

PREA Facility Audit Report: Final

Name of Facility: State Correctional Institution Somerset

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/14/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Paul Perry	Date of Signature: 02/14/2020

AUDITOR INFORMATION	
Auditor name:	Perry, Paul
Address:	
Email:	paul.perry@carolinedf.org
Telephone number:	
Start Date of On-Site Audit:	01/21/2020
End Date of On-Site Audit:	01/24/2020

FACILITY INFORMATION	
Facility name:	State Correctional Institution Somerset
Facility physical address:	1590 Walters Mill Rd, Somerset, Pennsylvania - 15510
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Melanie Pyle
Email Address:	thepyles@hughes.net
Telephone Number:	8144438100

Warden/Jail Administrator/Sheriff/Director	
Name:	Eric W Tice
Email Address:	etice@pa.gov
Telephone Number:	814-443-8100

Facility PREA Compliance Manager	
Name:	Melanie Pyle
Email Address:	mpyle@pa.gov
Telephone Number:	O: (814) 443-8251

Facility Health Service Administrator On-site	
Name:	Brian Hyde
Email Address:	bhyde@pa.gov
Telephone Number:	814-443-8100

Facility Characteristics	
Designed facility capacity:	2223
Current population of facility:	2304
Average daily population for the past 12 months:	2318
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	
Age range of population:	19-80
Facility security levels/inmate custody levels:	Medium/custody level 2, 3, 4, 5
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	564
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	114
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	60

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

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

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

AUDIT FINDINGS

Narrative:

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

The Pennsylvania Department of Corrections contracted with PREA Auditors of America, 14506 Lakeside View Way, Cypress, TX 77429 for Prison Rape Elimination Act audit services of the State Correctional Institution - Somerset. The Auditor has been certified by the United States Department of Justice to conduct PREA audits of adult facilities. The purpose of this audit was to determine the SCI-Somerset's level of compliance with standards required by the Prison Rape Elimination Act of 2003. This is the third Prison Rape Elimination Act audit of the Pennsylvania Department of Corrections' SCI - Somerset facility. The facility's last audit was completed in June 2017.

The Auditor sent a notice by email to the agency's PREA Compliance Manager on December 6, 2019. The notice contained information and an address, informing inmates how to confidentially contact the Auditor prior to arriving on site. This notice was emailed in an English and Spanish version. The notice informed the inmate population their communications to the Auditor's address would be treated as confidential correspondence by facility staff. The notice required an agency representative's name and date upon posting the notice in areas throughout the facility. While touring the facility the Auditor observed all notices were posted on December 10, 2019 in all inmate living units by the PREA Compliance Manager. Notices were posted in the facility entrance and various other areas where inmates frequent. The Auditor received 2 correspondences from inmates before arriving at the facility.

The Auditor received the SCI – Somerset's completed Pre-Audit Questionnaire through the Online Audit System (AOS). The Pre-Audit Questionnaire was completed and submitted to the AOS on December 20, 2019 by the PREA Compliance Manager. Once received, the Auditor began a pre-audit review of the material. The information sent by the facility's PREA Compliance Manager included; but was not limited to: annual reports, policies, procedures, organizational charts, forms, training materials, educational materials, floor plans, schematics, staffing plan, population reports, Memorandums of Understanding, investigative reports, copies from inmate medical and central records, contracts, and handbooks.

Once a contract between PREA Auditors of America and the PDOC was signed and the Pre-Audit Questionnaire was complete, the Auditor began communications with the SCI – Somerset PREA Compliance Manager through email. Prior to arriving on site, the Auditor asked questions and specifically requested additional information. These communications occurred through email and telephone. The PREA Compliance Manager maintained communications with the Auditor and responded to the Auditor's questions, comments, and/or concerns in a timely manner. The Auditor had telephone conversations with the PREA Compliance Manager prior to arriving on site.

The Auditor discovered the contact information of the Victim Services Inc. in the Pre-Audit Questionnaire and was provided the information from the PREA Compliance Manager while on site. The facility's Letter of Agreement requires Victim Services Inc. be contacted by the facility following an incident of sexual abuse to provide for victim advocacy. The Auditor communicated with a victim advocate with Victim

Services Inc. while on site. The Auditor conducted a formal in-person interview with a representative. Details of the formal interview are provided later in this report.

The facility's Letter of Agreement to provide a SANE is with the Somerset Hospital and Conemaugh Memorial Medical Center. The Auditor contacted the Sexual Assault Nurse Examiner (SANE) with the Somerset Hospital by telephone. The Auditor discussed the specifics of forensic services offered through the Letter of Agreement. The telephone interview provided an understanding of the level and scope of services provided to inmate victims of sexual abuse. Details of the telephone interview are provided later in this report.

The Auditor conducted a review of the Pennsylvania Department of Corrections website (www.cor.pa.gov). The website includes a link to access the agency's published Prison Rape Elimination Act information. The website includes the agency's zero-tolerance and investigative information, PREA audit reports, PREA reporting information, statistical data, annual reports, and PREA-related links. The agency provides public access to its Prison Rape Elimination Act policy in the "PREA-Related Links" page.

The Auditor arrived at the SCI - Somerset the morning of January 21, 2020. A meeting with key personnel was held by the Auditor prior to beginning the process. The following personnel were in attendance:

- Eric Tice – Superintendent
- Michelle Houser – Deputy Superintendent for Centralized Services
- Jeff Shaffer – Major of the Guard
- John Tiller – Major of Unit Management
- Jessica Delaney – PREA Administrative Officer 2
- Melanie Pyle – PREA Compliance Manager
- Pam Warchola – Administrative Officer
- Jonathan Vena – PREA Lieutenant

The Auditor briefly introduced himself and explained the audit process with key staff. After the briefing, the PREA Compliance Manager offered the Auditor a tour of the facility. The Auditor was accompanied by the PREA Compliance Manager, PREA Lieutenant, Administrative Officer and PREA Administrative Officer 2. The Auditor asked the group to allow the Auditor to speak individually with staff and inmates while participating in the facility tour. The group was asked to allow privacy when the Auditor is conducting informal interviews with inmates and staff. The Auditor explained the privacy allows both inmates and staff the ability to speak freely without fear of retaliation from staff or other inmates. At the conclusion of the tour the PREA Compliance Manager provided a private office in the facility for the Auditor to interview staff and inmates and conduct other work.

Facility staff allowed the Auditor full access to all areas in the SCI – Somerset facility. The tour included visits to the administrative, receiving and discharge, property, control center, visitation, classrooms, outdoor and indoor recreation yards, laundry, commissary, barber shop, library, medical, kitchen, powerhouse, and all inmate living units. During the tour the Auditor was observing for blind spots, opposite gender announcements, the overall level of supervision of the inmate population, staff interactions with the population and camera placements within the facility. Observations were made of PREA posters and other PREA related materials posted throughout the facility.

While touring the facility the Auditor observed staff performing security rounds, interacting with the inmate population, commissary operations, foodservice operations, inmates working in various areas, educational groups and staff making opposite gender announcements. Medical and mental health personnel were observed conducting treatments, groups and pill call with inmates. The Auditor observed inmates participating in programs, education, and work both inside and outside of living units. All inmate restrooms and shower areas were observed to ensure inmates could utilize the restroom, change clothing and shower without staff of the opposite gender observing inmates in the process of such.

While touring the facility the Auditor conducted informal interviews with staff and inmates. Facility staff allowed the auditor distance so staff and inmates could speak freely and confidentially with the Auditor. The Auditor informally interviewed 11 inmates while touring the facility. Inmates were informally asked the following, but not limit to, questions: if they felt safe in the facility, how they would report an allegation of sexual abuse, if they have received education regarding the facility's sexual abuse policies, and if they received information regarding sexual abuse and sexual harassment when arriving at the facility. The Auditor informally interviewed 12 staff members throughout the duration of the audit. Staff was informally asked the following, but not limit to, questions: if they have received PREA training, if they have had an inmate report an allegation to them, what actions they would take if they were the first responder to an incident of sexual abuse, if staff make opposite gender announcements, and if supervisors conduct unannounced rounds.

The Auditor conducted a review of supportive documentation provided by the PREA Compliance Manager. Supportive documentation provided by the PCM included, but was not limited to, policies and procedures, staffing plan, diagrams, Handbooks, brochures, training records, employee records, medical records, classification records, investigative files and logbooks. Supportive documentation was reviewed to determine the facility's level of compliance in prevention, detection, and response to sexual abuse and sexual harassment, training and education, risk screening, reporting, investigations, offender discipline, medical and mental health care, and data collection, review and reporting.

While on site the Auditor requested additional supportive records from the PREA Compliance Manager. The Auditor requested 20 randomly chosen and 20 targeted inmate medical and classification records, all staff, contractor and volunteer training records and 10 randomly chosen HR records. All inmate records requested by the Auditor coincided with the inmates chosen for random and targeted interviews. The Auditor visited with day and night shifts during the audit.

Formal interviews were conducted with randomly and specifically chosen inmates. The facility provided a private office for the Auditor to interview inmates without staff and other inmates able to observe or overhear the information exchanged between the Auditor and inmate being interviewed. The private office did not have a camera or audio monitoring device located within. The auditor randomly chose 20 inmates and specifically chose 20 inmates for formal interviews. Inmates specifically chosen for interviews included 4 who reported an allegation at the facility, 2 known abusers, 3 gay, 1 bisexual, 1 vision and hearing impaired, 2 with a cognitive/mental disability, 1 limited English inmate, 4 transgenders and 2 who reported an allegation upon arrival. During random interviews the Auditor discovered additional inmates who previously suffered sexual abuse in the community and another facility and did not inform facility personnel and one who identified as transgender. The Auditor interviewed one inmate who was vision and hearing impaired and had a physical and mental disability. The Auditor randomly chose 20 inmates from the SCI - Somerset population housing roster. A relative sample of inmates was chosen from each of the facility's living units.

Formal interviews were conducted with staff. The Auditor conducted random formal interviews with 11 staff members and specialized interviews with 24 staff members. Specialized interviews were conducted with intake, classification, medical and mental health, investigator, supervisors, intermediate and high-level staff, PREA Compliance Manager, line staff, retaliation monitor, Warden, volunteer, contract, Human Resources, Hearings Examiner, Grievance Coordinator and security and non-security first responders. Formal staff interviews were conducted in a private area in the facility.

The Auditor concluded the onsite portion of the audit on January 24, 2020 in an exit meeting with the following personnel:

- Eric Tice – Superintendent
- Michelle Houser – Deputy Superintendent for Centralized Services
- Dan Caro – Deputy Superintendent for Facilities Management
- Jeff Shaffer – Major of the Guard
- John Tiller – Major of Unit Management
- Jessica Delaney – PREA Administrative Officer 2 (by telephone)
- Melanie Pyle – PREA Compliance Manager
- Pam Warchola – Administrative Officer
- Christie Schenck – Superintendent’s Assistant

The Auditor met with the above listed command staff members on the last day of the audit. The Auditor discuss his thoughts after touring the facility, interviewing staff, interviewing inmates and reviewing documentation. The Auditor informed the group of recommendations that will be made in the final report. The group was informed there was still more work to do reviewing documents and notes in the coming weeks. They were informed it would not be unusual to learn of additional recommendations or findings after leaving the facility. The Auditor informed the group facility staff and inmates were receptive to the Auditor while on site. The PREA Compliance Manager was informed there may be additional information and documents requested within the next several weeks.

The group was informed the PCM provided supporting documentation while on site the Auditor needed to continue reviewing within the next few weeks. The Auditor informed command staff inmates in the facility felt safe and overall stated the staff were professional and they have confidence in their abilities to ensure their safety. The group was informed recommendations made by the Auditor are “recommendations” and did not necessarily need to be completed by the staff. The Auditor stated the recommendations made will strengthen the facility’s compliance level if performed. The facility was informed if there are any items discovered by the Auditor that must take place the Auditor will ensure he will immediately notify the facility. The Superintendent was informed the facility operations appeared well managed and the Auditor received no major complaints while on site.

The facility is accredited through the American Correctional Association.

On the first day of the audit there were 2332 adult male inmates incarcerated at the State Correctional Institution – Somerset.

AUDIT FINDINGS

Facility Characteristics:

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

The State Correctional Institution – Somerset is located approximately seventy-four miles Southeast of Pittsburgh, Pennsylvania and 35 miles north of Cumberland, Maryland. Somerset, Pennsylvania is in the Southwest portion of the state. The Pennsylvania Department of Corrections maintains approximately 70 acres inside the secure perimeter of approximately 303 total acres. The SCI – Somerset was built in the 1990s and is considered a prototype facility.

Power to the facility is provided by large boilers in the facility's Powerplant. The Powerplant is located outside the secure perimeter. The main source of power is provided by gas with an oil backup. There are two emergency generators in the event power to the plant is interrupted. One generator provides power to the plant while the other ensures the entire facility is operational during a power failure. Three staff work in the Powerplant. The facility employs up to two inmates in the plant. There are no cameras located within the Powerplant. Staff remain in the Powerplant while inmates are working in the plant. There is an inmate restroom with a door to allow for privacy of the inmate. This is a single stall restroom and only one inmate may enter at a time. The Auditor observed PREA Posters in the Powerhouse.

The SCI – Somerset maintains 10 housing units. The housing units are labeled A, B, C, D, E, F, G, H, I and J. The facility is divided into an East and West section. Housing units A, B, C, I and G are located on the east side of the facility while housing units D, E, F, H and J are located on the west side. The Education Building divides the east and west side while the kitchen, maintenance, commissary, Industries and medical run perpendicular from the east side to the west side. Housing unit H serves as the facility's Restrictive Housing Unit (RHU). The RHU has four distinct pods. Each pod in the H unit are designed the same. There are 24 cells in each, HA, HB, HC and HD. Each cell has a toilet and sink inside. There are telephones, tables, chairs, kiosk and televisions for inmate usage. There are cameras that monitor each dayroom. The Auditor observed PREA materials posted in each dayroom. There is a control room staffed 24/7 to control all doors and access to and from the housing unit. The control room operator is a gender specific post as there are several camera cells in HC unit. A male staff member is always assigned to the RHU Control Center. The Auditor observed signs on the door reminding female staff members to announce their presence when entering the housing unit. There are 2 cells located near the entrance of the housing unit. These two cells are utilized for inmates who require more intensive supervision and for "dry cell" purposes. An officer is stationed at these two cells when inmates are assigned.

Housing unit G has 3 distinct pods, GA, GB and GC. The unit houses the facility's lowest custody level inmates – level 2. GA and GB pods are of similar design. Each unit has double bunked cells. The cells have toilets and sinks inside. Showers are adjacent to the dayroom and are protected with a shower door. There are tables, chairs, kiosk, telephones and televisions for inmate usage. Housing unit GB is utilized for K9 training. Inmate dog trainers house their dogs in their cells. Housing unit GC has 4 large and 1 small dormitory inside. Each dormitory has a camera inside that is monitored at the officer's station and in the main control center. GC restrooms and showers are adjacent to the dayroom. The restrooms and showers are protected to allow inmates privacy during usage. The Auditor observed PREA material

posted in each living unit's dayroom. The housing unit is staffed 24/7.

Housing units I and J are similar in design. Each unit has 2 distinct pods, IB, JA and JB. Each has 64 double bunked cells. Each cell has a toilet and sink inside. There are kiosks, telephones, tables, chairs and televisions for inmate usage. Showers in each unit are adjacent to the dayroom. Inmates can shower with privacy as the showers have a $\frac{3}{4}$ door on each shower stall. Security staff are assigned 24/7 in the pod. There are cameras to supplement staff supervision. The Auditor observed PREA materials posted in each pod's dayroom.

Housing units B, C, D, E and F are similar in design. Each unit has 2 distinct pods. There is an A and B pod in each living unit. There are 64 double bunked cells and 2 small dormitories in each pod. The double bunked cells have a toilet and sink inside. Inmates in the dormitories utilize a restroom adjacent to the dayroom. There are showers adjacent to the dayroom in each pod. Each shower stall is protected with a $\frac{3}{4}$ door. There is a staff member posted in each housing unit 24/7. There are cameras that monitor the dayrooms in each pod. Each small dormitory is monitored by cameras. Cameras are monitored in the main control center. The Auditor observed PREA materials posted in the dayrooms.

Housing unit A is similar design to the previously listed housing units. There are two distinct pods in A unit. Housing unit A has 64 double bunked cells and only 1 small dormitory in each pod. Each double bunked cell has toilets and sinks inside. Inmates in the small dormitories utilize a restroom adjacent to the dayroom. There are showers adjacent to the dayroom. Shower stalls are protected with a $\frac{3}{4}$ wall to allow privacy for inmates. Staff supervise A unit on a 24-hour basis. There are cameras that supplement staff supervision. AA and AB each have a cell with blue lights known as the "blue room." The cell is utilized for inmates who require time to readjust. This housing unit is utilized to house the facility's mentally ill population. There is a group room where counselors and mental health professionals perform group sessions with inmates. The Auditor observed PREA materials posted in each dayroom.

The following is a breakdown of available bed space in each housing unit:

- AA – 24 single bunk cells and 40 double bunk cells
- AB – 64 double bunk cells
- BA – 6 single bunk cells and 58 double bunk cells
- BB – 64 double bunk cells
- CA – 7 single bunk cells and 57 double bunk cells
- CB – 64 double bunk cells
- DA – 5 single bunk cells and 59 double bunk cells
- DB – 64 double bunk cells
- EA – 4 single bunk cells and 60 double bunk cells
- EB – 64 double bunk cells
- FA – 7 single bunk cells and 57 double bunk cells
- FB – 64 double bunk cells
- GA – 25 double bunk cells
- GB – 25 double bunk cells
- GC – dorm 1 – 5 single bunks and 7 double bunks
dorm 2 – 6 single bunks and 7 double bunks
dorm 3 – 12 double bunks
dorm 4 – 13 double bunks
dorm 5 – 4 double bunks
- HA – 12 single bunk cells and 12 double bunk cells

- HB – 12 single bunk cells and 12 double bunk cells
- HC – 11 single bunk cells and 13 double bunk cells
- HD – 7 single bunk cells and 17 double bunk cells
- IA – 4 single bunk cells and 60 double bunk cells
- IB – 64 double bunk cells
- JA – 4 single bunk cells and 60 double bunk cells
- JB – 64 double bunk cells

The facility maintains a warehouse outside the secure perimeter. The warehouse is shared with SCI – Laurel Highlands. All deliveries to the facility are processed through the warehouse. There are numerous cameras located throughout the warehouse to supplement staff supervision and assist with blind spot coverage. The warehouse is operated by a supervisor and 4 stock clerks. There are two to five inmates employed in the warehouse. Cold and frozen foods for use in the facility's kitchen are stored in 2 freezers or one cooler located in the warehouse. Inmates working in the warehouse have access to a restroom. The restroom is located near the supervisor's office. The restroom is single occupancy with a lockable door. Only one inmate at a time is allowed in the restroom. The Auditor observed posted PREA materials in the Warehouse.

There is a welding and auto shop located adjacent to the warehouse. Both are supervised by staff and employ inmates. Neither has cameras to supplement staff supervision. Inmates working in either shop have access to a restroom. Only one inmate is allowed in the restroom at a time as it is a single use restroom. The restroom has a lockable door. The Auditor observed PREA Posters in both shops.

There is a large visitation room where inmates can participate in contact visits with family and friends. The Auditor observed posted PREA materials in the general visitation area. There are two unisex restrooms available. The visitation area is staffed during visitation. Cameras supplement staff supervision. There is a large children's area in the visitation room. Inmates can participate in non-contact and professional visits in one of two booths. There are three video visitation booths in the general visitation area. The area has one small and one large room used for video tele-conferences. Each inmate is strip-searched in a room adjacent to the visitation room at the conclusion of the visit. This is a gender specific post. Only males are assigned to conduct the strip-searches of the inmates. Visitation is operational five days each week. It is closed on Tuesdays and Wednesdays.

The facility employs approximately 105 inmates in its Industry Building. The main staple of the Industry Building is laundry services. The facility has contracts for 14 organizations, business, etc. Inmates wash, dry, fold and deliver laundry to other prisons, colleges, state hospitals, and veterans centers. The facility's industry processes approximately 7.1 million tons of laundry each year. Five staff members supervise inmates in the industry. Staff supervision is supplemented with cameras in the industry area. Clothing issue and the distribution of supplies to the facility are conducted from the industry building. There are restrooms in the Industry Building in which inmates can use the restroom privately. The Auditor observed PREA materials posted throughout the Industry area.

The receiving and discharge (R & D) area has four individual holding cells and two multiple occupancy holding cells. Each cell in the R & D area has a toilet and sink within. Toilets in each cell is protected so staff of the opposite gender cannot observe the inmate using the restroom. There are cameras located in the general R & D area. The Auditor observed PREA materials posted in the R & D. Inmates are employed in the R & D area to assist staff. There is a property room adjacent to the R & D. No cameras are located in the property room.

Inmates may read, check out books and prepare for legal proceedings in the facility's large library. The library is located in the education building. Shelving is positioned to allow staff the ability to clearly see all inmates in the library. A librarian and correctional officer are always in the library to supervise inmates. There are cameras to supplement staff supervision in the library. Law library is provided on computers and legal books.

The education building has rooms where inmates can make private phone calls to their attorneys. There are classrooms for the following, but not limited to: Special Education, GED, Testing for Adult Basic Education (TABE), Substance Abuse, Thinking for a Change, Batterers and Violence Prevention. There are classrooms for the following vocational activities: HVAC, Business, Interior Finishing, Masonry and Building Trades. Cameras monitor hallways and corridors in the education building. There is an upstairs area in the education building that serves as a maintenance shop where inmates learn maintenance skills. There is a large Chapel where inmates participate in religious services.

Medical services at the facility are performed by PDOC and contracted medical practitioners. The facility contracts for providers such as Physicians, Psychologists and Psychiatrists. The medical area has offices, treatment rooms, waiting area, nurses' station, examination rooms, x-ray, pharmacy, infectious waste and a dental area with three dental chairs. Security staff are always present when inmates are in the medical area. Cameras in the medical area monitor corridors. There is an infirmary and psychiatric observation area adjacent to the medical area. The Auditor observed PREA materials posted in the general medical area, infirmary and psychiatric observation area.

The infirmary includes 2 negative pressure cells and 6 double bunked cells. Both negative pressure cells have a toilet, sink and showers inside the cell. Each double bunked cell has a toilet and sink inside the cell. Inmates in the double bunked cells utilize a shower in the corridor. The shower is protected so security staff of the opposite gender cannot observe the inmate naked in the shower. There are no cameras in the cells or corridors in the infirmary. A security staff member supervises inmates in the infirmary. Inmates in the infirmary have access to a kiosk and telephone in the corridor. Each cell has a television inside the cell.

The psychiatric observation area has 4 cells. Each cell houses one inmate and has a toilet and sink within. There are three cameras located inside each cell. Cameras are located in the corridor. These cameras have audio capability. Showers are located adjacent to the cells and provide privacy to the inmate while showering. The post observing the camera cells has been designated as a gender specific post. Only males are assigned to the post.

The facility's kitchen has 3 separate dining halls. Each housing unit eats together in a dining hall, with the exception of the Restricted Housing Unit. The kitchen employs 110 inmates on each shift. Inmates are supervised by 6 staff, 2 supervisors and 2 managers. There is security staff presence in the kitchen. There are walk-in coolers and freezers in the kitchen. Inmates can utilize the restroom with privacy as the restrooms are protected with doors. Various areas in the kitchen have cameras to supplement staff supervision. Adjacent to the main kitchen is a bake shop. The Auditor observed PREA materials posted in the kitchen.

The facility has an indoor gymnasium with a basketball court, weightlifting room, PlayStation room and cardio room. The gymnasium is open five days per week and half days on weekends. Inmates can participate in outdoor basketball, softball, football, volleyball and various other activities in the outdoor

recreation area.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

The Auditor read the facility's previous PREA audit report prior to arriving at the facility. The previous Auditor found the facility met 37 standards, exceeded 2, and were not applicable with 6 standards. There were no corrective actions required during the previous facility audit. The previous Auditor found the facility exceeded standards 115.11 and 115.13. This Auditor could not determine the justification for the previous findings of "exceeds the standard" in the previous report.

The Auditor found the Pennsylvania Department of Corrections has developed appropriate policies and procedures that aid in prevention, detection and response to sexual abuse and sexual harassment. The Auditor determined facility staff are adhering to the agency's policies and procedures related to the Prison Rape Elimination Act. The agency's training materials have been developed at the agency level and include the agency's policies and procedures. The Auditor found the facility's staff were knowledgeable with the agency's policies and procedures regarding the prevention, detection and response to sexual abuse and sexual harassment. The Auditor learned transgender inmates housed in the facility feel safe. The facility has numerous practices that ensure the safety of transgender inmates. There are numerous living units and practices in place to ensure the safety of inmates and maintain likely victims from likely abusers. All staff, volunteers and contractors interviewed understood and articulated appropriate responses regarding their roles as first responders.

The Auditor toured the facility, interviewed staff and inmates. During the tour the Auditor observed staff interacting with the inmate population. Interactions observed appeared to be professional and respectful. The Auditor interviewed 40 inmates, 20 were randomly chosen while 20 were specifically target by the Auditor. Interviews with inmates reveal they are confident in staff's abilities to protect them from and respond to incidents of sexual abuse. The Auditor interviewed facility staff. Interviews with staff reveal they are knowledgeable in the agency's policies and procedures to prevent, detect and respond to incidents of sexual abuse. The Auditor determined the facility's efforts to create a zero-tolerance culture have been successful. Interviews with the facility's command staff reveal they are supportive in staff's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

The Auditor discovered command staff make unannounced rounds throughout the facility to deter sexual abuse and sexual harassment. Command staff maintain an open-door policy and accept ideas and recommendations from staff. The command staff appear to have a proactive approach toward the PREA standards to ensure the inmate population, staff and the facility itself is protected from acts of sexual abuse and sexual harassment.

The Auditor found the agency and facility's inmate education efforts have been appropriately applied. Inmates interviewed by the Auditor were knowledgeable regarding the agency's prevention, detection and response efforts towards sexual abuse and sexual harassment. Inmates not only knew the various ways of reporting sexual harassment and sexual abuse they also felt confident in staff's ability to respond and maintain confidentiality with verbal reports. An overwhelming majority informed the Auditor they would verbally report the allegation directly to a staff member. The Auditor determined the facility is providing written information and effective comprehensive education to each inmate. The facility provides readily available information to inmates by posting materials in living units and other areas of the facility, through handouts and handbooks. Inmates interviewed by the Auditor felt safe in the facility.

The facility is appropriately screening all inmates upon their arrival for risk of sexual victimization and sexual abusiveness. Efforts made during the screening allow the facility to identify those at risk of sexual victimization and identify sexual abusers to ensure they house, program and assign appropriate work assignments to ensure the safety of each inmate. The facility is conducting reassessments of inmates within 30 days of arrival, following an allegation of sexual abuse, a referral, and upon receiving additional information that bears on the inmate's assessment.

The facility's investigative practices are sufficient to make a final determination. The Auditor found the facility is investigating each allegation of sexual abuse and sexual harassment. All allegations of sexual abuse are referred to the Pennsylvania State Police for criminal investigation. The facility's Sexual Abuse Investigator is conducting objective investigations and includes his findings in written reports. Each inmate is notified of the investigative findings in writing following the conclusion of the investigation. The PREA Compliance Manager ensures each substantiated and unsubstantiated allegation of sexual abuse is reviewed by key staff within 30 days of the conclusion of the investigation. The Incident Review Committee documents its findings in a written report.

The Auditor found the facility met the requirements of each PREA standard. The Auditor determined there were some areas where the facility could strengthen its compliance efforts. The Auditor made several recommendations to the facility's command staff at the conclusion of the on-site portion of the audit. The recommendations were made to strengthen several practices towards compliance with the applicable standards. Details of the recommendations are listed throughout this report in the comments section of the applicable standard.

No corrective actions were required to meet any provision of these standards. The facility has appropriate policies, procedures and practices for the prevention planning, response planning, training and education, screening for risk of victimization and abusiveness, reporting, response following a report, investigations, discipline, medical and mental care, and data collection and review of sexual abuse and sexual harassment.

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections (PDOC) has established a policy that prohibits any form of sexual abuse and/or sexual harassment of any individual under the supervision of the agency. The policy stipulates the department will take appropriate actions to ensure the zero tolerance towards all forms of sexual abuse and sexual harassment in order to promote the safety of inmates. The Pennsylvania Department of Corrections policy includes definitions of the following:</p> <ul style="list-style-type: none"> • Sexual Abuse; • Sexual Coercion; • Sexual Contact; • Sexual Harassment; and • Voyeurism; <p>The PDOC's policy includes prevention, detection and response steps to assist in its efforts towards creating a zero-tolerance culture. The policy includes, but is not limited to, the following prevention, detection and response techniques:</p> <ul style="list-style-type: none"> • Inmate Training; • Employee, Contractor and Volunteer Training; • Background Screenings; • Inmate Assessments and Screenings; • Written Response Plans and Forms; • First Responder Duties; • Unannounced Rounds; • Committee Meetings; • Retaliation Monitoring; • Victim Support Services; • Forensic Evidence Collection; • Data Tracking; • Incident Reviews; • Staff, Volunteer, Contractor and Inmate Discipline Measures; • Investigations; and • Reporting to Offenders; <p>The PDOC has outlined the duties of the PREA Coordinator in its policy. The sole responsibility of the PREA Coordinator is to develop, implement, and oversee department efforts to comply with the federal PREA standards in all department facilities. The PREA Coordinator is responsible for overseeing the PREA Compliance Division and all PREA Compliance Managers at each facility. The agency has developed a written position description for the PREA Coordinator position.</p> <p>The State Correctional Institution – Somerset has designated a PREA Compliance Manager.</p>

The facility has developed a written position description for the PREA Compliance Manager. The facility PREA Compliance Manager is responsible for maintaining PREA compliance at the facility level. The PREA Compliance Manager reports to the facility Superintendent and the PREA Coordinator for PREA related issues. The PREA Coordinator reports to the Bureau Chief for Standards, Audits, Assessments and Compliance.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act pg. 1, Section 1 - 19

Policy – DC -ADM 008 Glossary of Terms

Policy – DC-ADM 801 Inmate Discipline Procedures Manual pg. 1

Policy – DC-ADM 801 Attachment 1 Rule Violations

Policy – 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 7 pg. 6,9

PREA Coordinator Position Description

Classification and Program Manager Position Description

PA DOC Organizational Chart

Facility Organizational Chart

Staff Interviews

Inmate Interviews

Analysis/Reasoning:

The Auditor conducted a review of the Pennsylvania Department of Correction's PREA policy. The policy is extensive and includes the agency's prevention, detection, and response approaches towards sexual abuse and sexual harassment of inmates.

The Auditor reviewed the facility's Organizational Chart. The Organizational Chart outlines the title of the staff member assigned to perform the duties of PREA Compliance Manager. The Corrections Classification Program Manager is responsible for duties of PREA Compliance Manager. The CCPM is employed at a level in the PDOC to develop, implement, and oversee facility efforts to comply with the Prison Rape Elimination Act. The position reports directly to the Superintendent of the facility. The CCPM directly reports to the PREA Coordinator on PREA related issues.

The Auditor reviewed the PREA Coordinator and PREA Compliance Manager Position Descriptions. The PREA Coordinator's position description outlines the duties and responsibilities of the position. The PREA Coordinator's position description includes the immediate supervisor in the chain of command. The PREA Coordinator is directly responsible for agency wide PREA compliance while the PREA Compliance Manager is responsible for compliance at the facility level. The Auditor was able to determine the agency and facility employ a staff member responsible for PREA compliance at a level that ensures compliance with PREA standards. The PREA Compliance Manager's position in the facility is Corrections Classification and Program Manager. The position description states the CCPM will serve as the facility's PREA Compliance Manager.

The PREA Compliance Manager explained her ability to develop, implement, and oversee the facility's PREA efforts. The Auditor determined the PCM has enough time and authority to ensure PREA efforts are appropriately developed and implemented. The Auditor observed evidence of such prior to and during the onsite visit. The PREA Compliance Manager responded to the Auditor's questions, concerns, and recommendations before and during the

site visit. The Auditor made several requests for additional information prior to arriving at the facility and while on site. The PREA Compliance Manager responded quickly to the Auditor's requests. The PREA Compliance Manager and PREA Coordinator are both knowledgeable with the requirements of the Prison Rape Elimination Act standards. The Auditor has had conversations with the PREA Coordinator during a previous PDOC PREA audit.

The Auditor conducted both formal and informal interviews with random and specifically targeted inmates. The Auditor was able to determine the SCI-Somerset has successfully created a zero-tolerance culture towards sexual abuse and sexual harassment. The population was aware of the facility's sexual abuse and sexual harassment prevention, detection and response policies and practices. Inmates informed the Auditor they felt safe in the facility. The inmate population had been provided information and been appropriately educated upon arrival. Inmates informed the Auditor they watched a PREA video during intake into the Agency, was provided information in writing, observe posters on the walls and see a PREA video being played each morning in the living units. Most inmates interviewed by the Auditor had been housed at other facilities and stated they had been provided the information at each PDOC facility they were incarcerated in.

The Auditor asked inmates if they felt confident in staff's ability to keep them safe and respond to incidents within the facility. Inmates informed the Auditor they felt confident in staff's abilities. Overall the inmate population informed the Auditor staff were respectful and professional to inmates. The inmate population informed the Auditor facility staff takes sexual abuse and sexual harassment seriously and had confidence in staff's abilities to maintain confidentiality. Each inmate was asked if he had heard of an incident of sexual abuse occurring at the facility. The Auditor was informed by a few inmates they had heard of an incident happening. Each inmate interviewed who had submitted an allegation at the facility stated an investigator had quickly met with them after making an allegation.

The Auditor conducted both formal and informal interviews with facility staff. Facility staff appeared well trained and understood the agency's policies and procedures towards prevention, detection, and response to sexual abuse and sexual harassment. Staff was asked who they discuss allegations of sexual abuse and sexual harassment to. Staff informed the Auditor they report to supervisors or investigators and do not discuss the details with anyone who is not involved in decision making. Staff were aware the facility has a written policy prohibiting them from discussing incidents with anyone without a "need to know." Staff informed the Auditor they participate in PREA training annually at the facility. Some trainings are conducted in person while other trainings are web based.

Command staff maintains an "open door" policy at the facility. Staff feel comfortable in approaching command staff about PREA related concerns, comments, recommendations, allegations, etc. The Auditor asked random staff if they felt comfortable reporting an allegation of sexual abuse to a command staff member if that need arises. Each staff member stated they did feel comfortable in doing such. During interviews the Auditor asked staff how they would privately report an allegation of sexual abuse against a staff member or inmate. Staff informed the Auditor they would report to the investigator, use the abuse hotline, write the PREA Coordinator, contact the Pennsylvania State Police, or inform a command staff member. The Auditor received various responses on how to privately report an allegation of sexual abuse or sexual harassment.

The Auditor conducted interviews with several command staff members, including the Superintendent. Command staff members maintain an open-door policy and appear personable. Support to staff is provided from the Superintendent down to the lower ranks to ensure the facility responds appropriately to incidents of sexual abuse and sexual harassment. The Auditor felt support of staff from the command staff has assisted in the successful zero-tolerance culture achieved by the facility. The command staff have weekly meetings where concerns and ideas for improvement are discussed.

Conclusion:

The Auditor conducted a thorough review of the agency's policies and procedures, Organizational Chart, Position Descriptions, and interviewed staff and inmates. The Auditor determined the agency has developed an appropriate zero tolerance policy which includes prevention, detection and response techniques to all allegations of sexual abuse and sexual harassment. An appropriate staff member has been designated to develop, implement, and oversee the agency's and facility's PREA efforts. The SCI-Somerset has successfully created a zero -tolerance culture towards all forms of sexual abuse and sexual harassment. The Auditor determined the facility meets the requirements of this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections has a policy that requires contracts with other agencies for the confinement of inmates include obligations for the contractor to adopt and comply with PREA standards. The policy requires these obligations for any private entity or other entity, including government agencies whom the agency contracts for the confinement of its inmates. The Agency’s policy allows for the PDOC to enter a contract with a private agency or other entity who may not be PREA compliant only in emergency circumstances and after reasonable attempts to find a PREA compliant private agency or other entity have failed. The policy requires all unsuccessful attempts to locate an agency or entity in compliance with PREA standards be documented.</p> <p>The agency’s policy requires the PREA Compliance Division, in consultation with the Bureau of Community Corrections Contract Facility Coordinator, provide for contract monitoring to ensure contract service providers are complying with the PREA standards with any new contract or contract renewal. Monitoring activities are required to be documented on the PREA Contract Compliance Monitoring Report. Policy dictates contract monitoring is conducted between August 20 and October 31 of each audit year.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 2 pg. 1-2 Contracts for Confinement of Inmates 2019 Contract Renewals – Community Education Centers Inc. PREA Contract Compliance Monitoring Reports</p> <p>Analysis/Reasoning:</p> <p>The Pennsylvania Department of Corrections contracts for confinement of its inmates with Firetree, LTD, Lehigh County Department of Corrections Community Corrections Center – Work Release, Gateway Rehabilitation Centers – Braddock, Gaudenzia, Inc. and the GEO Group, Inc. The Auditor reviewed the PREA Contract Compliance Monitoring Report of each entity. Each contract monitoring activity was conducted within the dates required by agency policy. Each entity had been audited by a Department of Justice certified Prison Rape Elimination Act Auditor. Each was in compliance with the PREA standards.</p> <p>Each entity holds the following inmates for the Pennsylvania Department of Corrections:</p> <ul style="list-style-type: none"> • Firetree, LTD. – 96 adult male and female • Lehigh County DOC CCC – Work Release – 400 adult male and female • Gateway Rehabilitation Centers – Braddock – 40 adult males • Gaudenzia, Inc. – 30 adults • Geo Group, Inc. – 104 adult males <p>The Auditor reviewed the agency’s contract for confinement of inmates. The contract includes provisions for the entity to adopt and comply with standards of the Prison Rape Elimination Act</p>

and applicable DOC policies. The contract includes a section for inspections, with or without notice, by PDOC personnel. Each entity is subject to inspections by the PDOC throughout the term of the contract. The Auditor reviewed a contract renewal effective in February 2019. The renewal included provisions as described above.

The Agency's PREA Coordinator serves as the Contract Monitor. The Auditor chose not to interview the contract monitor as he has been interviewed during previous PDOC PREA audits during this cycle. The Contract Monitor is fully aware of the requirements in the PDOC policy to monitor contract compliance.

Conclusion:

The Auditor reviewed agency policies, contracts and contract renewals. Agency contracts and renewals for confinement of PDOC inmates include the requirements of this standard and require monitoring by agency personnel. The Auditor determined the Pennsylvania Department of Corrections meets the requirements of this standard.

115.13	Supervision and monitoring
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 504 365">Auditor Discussion:</p> <p data-bbox="248 371 1442 577">The Pennsylvania Department of Corrections has a policy which requires each facility in the agency 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 sexual abuse. Agency policy requires the following considerations when determining staffing levels and video monitoring needs:</p> <ul data-bbox="248 629 1458 1133" style="list-style-type: none"> • Generally accepted detention and correctional practices; • Any judicial findings of inadequacy; • Any findings of inadequacy from Federal investigative agencies; • Any findings of inadequacy from internal or external oversight bodies; • All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); • The composition of the inmate population; • The number and placement of supervisory staff; • Facility programs occurring on a particular shift • Any applicable State or local laws, regulations, or standards; • The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and • Any other relevant factors. <p data-bbox="248 1184 1477 1435">The agency’s Prison Rape Elimination Act policy requires the Facility Manager or designee document, in writing, and justify all deviations from the staffing plan when circumstances of non-compliance exist. The documentation is required to be forwarded to the Executive Deputy Secretary, Executive Deputy Secretary for Institutional Operations Regional Deputy Secretary, PREA Coordinator, Central Office/Bureau of Community Corrections Security Major, BCC Regional Director, and Pennsylvania Board of Probation and Parole Regional Director.</p> <p data-bbox="248 1487 1477 1693">The facility, in consultation with the PREA Coordinator and facility PREA Compliance Manager, is required by policy to assess, determine, and document whether adjustments are needed to the staffing plan whenever necessary, but no less frequently than once each year. Policy requires the facility conduct the review to determine if adjustments are needed to the following:</p> <ul data-bbox="248 1744 1458 1991" style="list-style-type: none"> • The established staffing plan; • The facility’s deployment of video monitoring systems and other monitoring technologies; • The resources the facility has available to commit to ensure adherence to the staffing plan; <p data-bbox="248 1872 300 1908">and</p> <ul data-bbox="248 1915 1362 1991" style="list-style-type: none"> • Community Corrections Centers and Lockups shall assess whether adjustments are necessary to prevailing staffing patterns within the facility. <p data-bbox="248 2042 1477 2119">Policy requires the following rounds be conducted to identify and deter staff sexual abuse and sexual harassment of inmates:</p>

- Secretary, Executive Secretary, and Deputy Secretary for Administration – once each year
- Each Regional Deputy Secretary and/or Supervisory Facility Manager – once per quarter
- Facility Manager, DSCS, DSFM/DSIS, Majors, Intelligence Gathering Captain or Security Lieutenant, Corrections Superintendent's Assistant, and Corrections Classification Program manager – once per week
- Shift Commander or Alternate Shift Commander – daily

Policy requires all unannounced rounds be documented on the PREA Administrative Tour Documentation Form. Tours are required to be conducted in all areas of the facility where there could be potential for inmates to become a victim of sexual abuse. Staff are required to pay particular attention to the staff and video monitoring of the facility to detect areas that may need enhanced to ensure the sexual safety of the facility. Inspecting staff are required to talk with staff and inquire about any perceived areas of concern related to PREA or relating to any problem inmates relating to PREA.

Policy prohibits staff from informing anyone that supervisory rounds are occurring and stipulates any staff member found to be alerting other staff or inmates to the unannounced visits will be subject to disciplinary action.

Evidence Relied Upon:

- Policy – 6.3.1 Facility Security Procedures Manual, Section 15 pg. 1-12
- Policy – 6.3.1 Facility Security Procedures Manual, Section 15, Attachment 15-B
- Policy – 6.3.1 Facility Security Procedures Manual, Section 15 Attachment 15-A
- Policy – 6.3.1 Facility Security Procedures Manual, Section 19 pg. 1-5
- Policy – DC-ACM 008 Prison Rape Elimination Act, Section 3 pg. 1-2
- Policy – DC-ACM 008 Prison Rape Elimination Act, Section 1 pg. 4-6
- Tour Logbooks
- PREA Compliance Manager Monthly Reports
- PREA Tour Assignments Sheets
- Meeting Minutes
- Staffing Plan Review
- Staffing Plan
- Population Reports
- Camera Listing
- Overtime Mandate List
- Shift Rosters
- Overtime Tracking and Justification
- PREA Administrative Tours Report
- Interviews with Staff
- Interviews with Inmates
- Observations

Analysis/Reasoning:

The Auditor reviewed the facility's staffing plan. The staffing plan required 624 total positions. There are 387 security and 237 non-security positions authorized. The staffing plan was predicated utilizing 2318 as the average daily population of the facility. The average daily population of 2318 and total staffing of 624 calculates to one staff member for every 3.7 inmates. The ratio of inmate to security staff member is one security staff member for every 6

inmates. The facility's staffing plan includes provisions for administrative, support, and security positions on all shifts in all facility areas.

On the first day of the audit there were 12 security and 17 non-security positions vacant. At the time of the audit the facility maintained a staffing ratio of 1 staff member for every 3.9 inmates overall and one security staff member for every 6.2 inmates. The facility utilizes staff volunteers and the mandate list to ensure vacant positions are filled for each shift daily. The facility security staffing level was maintained at 3.1% below capacity at the time of the audit.

The Auditor reviewed shift rosters. Shift rosters include daily vacancies and accounts for reasons of vacancies. The shift rosters require the Shift Commander to notate the staff member working overtime to fill a vacant position. Positions were noted as being vacant for sick leave usage, training, annual leave, etc. The Shift Commander is required to fill vacant positions through overtime, either by staff volunteers or utilizing staff from the mandate list. The facility reported no instances in the previous 12 months in which there was a deviation from the staffing plan.

The Auditor reviewed the facility's annual staffing plan review. The Superintendent and PREA Compliance Manager participated in the annual review. A copy of the staffing plan review was sent to the PREA Coordinator. The staffing plan review was performed in September 2019. The facility reviews its staffing level quarterly in a Security Review Committee meeting. The meeting includes command staff. There is a weekly meeting with management and the Personnel Director to discuss how to fill vacant positions. The facility's annual staffing plan review included a review of the topics as listed above. The Auditor observed evidence the review team recognized poor video quality of some cameras and recommended an update. The team identified potential blind spots and discussed how to address those blind spots. The review team discussed and documented previous substantiated incidents of sexual abuse. There was one substantiated allegation discussed during the review. The team discussed unsubstantiated allegations of sexual abuse. The team identified multiple incidents being alleged in the RHU. Changes were made that caused a reduction in the number of incidents.

The annual staffing plan review consisted of a review of the facility's monitoring technologies. The team noted that programming is occurring in appropriate areas under appropriate staffing levels. There were no applicable State, local, regulations or standards that impacted the annual review. The committee included considerations to enhance the sexual safety of inmates.

The facility's Security Review Committee meeting occurs monthly and considers physical plant deficiencies, central office security enhancements, facility security enhancements (including CCTV), other issues and miscellaneous issues. The facility's Perimeter Intrusion Device (PID) meeting includes management personnel who meet and discuss the facility's cameras, video monitoring technology and other perimeter security devices and practices. The Superintendent and PREA Compliance Manager attend the monthly PID meetings. The facility maintains minutes of all its meetings. The Auditor clearly established the facility is reviewing its video monitoring systems on an ongoing basis. Meeting minutes document discussions of the facility's video monitoring system.

The Auditor reviewed the facility's PREA Administrative Tours report. Command staff are

required to tour all areas of the facility (unannounced) and document their tours on the PREA Tours Report. The PREA Compliance Manager establishes and assigns command personnel various areas in the facility to conduct unannounced rounds. The Auditor reviewed the report and observed report includes all areas of the facility. The staff conducting the tour is required to document the time and date of the unannounced round. The Auditor observed staff conducting the unannounced rounds and document such. Reports reviewed by the Auditor included documented areas of concern discovered during the tour. A copy of completed reports are forwarded to the PREA Compliance Manager, Facility Manager and PREA Coordinator.

The PREA Compliance Manager completes a monthly report of activities. A copy of the report is forwarded to the PREA Compliance Manager. The Auditor observed the report includes a review of monthly selected PREA standards, investigations, closed investigations, notifications of allegations to and from other facilities and monthly PREA tours. The PCM is required to submit the report by the 10th day of each month.

The Auditor observed the facility's Mandate List. The facility maintains a list of all employees who are utilized to fill vacant positions. If staff are absent from duty the facility fills vacant posts with a staff member from the Mandate List. The Mandate List includes all staff members telephone numbers and the last date the staff member was mandated to work. Shift rosters notated the staff member mandated for overtime. Supervisors attempt to fill vacant positions with staff who volunteer to work overtime. If positions are vacant after accepting volunteers the supervisors will utilize staff from the mandate list. The facility makes its best efforts to fill all vacant positions daily. All mandates are tracked using an overtime tracking and justification sheet. The Auditor observed the sheets that reveal the facility is filling vacant positions with overtime utilization.

The facility's staffing plan appears adequate to provide protection to inmates from sexual abuse. During a tour of the facility the Auditor observed staff making security rounds in living units and support areas of the facility. Staff were present in all areas toured by the Auditor. Security and contract staff were observed interacting with the inmate population. The Auditor observed camera placements throughout the facility. Cameras were strategically placed to assist in the prevention, detection, and response to incidents of sexual abuse.

While touring the facility the Auditor observed supervisors making unannounced rounds throughout all facility living units. All supervisors document their unannounced security rounds in the unit's logbook. The Auditor reviewed active logbooks in living units and observed supervisors notate "UA" in the log. The "UA" is designated as "Unannounced." Notations of facility supervisor's unannounced rounds were observed by the Auditor.

The Auditor conducted formal and informal interviews with staff and supervisors from each shift. Staff was asked if supervisors conduct unannounced rounds throughout the facility. Each staff reported that supervisors do make unannounced security rounds. Supervisors informed the Auditor they make daily unannounced rounds throughout their assigned areas in the facility. Higher level supervisors are required to make weekly unannounced rounds throughout the facility. The Auditor asked supervisors how they keep staff from alerting other staff when they are making unannounced rounds. Supervisors informed they do not inform staff when they make rounds. They stated rounds are conducted at irregular intervals and the route

taken by the supervisor varies for each round conducted.

The Auditor asked supervisors what actions they would take if they caught a staff member alerting other staff of their unannounced rounds. The Auditor was informed they would speak to the staff member after the first incident; if the staff member was caught a second time, they would recommend formal discipline procedures. The Auditor asked staff if they notify others of supervisory rounds. Staff was aware the PDOC has a policy prohibiting them from alerting other staff of supervisory rounds.

The Auditor conducted formal and informal interviews with inmates. Inmates were asked if supervisors always announce their presence when entering a housing unit. Inmates informed the Auditor supervisors do not announce their presence when entering housing units. The Auditor asked if female staff announce their presence when entering a living unit. The majority of inmates do hear female staff making announcements when they enter living units. The Auditor asked inmates if they feel safe in the facility. Most inmates informed the Auditor they do feel safe in the facility. Inmates interviewed informed the Auditor staff respond to incidents quickly and are respectful and professional when dealing with inmates. Inmates reported they do see staff and supervisors entering living units, work areas and support areas in the facility. The Auditor did encounter a couple inmate who did not feel confident in staff's abilities as a Correctional Officer.

The facility was under no consent decrees, and had no judicial findings of inadequacies, or findings of inadequacies from a federal, internal, or external oversight body at the time of the audit.

While touring the facility the Auditor recognized the property room and kitchen freezer as blind spots. The Auditor was informed more than one inmate was allowed in each area without being supervised. The Auditor discussed how security rounds are conducted in those areas. The Auditor was informed staff make their normal assigned rounds in both areas. There are no cameras in either area.

Conclusion

The Auditor made a recommendation for the facility to update its Post Orders to ensure the blind spots are supervised. The facility corrected the post orders while the Auditor was on site. The facility added a requirement for staff to constantly supervise both areas when more than one inmate was in the area. The facility also added signs on both the property room and freezer door informing staff to remain inside when more than one inmate was inside the area. The facility's command staff acted quickly when the Auditor raised concern and immediately corrected the finding.

The Auditor concluded the facility has an adequate staffing plan to ensure the protection of inmates from sexual abuse. The Auditor reviewed policy and procedures, Staffing Plan, unannounced rounds documentation, Duty Rosters, annual staffing plan review, made observations, and conducted interviews with staff and inmates. The facility conducts an annual staffing plan review as required by this standard. The Auditor determined the SCI – Somerset meets the requirements of this standard.

115.14	Youthful inmates
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Auditor Discussion:</p> <p>The agency has a policy which requires youthful inmates will not be placed in a housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through use of shared dayroom or other common space, shower area, or sleeping quarters. The policy requires staff maintain sight and sound separation between youthful inmates and adult inmates or provide direct security staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact in areas outside of housing units.</p> <p>The Pennsylvania Department of Corrections policy requires youthful inmates enter an expedited classification process and be transferred to a facility designated to house youthful inmates. Male youthful inmates are transferred to the SCI Pine Grove within 24 hours of reception. Female youthful inmates are immediately placed into the Youthful Inmate Unit at SCI Muncy.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 7 pg. 1-2 Population Reports Interviews with staff Interviews with inmates</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed facility population reports from the previous 12 months. Population reports reviewed by the Auditor revealed all inmates were 18 years of age or older. The Auditor found no evidence of a youthful inmate or an inmate under the age of 18 who was tried and certified as an adult during the previous 12-month period.</p> <p>The Auditor conducted formal and informal interviews with staff. Staff informed the Auditor they do not incarcerate youthful offenders at the SCI-Somerset. The Auditor asked staff if they have housed an inmate under the age of 18 who had been certified and tried as an adult. Staff were not aware of any inmate housed as such. The Auditor asked inmates during formal interviews if they were aware of a youthful offender being housed in the facility. No inmate was aware of such.</p> <p>The facility does not have housing units to be able to separate youthful inmates from adult inmates from sight and sound. The facility does not place youthful inmates in housing units with adult inmates as youthful inmates are sent to a facility designated to house youthful inmates. Inmates are processed into the PDOC at another facility. That facility then assigns youthful inmates to the facility designated to house youthful inmates.</p> <p>The SCI Somerset has not housed a youthful inmate during the previous 12 months.</p> <p>The Auditor interviewed staff members who supervise inmates in the segregation housing area. The Auditor asked if a youthful inmate has ever been housed in the segregation housing</p>	

unit. The Auditor was informed the facility has never housed a youthful inmate in the segregation housing unit. Staff stated youthful inmates are identified during the inmate's intake process at the agency level and housed in a facility designated to house youthful inmates.

Conclusion:

The Auditor reviewed agency policies and procedures, Somerset population reports, and interviewed staff and inmates to determine the facility meets the requirements of this standard. The SCI-Somerset has not housed a youthful offender during this audit period.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The PDOC has a policy which prohibits cross-gender strip searches except in exigent circumstances. The policy stipulates cavity searches shall only be conducted in State Correctional Institutions when performed by a physician. Agency staff are prohibited from conducting cavity searches in Community Corrections Centers, County Correctional Facilities, and Lockups. Policy prohibits cross-gender pat-down searches of female inmates by male security staff except in exigent circumstances. Facilities may not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The agency's policy includes opposite gender viewing and stipulates the following areas of consideration, search teams, work supervisors, staff that monitor 24-hour cameras, and transportation staff.</p> <p>Policy requires all cross-gender pat searches of female inmates be documented on the Cross-Gender Search Validation Form after conducting a cross-gender pat-down search of a female inmate. The PDOC permits female security staff to conduct cross-gender pat-down searches of male inmates.</p> <p>The PDOC policy requires facilities to allow inmates the opportunity 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 or security rounds. Policy prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If staff cannot determine an inmate's genital status, they are to determine by conversing with the inmate, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p>PDOC policy requires staff of the opposite gender to announce their presence when entering an inmate housing unit.</p> <p>Evidence Relied Upon:</p> <ul style="list-style-type: none"> Policy – 6.3.1 Facility Security Procedures Manual, Section 15 pg. 2, 3, 8 Policy – 6.3.1 Facility Security Procedures Manual, Section 30 pg. 12 – 24 Policy – 6.3.1 Facility Security Procedures Manual, Section 47 pg. 1 Policy – DC-ADM 008 Prison Rape Elimination Act, Section 8 pg. 1-3 Policy – DC-ADM 008 Prison Rape Elimination Act, Section 19 pg. 2, 8-9 Gender Specific Posts Memorandum Cross-Gender Search Validation Form Email from PREA Compliance Manager Opposite Gender Announcement Poster Housing Unit Post Orders Agency Staff Study Guide Training Curriculum

Training Rosters

Interviews with Inmates

Interviews with Staff

Observations

Analysis/Reasoning:

The Auditor reviewed shift rosters. All shifts maintained enough male staff to ensure inmates are searched by a staff member of the same sex. The SCI-Somerset is a male only facility and does not house female inmates. The Auditor verified no females were housed in the facility while touring each living unit and interviewing staff and inmates. The Auditor conducted formal and informal interviews with inmates from each of the facility's living units. The Auditor conducted formal and informal interviews with male and female staff members from each shift.

Interviews with inmates reveal they can shower, perform bodily functions, and change clothing without security staff of the opposite gender seeing them do so. No inmate stated they have been fully naked in the presence of a female staff member. Most inmates stated staff of the opposite gender announce their presence when entering living units. Inmates were asked if female staff conduct strip-searches in the prison. No inmate interviewed by the Auditor had been strip-searched by a female staff member and none had seen or heard of female staff conducting strip-searches. The Auditor asked if female staff were present when strip-searches were being performed. No inmate informed the Auditor females were present during strip-searches.

Interviews with female staff members reveal they can perform cross-gender pat-down searches and not strip-searches. The facility utilizes a body scanner and in the event a body cavity search is needed it would be performed by a medical professional. The Auditor asked each staff member if inmates were able to shower, perform bodily functions, and change clothes without them seeing the inmate do so. Each staff member interviewed stated "yes." The Auditor asked each female staff member if they announce their presence when entering a living unit of the opposite gender. Each female staff member stated they do announce their presence when entering opposite gender living units. Male staff were asked if female staff members announce their presence when entering male living units. They informed the Auditor females do announce their presence as a female when entering male living units. The Auditor observed signs posted at the entrance of each living unit informing female staff members to announce their presence before entering the living unit.

The Auditor questioned randomly chosen staff about searching transgender and intersex inmates. Staff were asked if they had been trained how to conduct cross-gender searches. The Auditor determined staff had been trained in such. The Auditor determined the PREA training provided to staff was effective as staff were knowledgeable with the facility's policies and procedures in such. Each randomly selected staff member was asked if they would perform a strip search of a transgender or intersex inmate for the sole purpose of determining genital status. None of the staff interviewed stated they would conduct such a search. Staff informed they would ask the inmate or review their accompanying paperwork to determine the inmate's gender before conducting such a search. The Auditor asked staff to explain what they would do if they could not determine genital status. Staff stated they would refer the inmate to the medical personnel.

The Auditor toured the facility's control center. There is a room in the back of the Control Center that included video monitors. While in the room the Auditor asked the staff member to pull up various cameras in the living units. The Auditor observed several cells that had cameras inside. Staff informed the Auditor the post is a gender specific post. The facility only assigns male staff to the post. The Auditor observed there were no cameras that view into the shower or restroom areas in housing units. The Auditor observed these areas while touring the facility. The Auditor reviewed the gender specific post list and observed this specific post on the gender specific post list.

A review of facility Post Orders reveal there is no language that specifies only males will conduct strip searches. The Auditor did observe the gender specific post list. The gender specific post list includes all areas in which strip-searches routinely occur. In the event an inmate needs to be strip searched on a post that is not gender specific a male staff member is sent to that area to conduct the strip-search if a female is working the post. The Auditor specifically asked female staff if they had ever conducted a strip-search of a male inmate. The Auditor was informed they had not done such. The Auditor specifically asked inmates during interviews if they had ever been strip-searched by a female staff member or had been fully naked in the presence of a female staff member. No inmate stated they had been strip-searched by a female staff member or had ever been naked in the presence of a female staff member.

The facility reported no cross-gender strip or cross-gender visual body cavity searches conducted during the previous 12 months. Female security staff can conduct cross-gender pat-down searches but not cross-gender strip searches, unless exigent circumstances exist. Male staff are assigned to the booking area to conduct booking procedures of new arrivals and releases or transfers. Staff are required to document any cross-gender strip searches on a Cross-Gender Search Validation Form.

The Auditor conducted a detailed tour of the facility and was granted full access to all inmate living units, work and other support areas. The Auditor observed all shower and restroom areas in the facility. Shower areas in all living units are protected with a shower door that allows the inmate privacy and allows the staff member to see the inmate from his knees down and shoulders up. Restrooms are protected with either a door or half door that allows privacy. Inmates in all facility areas can shower and use the restroom without female staff seeing them fully naked. The Auditor observed opposite gender announcements being made during the tour. The announcements allow inmates to cover themselves prior to being observed by the opposite gender staff member. There is a sign posted at the entrance of each inmate living unit that reminds staff to make an opposite gender announcement when entering a housing unit. The Auditor read an email sent by the PCM to all staff in February 2019. The email reminds staff to make opposite gender announcements when entering inmate living units.

The Auditor conducted a review of the facility's training curriculum and training rosters. The inmate search training includes search techniques of transgender and intersex inmates. The training covers cross-gender pat-down searches. The Auditor observed a section of the training curriculum that discusses professionalism and respect of the subject being searched. The techniques covered in the training appear to minimize intrusion of the inmate being searched.

The Auditor reviewed training records and verified all security personnel had attended an initial training to conduct searches, including cross-gender searches. Each security staff member attends a PREA refresher every year. The Auditor interviewed randomly and specifically targeted staff. Each staff was able to articulate appropriate techniques to conduct a search and to communicate professionally with a transgender inmate. Female staff informed the Auditor they had been trained to conduct pat searches of male inmates and informed there is typically enough male staff present and they do not need to conduct such a search.

The Auditor conducted interviews with four transgender inmates. The Auditor asked each how they are searched. Each inmate stated the searches are conducted appropriately and professionally. Transgender inmates informed the Auditor most staff treat them respectfully. Several inmates informed the Auditor of one staff member who makes negative comments directed towards inmates. The Auditor provided the name of the staff member to the PREA Compliance Manager and maintained confidentiality of the inmates.

The Agency has designated gender specific posts. Gender specific posts have been determined to ensure a same sex staff member is available to conduct strip-searches of inmates. The Agency has designated the Transportation Officer, Search Team Officers, RISP Officer, Visiting Room Search Officer, R & D CO2/ Intake Officer CO1, Infirmary/POC/Dry Cell, Sallyport CO2/Sallyport CO1, L-5's/Specialized Treatment Units, DOC Bus Transport, Outside Hospital/Rover, Compound Rovers/Canopy, C. I. Rover and Youthful Offender Housing/Supervision. The SCI – Somerset has designated the Property Intake Room, Visiting Area Search Room, Restricted Housing Unit and Psychiatric Observation Cell as strip-search posts.

Conclusion:

The Auditor concluded staff had been appropriately trained to conduct cross-gender searches and make opposite gender announcements when entering inmate living units. Inmates can shower, change clothing, and use the restroom without nonmedical staff of the opposite gender seeing them do so. Staff has been trained to treat transgender inmates professionally and respectfully. The Auditor reviewed the agency's policies and procedures, training documents, classification records, made observations, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

The Auditor made a recommendation for the facility to include a provision in housing unit Post Orders to ensure staff are aware to make opposite gender announcements.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency has a policy that stipulates the department will ensure inmates with disabilities have and equal opportunity to participate in or benefit from all aspects of the department’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy requires written materials 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 communicating through an interpreter, which ensures the understanding of the PREA-related material.</p> <p>The agency’s policy requires each facility manager or designee to ensure local procedures are developed, if needed, and maintained to ensure compliance with the agency’s policy. It also requires each facility follow Management Directive 205.32, Hiring Sign Language Interpreters and Transliterators. The SCI – Somerset does not maintain a local policy to address inmates with disabilities. The SCI – Somerset adheres to the agency policy regarding these inmates.</p> <p>The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and those who have mental/physical impairments. Facilities are required to ensure each inmate with a qualified disability is housed in a manner that provides for his/her safety and security. Facility must make reasonable accommodations if the accommodations pose no direct threat to the individual requesting the accommodation or cause an undue hardship on the department. Policy stipulates no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of the department.</p> <p>The following appropriate accommodation measures are outlined in the agency’s policy:</p> <ul style="list-style-type: none"> • Auxiliary aids • Braille • Services • Specific housing • Transfers • Special equipment • Specific job and programming placements • Qualified interpreters <p>Policy defines a qualified interpreter as, “An interpreter for the deaf or hard of hearing who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.”</p> <p>Policy requires reasonable steps to ensure meaningful access to all aspects of the department’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide qualified interpreters. It is the responsibility of the PREA Compliance Manager to ensure that only staff members or</p>

qualified contractors who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, provide translation for inmates. Staff are required to utilize the contracted translation service if a multi-lingual staff member is not available.

Agency policy prohibits utilizing inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety, the performance of the first-responder duties or the investigation of the inmate's allegations. Staff are required to document the justification for any use of an inmate interpreter in the event utilized.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 4 pg. 1

Policy – DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities pg. Section 1 – 3

Governor's Office Management Directive 205.32

Braille and Spanish Inmate Intake Handout

Propio Language Services, LLC. Contract

Propio Language Services, LLC. Purchase Order

Propio Language Services Instruction Card

Internal Memorandum – Usage of Propio Language Line

Staff Interpreter List

PADOC Foreign Language Directory

Inmate Cumulative Adjustment Records

PREA Posters

Inmate Handbook

Comprehensive Education Video

PREA Inmate Education Verification Form

Interviews with Staff

Interviews with Inmates

Observations

Analysis/Reasoning:

The Agency's policy includes provisions to house inmates in facilities designated to house inmates with specific disabilities. The SCI-Somerset is designated in the agency's policy to house inmates with mental and/or physical disability. The Management Directive issued by the Governor's Office stipulates deaf and hard of hearing inmates be housed in one of the following facilities: Albion, Camp Hill, or Grateford. Female inmates who are deaf or hard of hearing are housed in SCI-Muncy. Inmates with mental and/or physical impairments are housed in one of the following facilities: Albion, Coal Township, Somerset, Mahanoy, Houtzdale, Laurel Highlands, or any facility with a Mental Health Unit, Special Needs Unit, or any other appropriately equipped facility. Female inmates with mental and/or physical disabilities are housed in SCI-Muncy or SCI-Cambridge Springs.

Inmates who are vision impaired are housed at a facility designated as the most appropriate to handle the vision impairment based on the severity of the disability. Youthful inmates are housed at SCI-Pine Grove. Inmates who are wheelchair bound are housed at a prototype facility or any other appropriately equipped facility. SCI – Somerset is a prototype facility.

The Auditor reviewed the facility's PREA Inmate Intake Handout which is provided by the nurse during the intake process. The brochure is written in English and Spanish. The facility maintains PREA posters written in English and Spanish. Staff read the information from the PREA Inmate Intake Handout to an inmate who is vision impaired. The facility will assign a staff member to ensure an inmate with an intellectual or psychiatric disability understands the facility's PREA information through a one-on-one session with the inmate. The facility has the option to transfer inmates to another PDOC facility designated to house such inmates in the event needed. The PREA Inmate Intake Handout includes the following information:

- Zero-tolerance policy;
- What is sexual abuse;
- What is sexual harassment;
- Understanding consent;
- What to do if you have been sexually abused;
- Access to support services; and
- How you can report sexual abuse or sexual harassment.

The Auditor conducted a review of the agency's Inmate Handbook. The handbook includes a section on the agency's rules against sexual abuse and sexual harassment. The Auditor observed the following information in the handbook:

- Zero-tolerance policy;
- Definitions of sexual abuse and sexual harassment;
- Methods for reporting; and
- Access to free support services.

Inmates who cannot read English or Spanish can benefit from the facility's PREA information through use of the Language Line Service. The facility maintains information in Braille for inmates who are blind. The agency has a contract with Propio Language Line Services, LLC to provide translation services through the telephone. The PREA Coordinator sent an email to staff on July 19, 2019 with instructions how staff can access and use the language line service. The PREA Compliance Manager sent an email to all facility staff on April 24, 2019 reminding them not to use inmate interpreters and attached instructions how to access the Language Line service. The Inmate Handbook is maintained in English and Spanish.

The SCI-Somerset employs bilingual staff who can interpret for non-English speaking inmates. The agency maintains a list of agency staff and the languages spoken by those staff members. The Auditor observed 271 staff members on the Foreign Language Directory. There are 55 different languages included on the directory. In addition, the agency employs staff who perform ASL finger spell and sign language. The facility maintains a Foreign Language Employee List. The Auditor observed 4 staff members at the SCI – Somerset are bilingual. Between the 4 staff members there are 2 languages spoken, Arabic and Spanish. One of the 4 staff members performs sign language. The facility has a TTY machine in the event they receive a deaf or hard of hearing inmate.

The facility's comprehensive educational video is maintained on a CD. The video is closed captioned for the deaf or hard of hearing. Comprehensive education is provided in the facility's

Education Building. Inmates who have a disability which would restrict the inmate from otherwise benefiting from the educational video attend the education in a one-on-one setting. All inmates in the facility are provided the written information during the booking process and sign the PREA Inmate Education Verification Form after attending an education session. During interviews with inmates the Auditor was informed the comprehensive educational video is played each morning on televisions in the facility. Inmates randomly selected by the Auditor stated they watched the comprehensive educational video within a week of arrival. One inmate stated he watched the video approximately two weeks after arriving.

The Auditor requested the records of 40 inmates. All 40 inmates had signed the PREA Inmate Education Verification Form denoting they received and understood the comprehensive education. During interviews with inmates the Auditor discovered inmates have seen the video multiple times. They stated they watched it when they arrived at the processing facility and after arriving at SCI – Somerset. Inmates who were transferred from another facility stated they watched the video at that facility and after arriving at SCI – Somerset. Each inmate interviewed was knowledgeable regarding the facility's policies and procedures to prevent, detect and respond to sexual abuse and sexual harassment.

The Auditor conducted an interview with one inmate who was hard of hearing. The inmate was able to read the informational brochure provided during the booking process. The inmate informed the Auditor he attended the comprehensive education and was able to benefit from the education and video. He informed the Auditor the video was closed captioned. When questioned, the inmate was able to articulate the facility's policies related to sexual abuse and sexual harassment prevention, detection and response. This inmate informed the Auditor he was vision impaired as well. He stated he has a hard time understanding unless he hears something two times. The inmate understood how to report allegations of sexual abuse and informed the Auditor he has seen posters throughout the facility.

The Auditor interviewed two inmates who were identified with a cognitive/mental disability. Each inmate received written information upon arriving at the SCI – Somerset. Each inmate attended the comprehensive education session in the Education Building. The Auditor asked each inmate specific questions related to the facility's policies and procedures to address sexual abuse and sexual harassment related incidents. Both inmates were able to articulate answers that align with the facilities policies and procedures related to such.

Staff informed the Auditor blind inmates can hear the video when they attend the comprehensive education session. Staff stated if the inmate cannot read the handout provided during the booking process staff will read the information to the inmate. Each unit has a Unit Manager and counseling staff who assist disabled inmates to ensure they understand the rules and regulations of the facility and agency.

The Auditor conducted an interview with one inmate who was identified as limited English proficient. The Auditor was able to communicate with the inmate. The inmate was questioned if he was provided the PREA Inmate Intake Handout upon arrival. He stated he did receive the handout and it was provided to him in Spanish. The Auditor asked the inmate if he attended a comprehensive education in the Education Building. The inmate did attend an education session provided in Spanish. The inmate was able to articulate an understanding of the facility's policies and procedures related to the Prison Rape Elimination Act. The Auditor asked

the inmate how he communicated with the nurse upon arrival at the facility. The inmate stated the Language Line was utilized. The Auditor observed documentation in inmate records that show the use of the language line or an interpreter to communicate with limited English proficient inmates.

The Auditor conducted formal interviews with facility staff members who perform intake procedures. Staff informed the auditor they provide the PREA Inmate Intake Handout to each inmate as soon as the inmate arrives. Inmates confirmed this during formal and informal interviews. The Intake Unit Manager informed he discusses the agency's PREA policies and information with each inmate during the classification process. Inmates are given an opportunity to ask questions related to the PREA material with the Intake Unit Manager and the staff member who conducts the comprehensive education with inmates. There is a question and answer session after the comprehensive education session. While conducting interviews of staff the Auditor asked if inmate interpreters are utilized by the facility. Each staff member interviewed informed the facility does not use inmate interpreters.

The Auditor observed the intake process of two inmates. The Auditor observed two different nurses conduct the intake process. Both inmates were English speaking. None of the inmates arriving were limited English speaking or were identified with a mental, physical or cognitive disability. The Auditor observed each nurse ask the questions on the facility's risk screening form. The Auditor observed each nurse explain PREA related information to each inmate. Both inmates were provided the informational brochure by the nurse. Each nurse asked the inmate if he had any questions at the conclusion of the process and after providing the informational brochure.

The Auditor toured all areas of the facility, including the Education Building. New arrivals are brought to the Education Building to participate in the comprehensive education. The comprehensive education is conducted by video and supplemented by an in-person question and answer session. The educator uses the "Know Your Rights" video to assist with the inmate education. The Education Building has multiple classrooms with sufficient seating, a video player and monitor. After conclusion of the education, each inmate signs a form notating he received and understood the information provided. Inmates acknowledge such on the PREA Inmate Education Verification Form.

The Auditor determined all inmates interviewed were knowledgeable regarding the agency's sexual abuse and sexual harassment prevention, detection, and response policies. A majority of inmates informed the Auditor facility staff provide assistance and had confidence in staff's ability to address and respond to allegations of sexual abuse and sexual harassment. The Auditor determined the facility's staff is accommodating to the needs of the inmate population and ensure each benefit from the agency's PREA information and educational materials. This was evident after conducting interviews with 40 inmates.

The Auditor observed the facility has a Propio Language Service Instruction card. The card provides staff the telephone number to access language line services. The card includes the list of the top languages with the access code. There are instructions for the staff member who is placing a call to the language line. The Propio Language Service Instruction Cards are provided to staff. The Auditor observed inmate records that reveal translation services were utilized by staff to communicate with the inmates.

The Auditor toured all areas of the facility. Observations were made of readily available sexual abuse and sexual harassment materials and PREA posters throughout the facility, including each living unit, hallways and work and service areas. All posters and other posted PREA material were observed written in English and Spanish. The inmate population were aware the materials were posted in the various areas of the facility.

Conclusion:

The Auditor concluded the facility provides information that ensures equal opportunity to inmates who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to inmates who are limited English proficient. The Auditor conducted a thorough review of the agency's policies and procedures, PREA Inmate Intake Handout, Inmate Handbook, comprehensive educational video, PREA Inmate Education Verification Form, made observations, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

115.17	Hiring and promotion decisions
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 504 365">Auditor Discussion:</p> <p data-bbox="248 371 1437 450">The Pennsylvania Department of Corrections policy prohibits hiring or promoting anyone or enlisting the services of any contractor, who may have contact with inmates who:</p> <ul data-bbox="248 501 1474 703" style="list-style-type: none"> • 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); and • 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. <p data-bbox="248 754 1469 1133">Agency policy requires considerations of any incident 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. The policy requires a criminal background records check be conducted before hiring any new staff member who may have contact with inmates. Policy also requires the agency to make its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State and local laws. The Human Resource Offices is responsible for sending a PREA Consent to Release of Information Form to the applicable Human Resource Office.</p> <p data-bbox="248 1184 1474 1476">All PDOC personnel are entered into the Justice Network System. The system alerts the PDOC whenever a staff member has been arrested and/or charged with a crime. PDOC employees are responsible for reporting any negative contact with law enforcement to their supervisors, security or designee no later than the next business day. The agency issues contractors a facility clearance, valid for 24 months. The policy stipulates all non-department staff must have an active clearance before they are issued/reissued a department photo ID. A criminal record check is conducted on each contractor every two years before renewal.</p> <p data-bbox="248 1527 1481 1729">The Agency asks all applicants who may have contact with inmates directly about previous misconduct as listed above, in the agency’s written employment application. In addition, the application asks, “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?”.</p> <p data-bbox="248 1780 1485 1946">The Pennsylvania Department of Corrections Code of Ethics states, “Employees will promptly report to their supervisor any information which comes to their attention and indicates violation of the law, rules, and/or regulations of the Department of Corrections by either an employee or an inmate, and will maintain reasonable familiarity with the provisions of such directives.”</p> <p data-bbox="248 1998 549 2033">Evidence Relied Upon:</p> <p data-bbox="248 2040 1206 2076">Policy – 4.1.1 Human Resources and Labor Relations, Section 40 pg. 1-3</p> <p data-bbox="248 2083 1174 2119">Policy – 4.1.1 Human Resources and Labor Relations, Section 41 pg. 1</p> <p data-bbox="248 2125 1158 2161">Policy – 4.1.1 Human Resources and Labor Relations, Section 3 pg. 1</p>

Policy – 1.1.4 Centralized Clearances, Section 4 pg. 1-8

Policy – DC-ADM 008 Prison Rape Elimination Act pg. 4

PDOC Code of Ethics, pg. 4

Position Vacancy Interest Form

Application for Employment

PREA Prior Employer Form

Centralized Clearance Check Information Request

Employee Personnel Records

Contractor Records

Interviews with Staff

Interviews with Contractors

Analysis/Reasoning:

The Auditor reviewed the agency's employment application. The application includes the following questions:

- "Have you ever been employed in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution to include state facilities for persons who are mentally ill, disabled, or intellectually disabled, 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?"
- Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
- Have you had substantiated against you allegations of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or have you ever resigned during a pending investigation of an allegation of sexual abuse of a confined individual?
- 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?
- Have you ever been convicted or civilly or administratively adjudicated for engaging 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 Auditor reviewed the HR records of 10 randomly chosen staff members. Each staff member answered the questions as listed above. The Employment application includes a statement, "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." Any staff member seeking promotion is required by the agency to complete an employment application. Any employee seeking a transfer to another prison or to a vacant position is required to complete a Position Vacancy Interest Form when applying for such position. The Auditor observed 3 of the randomly chosen staff members completed a Position Vacancy Interest Form. The Position Vacancy Interest Form includes questions regarding acts of sexual abuse and sexual harassment as listed above.

All staff are entered into the Justice Network System. The Justice Network System provides the facility information when an employee is arrested or charged with a criminal act. The Auditor reviewed records of staff members who had negative contact with a law enforcement agency. The Human Resources department receives an email from personnel with the Bureau of Investigations and Intelligence. JNET notifies the Bureau of Investigations and Intelligence

personnel when a PDOC employee experiences a negative law enforcement contact. The emails reviewed by the Auditor explained the employees had a negative contact and listed the contact type. Details of the contact with the law enforcement agency were included in the notification. The emails included the employee number. The Auditor could not identify the specific employees as the Auditor is not aware of employee assigned numbers.

The agency does not conduct criminal record background checks every five years. Once an employee is added in the Justice Network System by the agency's corporate office, their negative contacts with law enforcement are automatically reported to the agency. The agency's Human Resources department notifies the facility's Human Resource Manager after receiving the notification from the Justice Network System. The agency's criminal record background checks are performed on a continual basis.

The Auditor asked the facility's Human Resource Manager to see the personnel records of employees who had previous experience working in an institutional setting. The Auditor verified the personnel were entered into the Justice Network System prior to hiring. The facility sends the 4.1.1 Attachment 40-B to an employer or prior employer if an applicant has previous experience working in an institutional setting. The other employer completes the Attachment 40-B which asks the previous employer about the candidate's previous acts of sexual abuse and sexual harassment and sends it back to the facility. The Auditor observed evidence the agency contacts previous institutional employers. The Agency uses a 4.1.1 Attachment 40-C to document the candidates background information. Contacts of previous institutional employers is included on the Attachment 40-C.

The Auditor reviewed records revealing criminal background record checks were conducted on contractors prior to enlisting the contractor's services. Criminal history record checks are performed every two years on all contractors. They are issued a clearance for a 24-month period and must complete the criminal history records check prior to being issued a new clearance. The Auditor conducted interviews with contractors. Contractors informed the Auditor they sign a document allowing the facility to conduct a criminal records background check. Contractors were aware the facility conducts these checks every two years before renewing their clearance. Contractors stated they were asked about previous acts of sexual abuse and sexual harassment prior to performing services in the facility. The Auditor reviewed 10 contractor Consent to Release Information Forms. Each completed the form answering questions related to acts of sexual abuse and sexual harassment.

The Auditor spoke to a Human Resources staff member. Human resources provide information to other confinement facilities after receiving a request regarding a prior SCI-Somerset employee. Human Resources will request a facility investigator to provide information related to a substantiated allegation of sexual abuse or sexual harassment and notify the other confinement facility of a resignation during a pending investigation of sexual abuse of a SCI-Somerset former employee.

Conclusion:

The Auditor concluded the SCI - Somerset is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's policies and procedures, employment records, criminal background records

documentation, personnel, and contractor records, and interviewed staff and determined the facility meets the requirements of this standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency’s policy is to consider the effect of the design, acquisition, expansion, or modification upon the department’s ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. The policy stipulates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department’s ability to protect inmates from sexual abuse.</p> <p>Policy requires the involvement of the PREA Coordinator or the facility PREA Compliance Manager in the decision-making process. The involvement is required to be documented in meeting minutes, memorandum, or other written form.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 6 pg. 1 Meeting Minutes Observations Interviews with staff</p> <p>Analysis/Reasoning:</p> <p>The agency has not acquired a new facility or updated its existing facility at the SCI – Somerset. There is no current planned expansion at the facility. There has been no major construction that occurred during this audit period.</p> <p>The facility has not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technologies during this audit period.</p> <p>The Auditor has seen previous documentation while auditing other PDOC facilities that reveal the PREA Coordinator is involved in the agency’s planning to consider the effects on the agency’s ability to protect inmates from sexual abuse and sexual harassment.</p> <p>While touring the facility the Auditor observed no area which appeared to be new construction or a retrofit of an existing area.</p> <p>Conclusion:</p> <p>The PREA Coordinator is aware of the PREA standard that requires his participation to consider the affects when designing new or updating existing facilities. The Auditor has established the PREA Coordinator considers design affects to protect inmates from sexual abuse. The Auditor determined the agency meets the requirements of this standard.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections has a policy that requires all victims of sexual abuse access to forensic medical examinations provided by a community based medical facility, at no cost to the victim. Forensic medical examinations conducted at the hospital are performed by a Sexual Assault Nurse Examiner. Policy requires collaboration with the Pennsylvania Coalition Against Rape (PCAR) and its member centers. The PCAR provides victim advocacy to inmate victims of sexual abuse.</p> <p>Agency policy states the department shall follow a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions to the extent it conducts investigations. The protocol is required to be appropriate for youth, where applicable.</p> <p>Evidence Relied Upon:</p> <ul style="list-style-type: none"> Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 1-2 Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 1-3, 5-6 Policy – DC-ADM 008 Prison Rape Elimination Act, Section 15 pg. 2 MOU with Pennsylvania State Police Letter from Pennsylvania State Police Letter to Pennsylvania State Police Pennsylvania Victims Compensation Assistance Program Manual, pg. 78 Somerset Hospital Bill Shift Commander Checklist Instructions for PREA Evidence Collection Initial Response Checklist – Alleged Victim Initial Response Checklist – Alleged Abuser Instructions for PREA Evidence Retention Letter of Agreement with DLP Conemaugh Memorial Medical Center Letter of Agreement with Somerset Hospital Letter of Agreement with Victim Services Inc. Facility Visitor Logbooks Interview with Sexual Assault Nurse Examiner Interview with Investigator Interview with Health Authority <p>Analysis/Reasoning:</p> <p>The SCI-Somerset investigators conduct administrative investigations of allegations of sexual abuse and sexual harassment. Criminal investigations of sexual abuse are conducted by the Pennsylvania State Police. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence.</p> <p>The Auditor reviewed the Letter of Agreement between the Pennsylvania Department of Corrections and Victims Services Inc. Rape Crisis Center. The most recent version of the</p>

agreement was signed in February 18, 2015. The Letter of Agreement stipulates the following services will be provided by Victims Services:

- Provide advocacy for and accompany the victim to the hospital or other location where a forensic examination is to be conducted;
- Provide confidential supportive services to the victim either by telephone, mail, or in person, with the forum for providing services to be determined by Victim Services Inc.;
- Accompany the victim to court proceedings concerning the alleged sexual assault;
- Work with designated Department officials to obtain any necessary security clearance and follow all facility guidelines for safety and security;
- Maintain confidentiality as required by state standards for certified crisis counselors and Victim Services Inc. policies and procedures; and
- Victim Services Inc. will provide the necessary release forms to the advocate on behalf of an offender.

The Letter of Agreement with the Victims Intervention Program stipulates the SCI – Somerset will:

- Provide Victim Services Inc. designated staff with a tour of SCI – Somerset and with basic information concerning its organization;
- Notify Victim Services Inc. when it receives an allegation of a sexual assault occurring at SCI - Somerset;
- Permit a representative of Victim Services Inc. to enter SCI - Somerset and meet with the victim of an alleged sexual assault in a confidential setting, provided that the victim of the alleged assault agrees to meet with the Victim Services Inc. representative, such meeting can be conducted safely, and the Victim Services Inc. representative agrees to meet with the victim at SCI – Somerset;
- Permit Victim Services Inc. representatives to bring written materials into the SCI - Somerset provided that the Facility Manager and his or her designee does not determine that such materials threaten the security of the facility, it's staff, contractors, volunteers or other inmates or residents;
- Provide Victim Services Inc. representatives with training regarding the safety and security rules governing SCI - Somerset; and
- Cooperate with Victim Services Inc. in the performance of its responsibilities as set forth below.

The Auditor reviewed a letter from the Pennsylvania State Police to the Secretary of the Pennsylvania Department of Corrections. The letter acknowledges the PSPs understanding of the requirements of PREA standard 115.21. The PSP letter assures the PDOC its staff will coordinate with PDOC facility staff to arrange for victim advocates who can provide emotional support services to inmate victims of sexual abuse. The Auditor reviewed a letter from the PDOC secretary to the Acting Commissioner of the Pennsylvania State Police. The letter respectfully requests the PSP follow elements (a) through (e) of standard 115.21.

The Auditor conducted an interview with a representative from the Victim Services Inc. The interview was conducted on site as the representative reported to the facility to meet with inmates. The representative confirmed the Victim Services Inc. conducts meetings with inmates at the facility. The Auditor was informed representatives visit the facility one or two

times each week. The representative had not personally met with an inmate during a forensic examination. She was able to confirm her organization representative is allowed to accompany a victim during the forensic examination if the inmate requests such. The Auditor asked who contacts the Victim Services Inc. following a sexual abuse. The representative stated the facility contacts her organization when an inmate requests the presence of an advocate. She also stated the hospital will contact the organization. Emotional support services are provided on site with inmates. The PREA Compliance Manager sends a list of all alleged victims to the Victim Service Inc. so in person counseling can take place at the facility.

The Auditor reviewed facility visitor logs. Visitor logs reveal Victims Service Inc. staff have visited the facility. This was confirmed during interviews with inmates who filed an allegation of sexual abuse at the facility. Inmate victims informed the Auditor they met with a representative from the Victims Services Inc. at the facility. Those meetings were conducted confidentially.

The Auditor reviewed the Letter of Agreement between the Pennsylvania Department of Corrections and the Somerset Hospital. The agreement was signed September 30, 2015. The Letter of Agreement stipulates the "Hospital agrees that it will examine a victim of an alleged sexual abuse committed in a state correctional institution, community corrections center or community contract facility who presents themselves to the Hospital within 96 hours of the alleged abuse." The agreement states the hospital will ensure the examination will be performed by a Sexual Assault Nurse Examiner. The facility has an identical Letter of Agreement with the Conemaugh Memorial Medical Center. The Conemaugh agreement was signed in October 2015. The Somerset Hospital is the primary hospital used as it is roughly a five-minute drive from the facility.

The Auditor reviewed the agency's instructions for evidence collection and retention. The collection and retention of evidence is 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." Evidence collection in the facility is performed by the Pennsylvania State Police investigator. The facility maintains a Memorandum of Understanding with the Pennsylvania State Police. The MOU requires the PSP will endeavor to comply with PREA Standard 115.21.

The facility reported one sexual assault forensic examination was performed in the previous 12 months. Prior to the Auditor's arrival at the facility there were two more inmates who were transported to the Somerset Hospital for a forensic examination. The Auditor conducted an interview with one of the alleged victims. The victim informed the Auditor the examination occurred at the hospital. The inmate requested a victim advocate and was allowed to have the advocate accompany him for the duration of his time at the hospital. The alleged victim informed the Auditor he continues to meet with the advocate at the facility. The Auditor reviewed the invoice sent to the PDOC for forensic services provided to a SCI – Somerset inmate.

The Auditor reviewed the documents associated with the alleged incident. The inmate's account records reveal he was not charged fees associated with the forensic examination or any other counseling, testing or therapies associated with such. The facility contacted the Pennsylvania State Police for a criminal investigation. The facility's Sexual Abuse Investigator suspended all administrative actions as the incident was being investigated criminally. The

Auditor observed facility staff utilized the checklists when responding to the incident. All physical evidence was collected by the Pennsylvania State Police investigator. The Auditor did not review investigative records as the case is ongoing. All three allegations are currently under criminal investigation and/or prosecution.

The Auditor conducted a formal interview with a SCI – Somerset Sexual Abuse Investigator. The Investigator informed the Auditor there were three sexual abuse allegations that were reported in a time that allowed for the collection of evidence. The Investigator stated all three alleged victims were transported to the hospital. He stated the Pennsylvania State Police was notified in each case. The Auditor confirmed this when interviewing the Sexual Abuse Nurse Examiner. The Investigator informed the Auditor he is not investigating these allegations as the Pennsylvania State Police is proceeding with criminal investigations. He stated the PSP Investigator does allow a victim advocate to be present during investigatory interviews. The SANE confirmed an advocate can accompany sexual abuse victims during the forensic evidence collection process.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner who performs examinations in accordance with the Letter of Agreement. The Auditor asked if the facility has contacted the Somerset Hospital for a forensic examination. The Auditor was informed there have been 3 forensic examinations conducted on alleged victims in the past 12 months. Two of the three examinations were recently conducted. The SANE stated he allows victim advocates to accompany the victim during forensic examinations when requested by the victim. He stated the facility contacts the hospital prior to sending an inmate victim of sexual abuse. The hospital contacts the victim advocate prior to performing the examination. The Auditor asked if a police investigator can question the victim during the examination. The SANE informed an investigator can question the victim following the examination.

The Auditor conducted an interview with the Corrections Healthcare Administrator (CHCA). The CHCA stated forensic examinations are not conducted at the facility. He explained inmates are transported the hospital where a Sexual Abuse Nurse Examiner performs the examination. The Auditor asked the CHCA if any SCI – Somerset medical practitioners are trained to conduct forensic medical examinations. The Auditor was informed neither PDOC nor contract medical practitioners conduct forensic examinations and no SCI – Somerset medical practitioners are trained to do so.

Conclusion:

An appropriate uniform evidence protocol is utilized when collecting forensic evidence of sexual abuse. The facility allows inmates access to victim advocates from a rape crisis center. The facility provides access to a Sexual Assault Nurse Examiner at the Somerset Hospital performed by a trained SANE. The Auditor reviewed the agency's policies and procedures, Letters of Agreements, investigative reports, logbooks, emails and interviewed the investigator, SANE, and victim advocate and determined the facility meets the requirements of this standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy mandates every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved party and anonymous reports are investigated promptly, thoroughly, and objectively. Policy requires all allegations of potentially identified criminal behavior be referred by the Security Office to the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police. The PSP has the legal authority to conduct criminal investigations.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 1, 3-4 PREA Tracking System MOU with Pennsylvania State Police Shift Commander Checklist Agency Website Investigative Reports Interview with Investigator Interview with Inmates</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the Pennsylvania Department of Corrections website. The website includes a link to the agency’s policies regarding the conduct of investigating allegations of sexual abuse and sexual harassment. The policy stipulates the Security Office to the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police will conduct criminal investigations. The policy outlines the duties of the Security Office during initial receipt of an allegation of sexual abuse and sexual harassment. Investigations of allegations of sexual harassment may be conducted by any management staff member. Policy recommends the investigator of sexual harassment have received specialized investigator training but is not a requirement. Policy mandates investigators of sexual abuse be trained to conduct such investigations.</p> <p>When prosecution is warranted, the SCI-Somerset Investigator notifies and cooperates with the Pennsylvania State Police Investigator. The SCI-Somerset Investigator halts administrative investigatory efforts during a criminal investigation. Any referrals of allegations to the Pennsylvania State Police are documented on the Shift Commander Checklist and are included in investigative reports.</p> <p>The SCI – Somerset reported 49 allegations of sexual abuse were referred for criminal investigation within the previous 12 months. The Somerset Sexual Abuse Investigator informed the Auditor all allegations of sexual abuse are forwarded to the Pennsylvania State Police. The determination to proceed with a criminal investigation is determined by the Pennsylvania State Police. The Pennsylvania State Police have three cases under criminal investigation and no criminal charges have been placed on an inmate within the past 12 months. The Auditor conducted a formal interview with a facility investigator. The Investigator</p>

is aware of the requirement to inform the inmate victim of the criminal investigative results. The Investigator stated PDOC policy requires all allegations of sexual abuse be referred to the PSP. The facility Investigator informed the Auditor he has a good working relationship with the Pennsylvania State Police.

The Auditor conducted an interview with 4 inmates who reported an allegation of sexual abuse or sexual harassment that allegedly occurred at the facility. Each inmate informed the Auditor they met with the facility Investigator following the alleged incident. The Auditor asked how quickly the Investigator met with each inmate. Each alleged victim stated the investigator met with them the same day after making the allegation. Each inmate was asked if they were informed of the investigative results at the conclusion of the investigation. Two of the inmates received written notice of the investigative results. Two of the inmates have not received notice as both incidents were recent and are under criminal investigation. The Auditor reviewed the investigative records of both inmates whose allegations had been determined. Both were investigated promptly and thoroughly. The Auditor reviewed facility documents regarding the other two allegations. The investigator responded promptly and referred each allegation for criminal investigation.

The facility received a total of 142 allegations during this audit period. Forty-nine were sexual abuse related allegations while 93 were allegations of sexual harassment. The facility's Sexual Abuse Investigator referred all 49 sexual abuse related allegations to the Pennsylvania State Police. The Pennsylvania State Police has criminally investigated allegations but not placed criminal charges related to any of the allegations during this previous 12 months. The facility ensured all 142 allegations were investigated.

No Department of Justice component is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in the SCI-Somerset facility.

Conclusion:

The Auditor concluded the SCI - Somerset is appropriately referring criminal allegations of sexual abuse and sexual harassment to the Pennsylvania State Police who has the legal authority to conduct criminal investigations. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency policies and procedures, facility website, investigative reports and interviewing inmates and staff the Auditor determined the facility meets the requirements of this standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy stipulates staff at all department facilities receive standardized Basic Training and refresher training curriculum that addresses or exceeds the Prison Rape Elimination Act standards requirements for each facility type. The following topics are included in the policy requirements:</p> <ul style="list-style-type: none"> • The zero-tolerance policy against sexual abuse and sexual harassment within the department; • How staff are to fulfill their responsibilities under the department’s sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; • Inmates’ right to be free from sexual abuse and sexual harassment; • The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; • The dynamics of sexual abuse and sexual harassment in confinement; • The 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 of Pennsylvania related to mandatory reporting of sexual abuse to outside authorities. <p>Policy stipulates during even numbered years, PREA education shall be provided in the form of a refresher or the initial basic staff training information for all staff members. Staff are required to verify they have received the updates and understand the information. During odd numbered years, PREA education is provided in the form of an update to policies for all staff members to ensure knowledge of the agency’s current sexual abuse and sexual harassment policies and procedures. Staff are required to acknowledge receipt of the information in writing.</p> <p>The agency’s training is tailored to the gender of the inmates at the employee’s facility. It’s the agency’s policy to provide additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 1-4 PowerPoint Presentations Lesson Plans Participant Guide Facilitator’s Guide Annual Training Plan PREA Training and Understanding Verification Forms Web-Based Training Reports</p>

Training Attendance Records

Interviews with staff

Analysis/Reasoning:

The Auditor reviewed training curriculum and PowerPoint presentations utilized to train staff. The training provided to employees includes all bulleted topics listed above. Each participant in the training receives a Participant Guide for reference during the training. The instructor follows a lesson plan and utilizes a PowerPoint presentation and Facilitator's Guide while conducting the training. Participants in the class maintain possession of their Participant Guide during and after the training session for their personal reference.

The Auditor reviewed the facility's staff training records. Training records revealed all staff were provided the 2019 PREA Policy Updates training. The Auditor reviewed training records that reveal all staff received the 2018 PREA Essentials training during the 2018 calendar year. The 2018 PREA Essentials and 2019 PREA policy update training were both web-based trainings. Each employee was required to complete the training during each of the years as stipulated in the agency's policy. Employees are required to sign a PREA Training and Understanding Verification Form denoting their receipt and understanding of the training provided. The Auditor discovered numerous employees who have completed the 2020 training.

The facility's Pre-Audit Questionnaire reported 564 personnel who have contact with inmates. The Auditor reviewed training records from the previous 12 months. In-service records are maintained electronically. The records reveal the facility trained 560 personnel. The Auditor was informed the 4 personnel not trained were no longer employed. The facility maintains an Annual Training Plan. The Annual Training Plan included training dates for staff to complete the 2019 PREA Policy Update. The Auditor verified all personnel have received the PREA update training. Interviews with staff revealed they received initial PREA training and complete annual refresher or policy update training. When asked how often staff receive training, they informed the Auditor they receive a PREA training annually.

The agency provides initial PREA training during orientation and during the basic academy. The initial training is designed for both male and female populations. The SCI – Somerset is designated as an all-male facility. When personnel are reassigned from an all-female facility to the SCI – Somerset they are provided training prior to working with the population. There have been no personnel reassigned to the SCI – Somerset from an all-female facility during this audit period.

The Auditor conducted informal and formal interviews with random and specialized facility staff. The Auditor questioned staff about the training topics previously listed. All staff interviewed had received PREA training and were knowledgeable in the training topics listed under this standard. The efforts and delivery methods of the facility's training staff appear appropriate as staff have retained the information provided during their training.

Conclusion:

The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training topics mandated in PREA Standard 115.31. The Auditor

reviewed facility policies and procedures, training materials, training rosters, and conducted interviews with staff and inmates and determined the facility meets the requirements of this standard.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections has a policy that requires all contractors and volunteers who have contact with inmates receive training on their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Contractors and volunteers are trained during orientation sessions and annual training reflective of the level of contract that they have with inmates.</p> <p>The agency's policy places contractors and volunteers in one of two categories, Level 1 or Level 2. These levels are defined as follows:</p> <ul style="list-style-type: none"> • Level 1 – high level of inmate contact (five or more hours per week) • Level 2 – sporadic level of contact (less than five hours per week) <p>Policy requires Level 1 contractors and volunteers receive the same training as regular staff members, receiving both pre-service and annual training. Level 2 contractors and volunteers receive a brief orientation by the Security Office in conjunction with the Security Briefing required by policy, to include information on the department's zero tolerance policy, how to make a report, and to whom to make a report. Each Level 2 contractor and volunteer is required to receive the Contractors/Volunteers PREA Training in written form. Each contractor and volunteer are required to sign a PREA Training and Understanding Verification Form that documents receipt and understanding of the training.</p> <p>Each facility's Volunteer Coordinator is required to maintain documentation of the volunteer training. Each facility's PREA Compliance Manager is required to maintain documentation of the contractor training.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 4-5 Contractor/Volunteer PREA Training Curriculum Contractor/Volunteer Training Records PREA Training and Understanding Verification Form Interviews with Contractor Interview with Volunteer</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the facility's Level 2 Contractor/Volunteer training curriculum. Contractors with less than 5 hours of contact per week with inmates are provided the Contractor/Volunteer Handout. All other contractors and volunteers receive the training all agency employees receive. The Contractor/Volunteer Handout includes the following:</p> <ul style="list-style-type: none"> • Policy Statement; • Zero Tolerance; • Disciplinary Measures;

- Definitions;
- Prohibitions; and
- Reporting Requirements.

The Auditor reviewed contractor and volunteer training records. Fifty-four contractor and 48 volunteer records were reviewed. Each contractor and volunteer had received and signed the form for training. The facility provided the Auditor with each person's PREA Training and Understanding Verification Form. The form requires the contractor/volunteer to acknowledge in writing their receipt and understanding of the information provided by the facility. The contractors and volunteers also sign with an understanding of an obligation to report all forms of sexual abuse and sexual harassment. A staff witness is required to sign the form.

Each level 1 contractor and volunteer who attends training in person signs the PREA Training and Understanding Verification Form. The form states "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. I acknowledge my responsibility to provide proof of training, upon request, to DOC or otherwise may be requested to repeat mandatory PREA training, to ensure compliance with PREA mandates." Furthermore, the PREA Training and Understanding Verification Form documents the person's status as either contractor or volunteer and includes the date, time and location of the training. A witness is required to sign the form.

The facility reported there are 174 volunteers and contractors who have contact with inmates. The Auditor reviewed records revealing the volunteers and contractors are receiving the appropriate training. Level 1 contractors/volunteers attend PREA training in person at the agency's training academy. The initial training is the same training provided to all PDOC employees. Level 1 contractors/volunteers are provided supplemental training in the same manner as all PDOC employees. They receive training during even numbered years and a policy refresher during odd numbered years. The Auditor reviewed the electronic records showing all contractors and volunteers were provided initial PREA training and received supplemental training and information.

The Auditor conducted formal interviews with contract and volunteer personnel. Each contractor and volunteer interviewed verified they had received training in the facility's policies and procedures related to the Prison Rape Elimination Act. The Auditor asked each specific questions related to the facility's policy and procedures for reporting, documenting and their duties as a non-security first responder. Each contractor and volunteer were able to articulate their responsibilities as a first responder and how to report and document allegations of sexual abuse and sexual harassment. Volunteers and Contractors are informed that violations of the agency's sexual abuse policies will result in termination and notification to law enforcement officials for prosecution referral if warranted.

The Auditor verified each volunteer and contractor had been provided training by facility personnel. Each volunteer and contractor interviewed stated they not only receive training before they offer services, but also annually. They confirmed training was conducted on site and in person by a facility staff member. Level two personnel stated they read and sign the

PREA training form.

Conclusion:

The Auditor concluded the facility is appropriately training volunteers and contractors and staff ensures documentation of training is maintained. The Auditor determined through a review of agency policies and procedures, training curriculum, PREA Training and Understanding Verification Forms and interviewing volunteers and contractors the SCI - Somerset meets the requirements of this standard.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>It is the policy of the Pennsylvania Department of Corrections requiring each facility to provide inmates information explaining the PDOC’s zero-tolerance policy regarding sexual abuse and sexual harassment. Each facility is required to provide inmates instructions on how to report incidents or suspicions of sexual abuse, sexual harassment or retaliation, and what to do if he/she is the victim or such. Policy requires the information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Braille versions of the intake materials are available to inmates at initial reception sites.</p> <p>The PREA Inmate Intake Handout is provided to the inmate immediately upon intake by medical staff to those arriving at a State Correctional Institution (SCI). If an inmate is seen by a facility’s Initial Reception Committee (IRC) during the first day of the intake process; representatives of the IRC may provide the handout to the inmate. Each inmate is required to sign the PREA Inmate Education Verification Form.</p> <p>The agency’s policy is to provide all new inmates, incoming transfers and parole violators a comprehensive education within 30 days of reception. Facilities are required to show each inmate a video regarding their rights to be free from sexual abuse, sexual harassment, and retaliation. Policy requires each inmate be provided department policies and procedures for responding to such incidents, including any facility specific reporting or response procedures. PDOC facilities may provide the education in groups or individually, however a staff member must be present to answer questions and facilitate discussions in conjunction with the Inmate Education Facilitator’s Guide.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 5-6 Policy – 11.2.1 Reception and Classification, Section 2 pg. 1,3 PREA Inmate Intake Handout Inmate Education Facilitator’s Guide PREA Inmate Education Verification Form Inmate Orientation Rosters PREA Poster Inmate Handbook PREA Video Sequence Inmate Cumulative Adjustment Records (ICAR) Interviews with Staff Interviews with Inmates Observations</p> <p>Analysis/Reasoning:</p> <p>Each inmate is provided the PREA Inmate Intake Handout. The Auditor reviewed the inmate handout. The following information is provided to inmates in the handout:</p>

- Zero Tolerance Policy
- Sexual Abuse Definition
- Sexual Harassment Definition
- Understanding Consent
- What to Do If You Have Been Sexually Abused
- Support Services Access
- How to Report Sexual Abuse or Sexual Harassment

The PREA Inmate Education Verification Form states “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 received a copy of the PREA Inmate Intake Handout immediately upon my arrival to this facility. I was trained on the definitions of sexual abuse and sexual harassment, how to report such incidents, and the agency’s policies and procedures for responding to such incidents. All questions have been answered by staff facilitators. Finally, I understand that I have an obligation to report all forms of sexual abuse and sexual harassment and that I will be protected from retaliation for doing so.”

The Auditor conducted a review of the Inmate Education Facilitator’s Guide. The Inmate Education Facilitator’s Guide includes the following:

- Definitions
- Zero Tolerance Policy
- How to Make a Report of Sexual Abuse or Sexual Harassment
- What the Department Will Do in Response to a Report of Sexual Abuse or Sexual Harassment
- Your Right to be Free from Retaliation
- Reactions to Sexual Abuse and/or Sexual Harassment
- Summary
- Playing of the Educational Video
- Closing Remarks

The facility utilizes the “What You Need to Know” video. Each inmate watches the video during their comprehensive education session in a classroom in the Education Building. The facilitator plays the video as part of the comprehensive education. Inmates are given an opportunity to ask questions regarding information provided through the video and by in person instruction. Inmates are also provided an opportunity to ask questions during their classification process after the Unit Manager briefs the inmate about PREA. All information and educational materials are maintained in English and Spanish. The video used for educational purposes is maintained with closed captioning. The agency maintains a contract with a language line provider in the event an inmate speaks a language other than English or Spanish. The agency maintains a list of agency staff who speak other languages in the event a translator is needed. Those educational sessions would be conducted one-on-one.

The Auditor reviewed a sampling of inmate orientation schedules from the previous 12 months. The Corrections Counselor schedules new arrivals for their inmate education in the Education Building. The schedule is sent to personnel in each living unit. Inmates are sent to

the Education Building to attend the education session. Schedules created by the Corrections Counselor identify inmates who are Limited English Proficient, if applicable.

The Auditor reviewed the records of 40 inmates. Twenty were randomly selected by the auditor and 20 were specifically chosen by the Auditor. A review of inmate records revealed each inmate signed a PREA Inmate Education Verification Form. The Auditor verified each inmate received comprehensive education within 30 days of booking. The Auditor was able to determine by a review of a relevant sample of inmate files the inmate population receives a comprehensive education.

Inmates informed the Auditor they received a brochure upon arrival. The brochure included the facility's rules related to sexual abuse and sexual harassment. Inmates stated a nurse provided the brochure during the booking process. The Auditor conducted an interview with one inmate who was identified as limited English speaking. The inmate informed the Auditor he was provided the intake handout written in Spanish. The inmate stated he watched the educational video in Spanish. The Auditor asked the inmate how he communicated with personnel during the booking process. The Auditor was informed staff used an interpreter on the telephone to communicate with him. There were no blind inmates housed at the facility at the time of the audit for the Auditor to interview.

The Auditor conducted interviews with one inmate who was identified as hearing impaired. The inmate informed the Auditor he received a handout upon arrival. He was able to read the information on the handout. The Auditor asked how he received the comprehensive education. The inmate stated he watched a video in the Education Building. He was able to read and hear the closed-captioned video. The Auditor asked if he had problems communicating with staff during the booking process. The Auditor was informed the booking was conducted on a one-on-one basis and the staff member was able to speak loud enough for the inmate to communicate with him.

The Auditor conducted formal interviews with 20 randomly chosen inmates. Each inmate was asked if they received information upon their arrival at the facility. Inmates informed the Auditor they did receive the Inmate Intake Handout during the booking process. The Auditor did encounter several inmates who did not receive the handout during the booking process. Those inmates were incarcerated before the enactment of the Prison Rape Elimination Act. The Auditor was informed those inmates were provided the handout after the enactment of PREA. The Auditor was informed the facility provides the Inmate Intake Handout each year when an annual review is conducted by facility staff. They also informed the Auditor there is information posted throughout the facility. All 20 randomly chosen inmates were well educated regarding the facility's sexual abuse and sexual harassment policies and procedures. Inmates informed the Auditor the facility plays the comprehensive educational video on a daily basis in the housing unit televisions.

While touring the facility the Auditor observed the Education Building utilized for comprehensive education. A facilitator educates inmates and supplements the in-person instruction with the "What You Need to Know Video." Classrooms in the Education Building are large and have sufficient seating, a video player and monitor. Comprehensive education sessions occur weekly in the Auditorium for new arrivals. Each inmate who arrives prior to the weekly playing of the video is escorted to the Auditorium to attend the education session.

Inmates typically receive their comprehensive education within 7 days of arrival. According to inmates during interviews, the longest period of time an inmate had to wait before being educated was two weeks.

The Pennsylvania Department of Corrections policies related to sexual abuse and sexual harassment apply to all PDOC facilities. Each facility is required to educate inmates upon transfer to their respective facility. Facilities are not required to educate inmates prior to transferring an inmate to another facility. Some inmates interviewed by the Auditor stated they had received the handout and watched a video at each PDOC facility they had been at.

The Auditor interviewed two inmates who were identified with a cognitive or mental disability. Each inmate was asked if he was provided a handout when he arrived at the facility. Each stated he did receive a handout upon arrival. The Auditor asked each if he watched a video about sexual abuse and sexual harassment. Each informed the Auditor he had watched a video about sexual abuse and sexual harassment. The Auditor questioned each inmate about the contents of the handout and video. Each inmate was able to articulate the agency's rules against sexual abuse and sexual harassment. Each inmate knows how to report sexual abuse and sexual harassment, understood the facility has a zero-tolerance policy, and they had a right to be free from sexual abuse and sexual harassment and retaliation. The Auditor was able to determine the inmates identified with a cognitive or mental disability had benefitted from the agency's information and comprehensive education.

The Auditor reviewed the agency's Inmate Handbook issued to all inmates upon admission. The handbook includes information related to the Prison Rape Elimination Act. The Auditor observed the following in the inmate handbook:

- Zero tolerance
- Protection from Retaliation
- Definitions
- Reporting Methods
- Free Support Services Access
- PREA Grievance Information
- Address of Rape Crisis Center
- Third Party Reporting Address
- PREA Coordinator Address

The Auditor conducted an interview with booking staff and the Intake Unit Manager. Staff informed the Auditor the information is provided by the nurse as soon as the inmate arrives at the facility. The Intake Unit Manager meets with each inmate after being booked into the facility. The Intake Unit Manager gives each inmate the opportunity to ask questions related to sexual abuse and sexual harassment policies. The Auditor asked how information will be provided to an inmate who is blind, has low vision, or cannot read. The Auditor was informed PREA information can be read by those who may be deaf or hard of hearing. Interpretive services are provided through use of a language line or a bilingual staff member. The Intake Unit Manager coordinates with the PREA Compliance Manager to discuss options to ensure inmates who cannot otherwise benefit from the education are educated appropriately. The facility has a TTY machine for those who are deaf or hearing impaired.

The Auditor observed two facility nurses conduct the intake process. Each nurse provided the inmates the Inmate Intake Handout with their booking documents and information. The Auditor observed each nurse ask each inmate if he had questions regarding the material that was provided. Neither inmate asked a question related to the Inmate Intake Handout.

There were no inmates at the time of the audit who were deaf or blind. The facility maintains its Inmate Handbook and intake handout in braille.

The Auditor conducted a detailed tour of the SCI-Somerset. During the tour the Auditor observed key information readily available in the form of PREA posters throughout the facility. The facility provides readily available information to inmates in its Inmate Handbook and PREA Handout. The facility maintains PREA material written in English and Spanish. The Auditor observed the Education Building where the comprehensive education video is played to inmates. Key information is posted in living units, hallways and other work and support areas in the facility.

Conclusion:

The Auditor concluded the inmate population at the SCI-Somerset has been appropriately educated in the facility's zero tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies and procedures for responding to such. The facility maintains appropriate documentation of such in each inmate's electronic record. The Auditor reviewed the agency's policies and procedures, booking and classification records, PREA Inmate Education Verification Form, made observations and interviewed staff and inmates and determined the facility meets the requirements of this standard.

115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion: The agency’s policy requires employees complete employee basic and refresher training prior to receiving specialized training for investigators. Policy stipulates the specialized training for investigators include the following:</p> <ul style="list-style-type: none"> • Interviewing sexual abuse victims; • Common reactions of sexual abuse and sexual harassment victims; • Sexual abuse evidence collection in confinement settings; • Proper use of Miranda warnings; • Garrity rule; and • Criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p>Policy requires the training be developed by the PREA Coordinator/designee and standardized for department wide training purposes. The agency maintains documentation that each Investigator has completed the required specialized training.</p> <p>Evidence Relied Upon: Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 3 Specialized Training Curriculum Training Roster Interview with Investigator</p> <p>Analysis/Reasoning: The Auditor reviewed the agency’s specialized training for investigators PowerPoint presentation. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>At the time of the audit the facility employed 27 staff members who have received specialized training to conduct Sexual Abuse Investigations. Two staff members had recently attended the training in December 2019. The Auditor conducted a review of the staff member’s training records. Each had attended the specialized training for investigators offered by the agency. In addition, the Auditor verified all 27 facility investigators received the agency’s regular PREA and annual training offered to all employees. Each staff member attended the training in person at the training academy. The training was conducted by law enforcement investigators, PDOC PREA Coordinator, SANE, and Prosecutors.</p> <p>The Sexual Abuse and Sexual Harassment Investigations course conducted by the agency is conducted in a classroom environment at the agency’s training academy. The training curriculum was developed by the PREA Coordinator. The training is conducted by the PREA Coordinator, Pennsylvania State Police Investigators and Prosecutors. The Auditor conducted</p>

a review the course curriculum. Each facility investigator has attended the training that includes, but is not limited to, the following:

- Techniques for interviewing sexual abuse victims;
- Proper use of Miranda warnings;
- Proper use of Garrity warnings;
- Sexual abuse evidence collection in confinement settings; and
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Facility investigators conduct administrative investigations of sexual abuse and sexual harassment. The Pennsylvania State Police conducts criminal investigations at the facility. The PSP sent all its investigators to training to conduct sexual abuse investigations in confinement settings. The facility maintains a Memorandum of Understanding with the PSP requiring the PSP ensure its investigators receive the specialized training. The facility has recently assigned a different Lieutenant to conduct sexual abuse and sexual harassment investigations. The Auditor verified the Investigator has received the appropriate specialized training to do so.

The facility's investigator was formally interviewed by the Auditor. The Auditor asked the investigator to discuss the training he received. The Investigator articulated the topics listed above in his response. The Investigator was knowledgeable regarding conducting sexual abuse investigations. The Auditor asked the Investigator to explain his investigative process after receiving an allegation. The process utilized by the Investigator is sufficient for conducting appropriate sexual abuse and sexual harassment investigations. The Auditor reviewed investigative reports written by the investigator. The reports reviewed appear to support the investigator received appropriate training.

No Department of Justice component is required to investigate sexual abuse allegations in the SCI – Somerset facility.

Conclusion:

The Auditor concluded the facility has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies and procedures, training curriculum, training records, and conducted an interview with a Sexual Abuse Investigator and determined the facility meets the requirements of this standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy is to provide all full-time and part-time medical and mental health staff who work regularly in PDOC facilities with specialized training on working with victims of sexual abuse and sexual harassment. Policy requires the training include the following topics:</p> <ul style="list-style-type: none"> • How to detect and access signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>The PDOC policy requires the PREA Coordinator or designee to develop and standardize the specialized medical training for department wide usage. All new medical and mental health staff are required to receive the specialized training within the first six months of employment with the department. Either PDOC staff or the contracted medical provider may provide the standardized training to medical and mental health personnel. All medical and mental health professionals must sign the PREA Training and Understanding Verification Form after attending specialized training. The agency’s policy requires agency and contract medical and mental health staff receive training mandated for employees or contractors.</p> <p>Facility medical personnel do not conduct forensic examinations. The agency has a contract with the Somerset Hospital and Conemaugh Memorial Medical Center to conduct forensic examinations at either hospital. Medical practitioners at the facility are not required to be trained to do so.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 4 Specialized Medical Training Curriculum PREA Medical and Mental Care Standards Participant Guide Training Rosters PREA Training and Understanding Verification Forms Medical/Mental Health Professionals Training Records Interviews with Medical and Mental Health Personnel</p> <p>Analysis/Reasoning:</p> <p>Medical services at the SCI-Somerset are conducted by PDOC medical personnel and contract personnel. Contracted medical services are provided by Wellpath and Centurion Managed Care employees. Wellpath and Centurion contractors work in the medical area of the facility alongside PDOC medical personnel. Mental health professionals are Centurion employees. All medical and mental health professionals are required to complete specialized medical training. The Auditor reviewed the records of 42 medical/mental health practitioners. A</p>

review of the records indicated all 42 medical/mental health practitioners received the PREA training offered to PDOC employees or contractors and completed specialized medical training.

The Auditor reviewed the specialized medical training curriculum. The following are included as the performance objectives of the training:

- How to detect and access 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 training is a 1.5 hour in person class targeting correctional medical and mental health care staff. In addition to the required topics of this standard, the training curriculum includes other general PREA information. Each participant in the class receives a PREA Medical and Mental Care Standards Participant Guide. Participants maintain possession of the guide after completion of the training. The Auditor observed the required topics of this standard in the participant guide.

The Auditor interviewed both PDOC and contracted medical and mental health staff employed at the SCI – Somerset. Each employee interviewed stated they had received specialized medical training and received the same training provided to all PDOC employees or contractors. The SCI-Somerset training is provided to medical and mental health staff in person in a classroom setting. Each PDOC and contract medical professional attends a training session at the agency’s training academy before performing services in the facility. The medical and mental health professionals were knowledgeable regarding previously mentioned training topics. The Auditor questioned each medical professional how they treat a victim of sexual abuse who has serious injuries. Medical staff explained their priority is treating the injury. The Auditor asked each to explain how they do so while attempting to preserve evidence. Medical staff responded with answers that align with the correct procedures for preserving physical evidence.

Neither PDOC medical nor contract medical personnel perform forensic examinations at the SCI-Somerset facility. Forensic medical examinations are performed in the community by a Sexual Abuse Nurse Examiner at the Somerset Hospital or Conemaugh Memorial Medical Center.

Conclusion:

The Auditor concluded medical staff at the SCI - Somerset have been appropriately trained. The facility maintains documentation that both agency and contract medical and mental health personnel have received specialized medical training and the same training offered for PDOC personnel or contractors. The Auditor conducted a review of PDOC policies and procedures, training curriculum, training records, and interviewed medical and mental health practitioners and determined the agency meets the requirements of this standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy requires an assessment of each inmate during the intake screening process. The policy also requires an assessment upon receipt into another facility, 20-30 days after receipt into a State Correctional Institution, Community Corrections Center, or Community Contract 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 toward other inmates. Assessments are conducted within 72 hours of reception into the department by a qualified health care, unit management, or designated CCC/CCF staff member.</p> <p>The department is required to conduct a reassessment of each inmate between calendar day 20 and 30 of arrival or receipt into another facility by the inmate’s assigned counselor. The counselor is required to reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Policy prohibits conducting a reassessment before the inmate’s 20th day.</p> <p>Following an allegation of sexual abuse in a State Correctional Institution, the Licensed Psychology Manager/designee is required to administer the PREA Risk Assessment Tool to all involved inmates within 24 hours or the next business day. The PREA Compliance Manager is required by policy to administer the PREA Risk Assessment Tool 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.</p> <p>The PDOC prohibits disciplining inmates for refusing to answer, or for not disclosing complete information in response to the questions regarding prior victimization, disabilities, their perception of vulnerability, or their sexual orientation. Policy requires staff to discuss the importance of answering the question with the inmate when/if the inmate refuses to answer questions on the PRAT. Staff are required to keep the information obtained from the PRAT “as confidential as possible so as not to be used to the inmate’s detriment by staff or other inmates.”</p> <p>Evidence Relied Upon:</p> <ul style="list-style-type: none"> Policy – DC-ADM 008 Prison Rape Elimination Act, Section 9 pg. 1-4 PREA Risk Assessment Tool Training PREA Risk Assessment Tool Training User Guide PREA Risk Assessment Tool Inmate Records Classification Records Interviews with Staff Interviews with Inmates <p>Analysis/Reasoning:</p> <p>The PDOC utilizes a PREA Risk Assessment Tool (PRAT) to determine an inmates’ risk level.</p>

The PRAT screening is objective and considers the following:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmate's criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against a child or adult;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Whether the inmate has previously experienced sexual victimization;
- The inmate's own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes.

The PRAT stipulates, "The Prison Rape Elimination Act, known as PREA, is a law designed to protect inmates from sexual abuse. PREA requires prison staff to ask every inmate the following series of assessment questions. 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." The facility's PREA Risk Assessment Tool accounts for the inmate's own perception of vulnerability.

In addition, to the above listed information, the agency's screening tool considers the following:

- Prior acts of sexual abuse;
- Prior convictions for violent offenses; and
- History of prior institutional violence or sexual abuse.

The agency's PREA Coordinator developed a PREA Risk Assessment Tool training. The training includes a user's guide for each participant. The training was designed for and is provided to personnel at all agency facilities who perform the risk screening. Nurses at the SCI – Somerset perform risk screenings of all new arrivals. Each nurse had been provided the PRAT training.

The Auditor observed two nurses conducting the PREA Risk Assessment Tool during the booking process. The nurse meets with each inmate that enters the facility. Each inmate is personally screened for their risk level of victimization or abusiveness upon admission to the facility. The nurse asks the inmate questions from the screening tool (PRAT) and electronically records the answer into the facility's electronic record system. All inmates are placed in a designated unit and meet with the Intake Unit Manager in a private office for classification purposes. Classification typically occurs the next day. Classification for parole violators typically occurs on the day arrival to the facility. All inmate classifications occur within 72 hours.

The Auditor conducted a review of 40 inmate PREA Risk Assessment Screenings. A review of the screenings revealed 8 inmates who reported suffering previous acts of sexual abuse, 16 who previously perpetrated sexual abuse and 4 who identified as gay or bisexual. Five of the

40 inmates identified as transgender. The Auditor observed each inmate had been appropriately screened for their risk of sexual victimization and abusiveness. The PRAT was conducted during their booking procedures and within 30 days of booking. The facility maintains documentation of each inmate's screening electronically in each inmate's record.

Utilizing the same 40 inmate records, the Auditor discovered staff had conducted a re-assessment of each inmate's level of risk for victimization and abusiveness. The reassessments occurred within 30 days of arrival to the facility. The Agency's reassessment form includes the same information as listed above. All inmates at the facility are reassessed during their annual review performed by the Unit Manager. The Auditor observed evidence the facility conducts a reassessment following an allegation of sexual abuse.

The Auditor conducted a formal interview with the intake Unit Manager. The Unit Manager explained the risk screening process to the Auditor. The Auditor asked the Unit Manager if he utilizes his professional judgement when considering vulnerability of an inmate. The Auditor was informed best judgement is utilized when determining vulnerability. The Intake Unit Manager utilizes the PRAT score to aid in classification of the inmate. The Auditor asked how professional judgements are made. The Intake Unit Manager utilizes the score and meets with each inmate for his classification. He makes an assessment when meeting with the inmate.

The Auditor asked the Intake Unit Manager if he ever conducts a PRAT. The Auditor was informed the nurse conducts the initial PRAT and he will conduct a reassessment within 30 days. The Auditor asked if the Unit Manager has received a referral, request or additional information that bears on an inmate's risk level. The Auditor was informed the Unit Manager has not received such information. The Auditor was informed a PRAT is conducted following an incident of sexual abuse. The Auditor asked a nurse who performs risk screenings and the Intake Unit Manager if they place discipline charges on an inmate who refuses to answer questions related to the risk screening. The Auditor was informed they do not discipline inmates for refusing to answer PRAT questions.

The Auditor conducted an interview with the Hearings Examiner. The Hearings Examiner conducts discipline hearings for inmates at the SCI – Somerset and SCI – Laurel Highlands. The Auditor asked the Hearings Examiner if he has conducted a discipline hearing on any inmate who refused to answer questions asked by the nurse during the booking process. The Hearings Examiner stated he has not conducted a disciplinary hearing for such violation. The Auditor asked if the Hearings Examiner has conducted a disciplinary hearing written by a Unit Manager on an inmate for refusing to answer PRAT questions during the 30-day reassessment. The Hearings Examiner stated he has not conducted such a hearing.

The Auditor asked various staff including the Unit Manager, Officers, supervisors, nurses, mental health and other specialized staff who has access to information obtained from the PRAT. The Auditor was informed the information obtained during risk screenings are securely maintained electronically. Access to PRAT information is strictly limited to specialized staff. PRAT information is limited to personnel who are required to make decisions on inmates housing, programming, work and security decisions. Information from the risk screening is electronically entered into the agency's record system. Each agency staff member has a uniquely issued username and password to gain access into the system. Staff members are provided different levels of access (based on job duties) to information maintained

electronically.

The Auditor conducted formal interviews with inmates. All inmates targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the intake process. Inmates stated they had been asked such questions during the booking process. The Auditor asked each inmate if anyone at the facility had asked them the same questions after being booked into the facility. Some inmates stated they had been asked again within a month. Inmates that had been at the facility long term stated they were asked those questions again during their annual evaluation.

A review of 40 classification records revealed electronic documentation was maintained notating each inmate's 30-day reassessment of their risk of sexual victimization or abusiveness. The initial and 30-day reassessment is electronically entered into the inmate's record. Each reassessment was conducted within 30 days of arrival at the SCI - Somerset. Unit Managers conduct the 30-day reassessments of inmates. The Auditor observed notations of the performance of 30-day reviews that included the previously listed information. Records revealed the facility performed a reassessment following incidents of sexual abuse and annually during annual reviews.

The facility does not conduct a reassessment of vulnerability and aggressiveness upon transfer to another facility because all PDOC facilities are required to conduct an assessment upon arrival, regardless of where the inmate arrives from. All agency facilities are required to conduct a 30-day reassessment of vulnerability and aggressiveness. Inmates who had been at more than one PDOC facility informed the Auditor they had been asked the PRAT questions at each facility they had been incarcerated. During interviews with inmates the Auditor was informed by inmates who had been victimized at the facility they had to answer the PRAT questions following the incident.

The Auditor reviewed the records of four inmates who made an allegation of sexual abuse. The facility conducted a reassessment of each inmate's risk of sexual victimization following the inmate's allegation. During a review of records the Auditor discovered the facility's personnel are conducting a reassessment of inmate's risk of abusiveness following an allegation.

The SCI-Somerset does not detain solely for civil immigration purposes.

Conclusion:

The facility's Classification staff is attempting to discover inmates' level of risk of sexual victimization or sexual aggressiveness during the booking process and within 30 days of an inmate's arrival based upon additional information, an incident or referrals. The Auditor reviewed the agency's policies and procedures, PREA Risk Assessment Tool, classification records and interviewed staff and inmates and determined the facility meets the requirements of this standard.

115.42	Use of screening information
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1481 573">The Pennsylvania Department of Corrections policy is to use information received through the administration of the PRAT to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those inmates at high risk of sexual victimization from those at high risk of being sexually abusive. Policy stipulates the department will make individualized determinations to ensure the safety of each inmate.</p> <p data-bbox="252 629 1445 875">The agency requires a PREA Accommodation Committee (PAC) make individualized determinations about a transgender or intersex inmate’s privacy, housing and programming assignments to ensure their safety at the current facility. The committee must consider all aspects of an inmate’s social and medical transition when formulating recommendations to address safety and privacy concerns affirmatively identified by the transgender or intersex inmate. The PAC consists of the following personnel:</p> <ul data-bbox="252 931 1082 1133" style="list-style-type: none"> • PREA Compliance Manager; • Licensed Psychology Manager/designee; • Corrections Health Care Administrator/designee; • Deputy Superintendent for Centralized Services/designee; and • Deputy Superintendent for Facilities Management/designee. <p data-bbox="252 1189 1465 1514">The PAC is required to meet with the transgender or intersex inmate within five (5) days of arrival to the facility. Policy requires when deciding whether to assign a transgender or intersex inmate to a facility that is consistent with his/her gender identity, in making other privacy, housing, and programming assignments, the Department 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 a management or security problem. A transgender/intersex inmate’s own views, with respect to his/her own safety shall be given serious consideration.</p> <p data-bbox="252 1570 1469 1727">Policy requires the PAC review the transgender and intersex inmate’s assignments every six-months review any threats to safety that may have been experienced by the inmate. Policy requires transgender and intersex inmates be given the opportunity to shower separately and privately from other inmates.</p> <p data-bbox="252 1783 1465 1984">The agency has an Administrative PREA Accommodation Committee (A-PAC). Policy states, “In SCIs and as requested by the BCC, the A-PAC shall be activated, and the local PAC shall meet as necessary when a transgender or intersex inmate has been identified and the facility or the inmate recommended or request the inmate be housed in a facility that is consistent with his/her gender identity.” The following personnel are required on the A-PAC:</p> <ul data-bbox="252 2040 1469 2152" style="list-style-type: none"> • Representative from the facility where the reviewed inmate is currently housed; • Representative from a facility housing inmates consistent with the reviewed inmate’s gender identity;

- Psychology Office representative;
- Bureau of Health Care Services (BHCS) representative;
- Security Division representative; and
- Lesbian, Gay, Bisexual, Transgender, and intersex (LGBTI) Subject Matter Expert Consultant(s).

The agency's policy stipulates 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 connections with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

The agency has a policy regarding single and double celling housing. The policy includes selection criteria governing double-celling and evaluating inmates for single cell status. Those inmates determined for single cell housing are referred to as having a "Z code." Inmates may obtain a "Z code" if staff determine the inmate may be victimized as a result of double-celling, multiple celling, or placement in a dormitory. In addition, a "Z code" may be authorized if an inmate has a documented history of aggressive or predatory behavior toward cell partners or staff have reason to believe the inmate would be assaultive or predatory towards cell partners. "Z code" status is assigned by a Review Committee.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 9 pg. 4-5

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 19 pg. 1-9

Policy – 11.2.1 Reception and Classification Procedures Manual, Section 5 pg. 1-5

PREA Accommodation Committee Reassessment Checklists

Potential Sexual Assault Victim Report

Institutional Sexual Predator Report

Mental Health Records

Classification Records

Interviews with Inmates

Interviews with Staff

Observations

Analysis/Reasoning:

The Auditor reviewed 40 inmate classification records. Of the records reviewed, there were 4 inmates who identified as transgender and 4 who identified as gay or bisexual. The classification records reveal facility staff made individualized considerations when determining their housing, bed, work and other assignments to ensure each inmate was maintained safely in the facility. The assessment form considers an inmate's own views of their safety when determining assignments. The Auditor observed classification staff is utilizing information gained from the risk screening to assign facility housing, bed, and work assignments to ensure those inmates protection. When inmates submit a request to attend programs and educational classes classification reviews the high risk of abusiveness list to ensure vulnerable inmates are protected. Prior to assigning an inmate a work position outside of the living unit the Classification Officer makes an assessment to ensure the inmate's safety.

Classification staff considers an inmate's own perceptions of their safety before making classification decisions. The PRAT requires the staff member document his/her perception of

how the inmate presents himself and is included in the scoring of the assessment. The Auditor conducted formal interviews with inmates who identified as gay, bisexual and transgender. The Auditor asked each if they were housed in a living unit that was dedicated for LGBTI inmates. The Auditor was informed they were not placed in a dedicated living unit. Classification staff informed the Auditor they would consider a transgender inmate's own views regarding their own safety before making assignments.

The Auditor asked transgender inmates if staff meet with them to discuss the status of their incarceration. Transgender inmates stated staff routinely meet with them to discuss how they are adjusting in the facility. The Auditor reviewed four transgender records. Each record included a PAC Checklist. The PAC conducted a review two times each year on the transgender inmates who had been incarcerated more than a year. The PAC Checklist included the following information:

- Gender;
- Gender Identity;
- Social Transition;
- Medical Considerations;
- Legal Considerations;
- Safety Security Considerations;
- Privacy Concerns;
- Other Considerations;
- Recommendations for Housing Placement;
- Inmate Concur or Denies Decision; and
- Additional Follow-up Information.

The Auditor reviewed the files of inmates who reported suffering sexual victimization while in the community and in an institutional setting. The Auditor conducted formal interviews with the inmates who reported suffering sexual victimization. Those who reported an incident while at the facility were asked if they have been housed in the same living unit with the alleged sexual abuser. Those inmates informed the Auditor they were separated from the alleged abuser. Those who informed the facility they had suffered sexual abuse in the community reported they were not aware of known abusers in their living units. The Auditor asked during interviews if any of the inmates attended programs, education, or work. The victimized inmates who answered "yes," reported they were maintained separately from abusers during programs, education, and work opportunities. Inmates who filed an allegation against staff stated they do not have interaction with the staff since making the allegation.

The Auditor reviewed the facility's Institutional Sexual Predator and Potential Sexual Assault Victim Reports. The facility had 170 inmates identified as potential sexual predators and 123 as potential sexual assault victims included on the reports. The reports appeared to house those identified as potential victims separately from those identified as potential abusers.

The facility provides transgender and intersex inmates PREA information upon admission and provides a comprehensive education within 30 days of admission. The facility's assessment form considers transgender and intersex inmate's views as to their vulnerability towards sexual victimization upon arriving at the facility. The facility's PREA Accommodation Committee (PAC) is required to conduct a semi-annual review of each transgender inmate's

placement status. The PAC completes a PREA Accommodation Committee Reassessment Checklist. The PAC meets with the transgender or intersex inmate when conducting a reassessment. A mental health practitioner participates in the PAC. In cases where a transgender inmate requests a transfer or housing reassignment that does align with their physical anatomy the Administrative PREA Action Committee meets and determines the appropriate action.

The Auditor observed all facility living units during a detailed facility tour. All facility living units have showers and restrooms that allow transgender and intersex inmates the opportunity to shower separately from other inmates. The Auditor asked each transgender inmate interviewed if they could shower, change clothes and use the restroom without staff of the opposite gender seeing them do so. Each inmate stated they were able to do so, and they are never naked in the presence of a female staff member. All inmates interviewed were asked this question and the Auditor received the same response from each inmate. The Auditor specifically asked transgender inmates how their showers were conducted in the facility. The Auditor was informed they either agree to shower during normal times or they can request to take a shower at a specific time when other inmates are locked down. The inmate's specific request to do so is documented in their record. The Auditor observed this documentation in one transgender's record.

The Auditor asked Unit Managers how often a transgender inmate's placements are reviewed. The Auditor was informed the review committee meets at least two times a year and more often if needed. The Auditor asked if all LGBTI inmates were placed in dedicated living units in the SCI-Somerset and was informed they are not housed as such. The Auditor asked if a mental health professional has any input on transgender reviews. The Auditor was informed mental health practitioners do participate in biannual reviews of transgender inmates.

At the time of the audit the State Correctional Institution – Somerset was not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates.

At the time of the Audit there were no inmates identified at high risk of sexual victimization placed involuntarily in segregation for his protection against sexual abuse. The Auditor asked staff who supervise inmates in the Restricted Housing Unit if they have supervised inmates solely for the protection from sexual abuse. The Auditor was informed by those staff they are not aware of supervising any inmate solely for the protection from sexual abuse. Supervisors and Unit Managers informed the Auditor they were not aware of any such placement in the Restricted Housing Unit.

Conclusion:

The Auditor concluded classification staff is making individualized determinations when assigning inmate's housing, bed, work, programming and education assignments. The agency has appropriate policies, procedures and practices in place to protect those identified at high risk of victimization from those identified at high risk of sexual abusiveness. The Auditor conducted a thorough review of policies and procedures, classification records, risk screenings, made observations, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections prohibits placing offenders at high risk for sexual victimization in Administrative Custody as a means of protections 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 are no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the inmate in involuntary Administrative Custody for less than 24 hours while completing the assessment. Facility staff may place an alleged victim in Administrative Custody when the alleged victim requests or agrees to be temporarily secured in Administrative Custody.</p> <p>The agency’s policy includes the following, but not limited to, alternative placement options:</p> <ul style="list-style-type: none"> • Relocation to a different housing unit; • Placement in a cell closer to the Corrections Officer’s desk within the unit; • Z-Code; and/or • Placement in the Special Needs Unit (SNU). <p>Policy requires the Shift Commander clearly document the following information if an involuntary Administrative Custody assignment is made:</p> <ul style="list-style-type: none"> • The basis for the staff member’s concern for the inmate’s safety; • The other alternative means of separation that were explored; and • The reason why no alternative means of separation can be arranged. <p>Policy requires inmate access to programs, privileges, education, or work opportunities if the Shift Commander assigns an inmate to involuntary Administrative Custody for the purpose of protection from sexual victimization, to the extent possible. If access to such is restricted, the facility is required to document the following on the Involuntary Administrative Custody Services Access Restriction Form:</p> <ul style="list-style-type: none"> • The opportunities that have been limited; • The duration of the limitation; and • The reasons for such limitations. <p>PDOC allows facilities the ability to assign inmates to involuntary Administrative Custody only until alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed a period of 30 days. A Program Review Committee (PRC) shall ensure each inmate is reviewed to determine whether there is a continuing need for separation from the general population. The PRC is required to document its review findings.</p> <p>Evidence Relied Upon:</p>

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 5 pg. 1-2

Policy – DC-ADM 802 Administrative Custody Procedures, Section 1 pg. 1-2

Policy – DC-ADM 802 Administrative Custody Procedures, Section 2 pg. 1,4

Policy – DC-ADM 802 Administrative Custody Procedures, Section 3 pg. 1-2

Involuntary Administrative Custody Services Access Restriction Form

Initial Response Checklist – Alleged Victim

Interviews with Staff

Interview with Inmates

Classification Records

Housing Records

Observations

Analysis/Reasoning:

The facility reported no inmates were placed in Administrative Custody for their protection due to being identified at high risk of sexual victimization. The Auditor reviewed housing and classification records and did not discover evidence an inmate had been identified at high risk of sexual victimization was placed in special housing against the inmate's will.

The Auditor reviewed the agency's Involuntary Administrative Custody Services Access Restriction Form. The form includes the date and time the inmate was placed on Administrative Custody status and requires staff members complete the following information:

- Services Denied to Inmate;
- Reason for Denial of Services;
- Review of Denial

The Auditor reviewed the agency's DC-141 form. The Shift Commander is required to document the basis for the staff member's concern for the inmate's safety, other alternative means of separation that were explored and the reason why no alternative means of separation can be arranged after placing an inmate in involuntary Administrative Custody. This information is required to be documented on the agency's DC-141 form.

The Auditor conducted formal interviews with Unit Managers. The Auditor asked Unit Managers to explain the process when placing a high-risk inmate involuntarily in segregation. Unit Managers informed the Auditor if an inmate is placed involuntarily in segregation an immediate assessment is conducted to view available alternatives. The Auditor was informed inmates are placed in another general population housing unit before placing an inmate in segregation for protection from sexual victimization. Unit Managers are aware that inmates identified at risk of sexual victimization have access to programs, privileges, education, and work opportunities, to the extent possible. Unit Managers were asked when a review to determine a continued need of involuntary segregation would be conducted of an inmate who was housed in Administrative Custody for protection from sexual abuse. The Auditor was informed a review is conducted at least every 30 days.

The Auditor questioned the Lieutenant who oversees the facility's Restrictive Housing Unit. The Auditor asked the Lieutenant when the last time an inmate was placed in the RHU to ensure he was protected from sexual abusers. The Lieutenant informed the Auditor he is not aware of an inmate being placed in the RHU for that reason. The Auditor questioned the

Lieutenant about inmate access to programs, work and education while housed in the RHU. The Lieutenant informed inmates in the RHU have access to such if no security concerns exist.

At the time of the audit there was no inmate housed in protective custody to maintain separation from likely abusers. The Auditor conducted an interview with the facility's Superintendent. The Superintendent was asked if he has the ability to transfer inmates. The Superintendent informed the Auditor he can transfer inmates to another PDOC facility if needed. The transfer would take place by contacting the Superintendent at the other institution. The Superintendent has not requested an inmate at SCI – Somerset be transferred for the protection of sexual abuse. The facility has measures in place to ensure either the victim or aggressor is placed in another housing unit to maintain their safety.

The Auditor reviewed housing and classification records and discovered no inmate identified at high risk of sexual victimization was placed in involuntary segregation. The Auditor interviewed medical and mental health personnel. Medical and mental health staff are informed by security when inmates are identified at high risk of sexual victimization. Medical staff are immediately notified when new inmates are identified at high risk as they conduct PRAT during intake. The facility has multiple general population housing units to ensure the safety of an inmate without having to place the inmate in involuntary protective custody.

The Auditor interviewed several security personnel who supervise inmates in the segregation housing unit, including the supervisor and Unit Manager. Staff was asked if inmates in segregated housing receive access to programs, privileges, education, and work opportunities. Staff informed inmates have access to programs, education and work opportunities upon request, dependent upon legitimate facility security concerns. Privileges are provided to all inmates in the segregation housing unit. The Auditor asked if staff have ever supervised an inmate in segregation housing who was identified at high risk of sexual victimization. No staff member interviewed was aware of such.

The Auditor conducted a detailed tour of the facility. Observations were made of each inmate living unit. The Auditor observed multiple general population living units which can house inmates to ensure those identified at risk of sexual abuse are protected from sexual abusers. Inmates who suffer victimization at the facility can request a "Z code" status or automatically placed on a "Z code" status. The Auditor conducted an interview with one inmate who had previously been victimized. The inmate informed the Auditor he feels safe as he was issued a "Z code" status in his housing unit.

The Auditor conducted an interview with four inmates who reported an allegation of sexual abuse or sexual harassment within the previous 12 months. Each inmate was asked what the determination of the investigation was. One of the incidents was unsubstantiated and one was unfounded. The two other allegations were currently under criminal investigation. The Auditor asked each inmate if his living unit assignment changed after making the allegation. Each informed the Auditor he was maintained separately from the alleged abuser. The Auditor asked each inmate if he was placed involuntarily in Administrative Custody. None stated they had been housed as such. None reported having additional contact with the alleged abuser after making the allegation.

The Auditor reviewed the records of 4 inmates who reported an allegation of sexual abuse at the facility. An Initial Response Checklist – Victim was completed in each case. One of the four was placed on medical observation status following the incident. The inmate was placed on suicide watch for a period less than 24 hours. He was then returned to a general population housing unit. The Initial Response Checklist – Victim revealed each alleged victim was separated from the alleged abusers. Housing records indicate the alleged victims were maintained in general population housing.

Conclusion:

The facility has appropriate procedures in place to ensure inmates identified at high risk of sexual victimization receive work, program and privileges if housed in involuntary Administrative Custody. Policies require appropriate staff reviews of involuntary placements. The Auditor found no evidence an inmate was placed in involuntary protective custody during this audit period. The Auditor made observations, conducted a review of policies, procedures, classification records, housing records, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

115.51	Inmate reporting
	<p data-bbox="248 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 504 360">Auditor Discussion:</p> <p data-bbox="248 371 1485 573">The Pennsylvania Department of Corrections policy is to provide multiple internal ways for inmates to report sexual abuse and 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. Inmates at the State Correctional Institution Somerset may report verbally or through written communication in the following manners:</p> <ul data-bbox="248 629 1458 875" style="list-style-type: none"> • Tell any staff member, contractor, or volunteer to immediately report the incident; • Tell any staff supervisor or manager to immediately report the incident; • Make a written request to any staff member, supervisor, or manager; • Send a written report to the third-party reporting address established with the Pennsylvania State Police; or • Have a family member call to notify the facility or contact PSP. <p data-bbox="248 931 1477 1223">The agency’s mail processing policy states, “...EXCEPTION: To preserve the confidentiality of inmates reporting allegations of sexual assault to the Pennsylvania State Police (PSP), an envelope addressed to BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110 is not required to include the inmate name or Department number.” The person responsible for receiving reports of sexual abuse and sexual harassment at this address is a Pennsylvania State Police staff member designated as the PREA Coordinator. The PSP PREA Coordinator is not employed by the Pennsylvania Department of Corrections.</p> <p data-bbox="248 1267 1469 1391">The agency provides staff, contractors, and volunteers the option of privately reporting sexual abuse and sexual harassment to the BCI/PREA Coordinator. The reporter may choose to include their name and contact information but are not required to do so.</p> <p data-bbox="248 1447 1474 1693">Agency staff are required to accept, and document reports made verbally, in writing, anonymously, and from uninvolved parties and are required to promptly forward to the facility’s designated investigator. Policy designates the Shift Commander as the investigator in State Correctional Institutions. SCI-Somerset has trained its Shift Commanders to investigate allegations of sexual abuse and sexual harassment. All reports documented by staff are submitted on an Employee Report of Incident form.</p> <p data-bbox="248 1749 1458 2029">The agency had no inmates who were detained solely for civil immigration purposes at the time of the audit. The Pennsylvania Department of Corrections does not house persons detained solely for civil immigration purposes. The Processing of Receptions section of the Records Office Operations policy stipulates the department does not detain solely for civil immigration purposes. Policy requires the Records Office to contact the Records Administrator/Assistant Records Administrator by telephone for direction before declining the commitment of civil immigration detention.</p> <p data-bbox="248 2085 552 2119">Evidence Relied Upon:</p> <p data-bbox="248 2130 1158 2163">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 1-4</p>

Policy – DC-ADM 803 Inmate Mail and Incoming Publications, Section 1 pg. 5

Policy – DC-ADM 11.5.1 Records Office Operations, Section 1 pg. 16

PREA Inmate Intake Handout

PREA Poster

Inmate Handbook

Rejected Grievances

Incident Reports

Agency Website

Training PowerPoint

Staff Training Records

Investigative Records

Interviews with Staff

Interviews with Inmates

Analysis/Reasoning:

The Auditor reviewed the facility's PREA poster. The facility has a poster that informs the reporting of sexual abuse and sexual harassment can be made anonymously and by uninvolved parties. The poster includes the facility's available reporting avenues. The poster includes the following:

- Tell any staff member to immediately report the incident;
- Tell any supervisor or manager to immediately report the incident;
- Make a written request to any staff member, supervisor or manager;
- Send a written report to the third-party reporting address established with the Pennsylvania State Police (address is provided on the poster); and
- Have your family call to notify the facility or contact PSP.

The Pennsylvania Department of Corrections, Inmate Handbook includes reporting methods. The Inmate Handbook is provided to each inmate during admissions and includes the following:

- Make a verbal or written report to any staff member;
- Submit an Inmate Request to Staff Member form; or
- Submit a written report to the Sexual Abuse Reporting Address (address provided).

The Auditor reviewed the agency's PREA Inmate Intake Handout. Each inmate receives a handout upon arrival to the facility. The handout includes reporting methods. Inmates are informed they can report allegations of sexual abuse or sexual harassment as listed above. The handout informs inmates can report allegations anonymously and by third parties. For immediate assistance, the handout informs inmates to notify a staff member or have their family contact the PSP.

The Auditor reviewed facility training records and curriculum. PDOC employees are provided training that includes sexual abuse and sexual harassment reporting procedures. The training informs staff how inmates can report allegations of sexual abuse and sexual harassment and how staff can report such. All staff and level 1 contractors and volunteers receive this training.

The agency has a website that maintains a link to its PREA information. The public is informed

how to file allegations on behalf of inmates. The public is provided the address and telephone number to the Bureau of Investigations and Intelligence (BII). The website also informs the public the BII has a 24/7 voicemail messaging center and provides the telephone number to such. There is an address to the Pennsylvania State Police for members of the public to file a report of sexual abuse or sexual harassment.

The Auditor conducted formal interviews with randomly chosen staff. Each staff member was asked if he/she is required to accept any and all reports, knowledge and suspicion of sexual abuse and sexual harassment. Staff answered "yes." Staff members were asked how quickly they are required to report the allegation. Each staff member stated they are required to verbally report the allegation immediately. The Auditor asked each if they were required to document the allegation. The Auditor was informed staff is required to submit an Incident Report promptly to document the allegation. Staff was asked how they could privately report allegations of sexual abuse or sexual harassment of inmates. The Auditor received a variety of ways staff could privately report allegations of sexual abuse of an inmate. Only two staff members informed the Auditor of the private reporting avenue as stipulated by the agency. The Auditor determined all responses by staff were appropriate responses and would be accepted by the facility. Staff informed the Auditor command staff maintains an open-door policy.

The Auditor conducted formal interviews with contract and volunteer personnel. Each was asked what actions they would take if they received information from an inmate about a sexual abuse or sexual harassment incident. The Auditor was informed they would inform a security staff member and/or PREA Compliance Manager. The Auditor asked each if they were required to document information they receive regarding sexual abuse or sexual harassment. Each stated they would be required to write a report about the allegation. Each informed the Auditor they are required to report any and all information, knowledge, or suspicion regarding sexual abuse or sexual harassment of inmates.

The Auditor conducted formal interviews with inmates. The Auditor asked inmates to explain the various ways available for making a report of sexual abuse or sexual harassment. Inmates interviewed by the Auditor explained they can tell a staff member, submit a request form, and/or have someone else make a report for them. The Auditor asked each if there were staff, they felt confident they could report an allegation of sexual abuse or sexual harassment to. Overall the inmates interviewed stated they felt confident verbally reporting an allegation to staff and they felt confident staff would respond appropriately. When asked if the inmates felt the allegation would be kept confidential the inmates were confident staff would maintain confidentiality. The Auditor asked each inmate if they were able to make an allegation without having to give their name. The inmates interviewed understood they could make an allegation anonymously.

The Auditor reviewed 15 investigative records. Investigative records revealed staff are reporting allegations to supervisors. Investigative records include Incident Reports written by staff members who reported and witnessed incidents. The Auditor reviewed investigative records of incidents that were reported by third-party, the general abuse hotline, verbally to staff, by grievance and reported to the PREA Coordinator in writing. The Auditor reviewed documents that staff are accepting verbal reports and submitting Incident Reports of the knowledge or information related to an allegation of sexual abuse and sexual harassment.

Investigative records reveal staff are immediately informing their supervisors and documenting the information. Investigations at the facility are conducted promptly and thoroughly.

At the time of the audit there were no inmates detained solely for civil immigration purposes.

Conclusion:

The facility provides multiple ways for inmates to report allegations of sexual abuse and sexual harassment, including a public office and private entity. The facility requires staff to accept, report, and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies and procedures, PREA Handout, Inmate Handbook, Investigative records, training records, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

The Auditor made a recