracking System, which includes space to record incident-based data from contracted facilities and viewed incident-based data entries for four contracted facilities, in addition to two investigation packets from two facilities, to confirm that data from contractors is collected and recorded.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.87 (f). The facility indicated in their response to the PAQ that the agency provided DOJ with data from the previous calendar year upon request. DOC DC-ADM 008, Section 1 – Data Collection and Retention, Section Data Collection and Retention (p. 2) states that the agency's annual report shall be complete and posted to the agency's website by June 30 of each year. The auditor confirmed by review of the agency's public website that the agency submitted data per DOJ's request for 2017-2011. As of this report date, DOJ has not requested data for the previous calendar year (2018).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this

standard. There is no corrective action to take.

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 1 – Data Collection and Retention (effective 9/22/16)</li> <li>c. Public website screenshots</li> <li>d. PREA Annual Report (2013)</li> <li>e. PREA Annual Report (2014)</li> <li>f. PREA Annual Report (2015)</li> <li>g. PREA Annual Report (2016)</li> <li>h. PREA Annual Report (2017)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head (designee)</li> <li>b. PREA Coordinator</li> <li>c. PCM</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.88 (a). The facility indicated in their response to the PAQ that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. DC-ADM 008, Section 1 – Data Collection and Retention, Section Annual PREA Report (p. 1) states that the PA DOC BSAA shall review data collected and aggregated annually in order to assess and improve the effectiveness of the items listed above. The auditor reviewed the agency’s 2017 annual report and confirmed it includes the following components: annual prevention, training, and external collaboration efforts; incident-based agency-wide and contractor data analysis; corrective action steps; and a summary statement.</p> <p>The Agency Head (designee) reported that incident-based sexual abuse data is used to identify and understand what sexual abuse trends might exist so that the agency can develop a response. The response may include additional training for staff or policy changes based upon the data. Each facility is required to submit a plan of action, which is, then, shared across facilities for prevention and response purposes.</p> <p>An interview with the PREA Coordinator indicated that the PREA Compliance Division evaluates every sexual abuse incident review, which facilities are mandated to forward, from PA DOC State Correctional Institutions, PA DOC Bureau of Community Confinement, and contracted community facilities. The PREA Compliance Division uses their PREA Tracking System to understand the types of allegations at each facility. The PREA Coordinator reported</p>

he, generally, attempts to review and analyze the data quarterly. Along with the sexual abuse incident reviews, the PREA Compliance Division reviews SSV data from substantiated cases to determine where there are opportunities for improvement. For example, the PREA Compliance Division identified that there are a number of verbal allegations occurring on level 5 housing units. In response, they are trying to develop a training curriculum for sites with a high levels of sexual harassment allegations in restrictive housing. One facility identified the camera in the food service area was not properly positioned to capture pat searches. Following the incident review, the camera was moved to accommodate the area. These modifications are reflected in the agency's annual report, which is published by June 30 and posted to the agency's public website. The PCM indicated the facility completes and forwards a monthly report to the PREA Coordinator, which informs agency-level data.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.88 (b). The facility indicated in their response to the PAQ that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. Moreover, the annual report provides an assessment of the agency's progress in addressing sexual abuse. DC-ADM 008, Section 1 – Data Collection and Retention, Section Annual PREA Report (p. 1) restates that the annual report shall include comparative data, including an assessment of the agency's progress. The auditor reviewed annual reports from 2013, 2014, 2015, 2016, and 2017. All included comparative data, corrective action, and a discussion of progress.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.88 (c). The facility indicated in their response to the PAQ that the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head. According to DC-ADM 008, Section 1 – Data Collection and Retention, Section Annual PREA Report (p. 2), the annual report shall be approved by the agency's Secretary and posted to the agency's public website by June 30 of each year. The auditor reviewed annual reports from 2013, 2014, 2015, 2016, and 2017. Since 2014, PA DOC's Secretary has approved and signed the reports. The Agency Head (designee) affirms the agency head reviews and approves the annual reports. In addition to posting the agency's annual reports to the public website, the agency also posts annual Survey of Sexual Victimization, State Prison Systems, Summary Forms.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.88 (d). The facility indicated in their response to the PAQ that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. When redactions are necessary, the agency indicates the nature of the material redacted. DC-ADM 008, Section 1 – Data Collection and Retention, Section Annual PREA Report (p. 1) repeats this provision verbatim. The auditor reviewed annual reports from 2013, 2014, 2015, 2016, and 2017. There was no data enclosed that required redaction. The PREA

Coordinator stated the agency does not include any personal identifying information in their annual reports. However, if they could not avoid such an inclusion the information would be redacted and the nature of the redaction would be described.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.89	<b>Data storage, publication, and destruction</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual, Section 1 – Data Collection and Retention (effective 9/22/16)</li> <li>c. Public website screenshots</li> <li>d. Prison Rape Elimination Act Annual Report (2017)</li> <li>e. PA Board of Probation and Parole, PREA Annual Report (2017)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.89 (a). The facility indicated in their response to the PAQ that the agency ensures incident-based and aggregate data are securely retained. According to DC-ADM 008, Section 1 – Data Collection and Retention, Section Annual PREA Report (p. 2), the agency shall securely retain all aggregate PREA data on the agency’s secure servers.</p> <p>The PREA Coordinator affirmed that data is securely retained on the agency’s network. PREA Tracking System access is controlled by user rights and is granted by the PREA Compliance Division to those staff with a need to know at each location. Sexual abuse incident review data is securely retained in the PREA Compliance Division electronic file system, which can only be accessed by staff members of the PREA Compliance Division.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.89 (b). The facility indicated in their response to the PAQ that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. DC-ADM 008, Section 1 – Data Collection and Retention, Section Annual PREA Report (p. 2) directs the agency to make all aggregated sexual abuse data information from facilities under its direct control and contracted facilities, readily available to the public through the agency’s website, at least annually.</p> <p>The auditor reviewed PA DOC’s public website, wherein aggregated sexual abuse data is listed in the form of an annual report for all agency facilities, in addition to those with which it contracts for the confinement of inmates and offenders. Specifically, the auditor reviewed two reports titled, PREA Annual Report 2017 and PA Board of Probation and Parole, PREA Annual Report 2017.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this</p>	

provision.

115.89 (c). The facility indicated in their response to the PAQ that the agency removes all personal identifiers before making aggregated sexual abuse data publicly available. DC-ADM 008, Section 1 – Data Collection and Retention, Section Annual PREA Report (p. 2) states that specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. By review of PREA Annual Report 2017 and PA Board of Probation and Parole, PREA Annual Report 2017 posted to PA DOC's public website, the auditor confirmed that no personally identifying information is listed in the contents of either report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.89 (d). The facility indicated in their response to the PAQ that the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. The facility stated that data is maintained by the agency's PREA Compliance Division on its secure drive and within the agency's PREA Tracking System. DC-ADM 008, Section 1 – Data Collection and Retention, Section Annual PREA Report (p. 2) directs the agency to maintain aggregated PREA data for a period of no less than 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PA DOC DC-ADM 008 PREA Procedures Manual (effective 9/22/16)</li> <li>c. Public website screenshots</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Facility review</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.401 (a). The auditor confirmed by review of PA DOC’s public website that during the three year period starting August 20, 2013, and during each three year period thereafter, the agency ensured each facility operated by the agency, or by a private organization on behalf of the agency, was and is audited at least once. The public website also lists the agency PREA audit schedule from 2014 through 2019, in addition to the dates each facility received their final audit report. Future audit dates are listed through 2020.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.401 (b). An interview with the PREA Coordinator indicated the PA DOC has 25 state correctional institutions and 11 community confinement facilities operated by the state. The auditor reviewed the agency’s public website, including the schedule for past and future audits, which affirmed the agency has met the one third requirement for Audit Cycle 2.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.401 (h). During the onsite review, the audit team had unrestricted access to all areas of the facility. We were invited, and accommodated, to observe any area or operation within the facility at our request.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.401 (i). During all phases of the audit, SCI Camp Hill staff consistently made available to the audit team documents, records, files, photographs, etc. in a timely manner. Facility staff took photographs of specific items and areas within the facility upon request of the audit team and then provided copies to the team for the auditor’s use and reference in preparing the</p>

audit findings. During the onsite phase of the audit, the auditors had unrestricted access to files, reports, and automated information systems at the agency and facility levels.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (m). During the onsite phase of the audit, the auditors, PCM, and support staff worked cooperatively to develop a private process and location for conducting interviews of both staff and inmates. The audit team benefited greatly from the facility's active coordination of interviews; their efforts allowed for an uninterrupted flow of interviews. A total of 86 staff and inmate interviews were conducted.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (n). On 2/1/19 the auditor sent an introductory email to the SCI Camp Hill Superintendent, PCM George Clements, PCM Assistant, and PREA Coordinator. Among other things, the correspondence included a request to post the enclosed English and Spanish audit notices on colored paper in all staff and inmate common areas by 2/18/19, six weeks prior to the onsite review. Audit notices included a confidentiality statement indicating outgoing mail to the auditor would be treated as legal mail, and instructions to contact the auditor via mail, if desired. On 3/6/19, the PCM responded via email confirming audit notices were posted on 2/1/19. He included five sample photos of the postings, which showed English and Spanish notices displayed on green paper. On 2/11/19, the group convened a collaborative telephone call and discussed a myriad of topics including communications and confidentiality. The auditor received correspondence from four inmates in response to the audit notice posting. Three of the four letter writers were remaining at the facility upon the audit team's arrival; each was interviewed. The inmates did not reveal new or additional information pertaining to sexual abuse or sexual harassment that had not already been reported to the facility. As such, the auditor did not request their permission to share their disclosures with SCI Camp Hill leadership. The facility mailroom staff stated that they were knowledgeable about and complied with the processing of any correspondence to the PREA auditor. Specifically, the envelope would remain sealed and handled in accordance with legal mail.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Public website screenshots</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Facility review</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.403 (f). The agency's website has a link dedicated to PREA-related information, including policies and procedures; reporting an allegation; audit schedules; and final audit reports. The preceding final PREA audit report for SCI Camp Hill is dated 9/27/15 and posted on the agency's public website. An interview with the PREA Coordinator confirmed that within 90 days of receiving a final audit report it is posted to the website.</p> <p>Corrective Action.</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>

## Appendix: Provision Findings

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

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

115.11 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Contracting with other entities for the confinement of inmates</b>	
	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)	<b>Contracting with other entities for the confinement of inmates</b>	
	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)	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed 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 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	yes

	consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	
	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

<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	yes

<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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.)	yes
	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.)	yes

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)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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)	<b>Hiring and promotion decisions</b>	
	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)	<b>Hiring and promotion decisions</b>	
	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

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

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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

<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	yes

115.22 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	<b>Volunteer and contractor training</b>	
	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)	<b>Volunteer and contractor training</b>	
	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

<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a)</b>	<b>Inmate education</b>	
	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

<b>115.33 (b)</b>	<b>Inmate education</b>	
	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

<b>115.33 (c)</b>	<b>Inmate education</b>	
	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

<b>115.33 (d)</b>	<b>Inmate education</b>	
	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

<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

<b>115.33 (f)</b>	<b>Inmate education</b>	
	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

<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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

<b>115.42 (b)</b>	<b>Use of screening information</b>	
	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

<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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

<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	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

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	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?	yes

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.)	yes
	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.)	yes
	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.)	yes

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.)	yes

115.53 (a)	<b>Inmate access to outside confidential support services</b>	
	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?	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	<b>Inmate access to outside confidential support services</b>	
	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)	<b>Inmate access to outside confidential support services</b>	
	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)	<b>Third-party reporting</b>	
	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

<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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

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

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	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

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

<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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

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

<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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

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

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

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

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Disciplinary sanctions for inmates</b>	
	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)	<b>Disciplinary sanctions for inmates</b>	
	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)	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

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

<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	yes

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

<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

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

<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	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)	<b>Sexual abuse incident reviews</b>	
	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)	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes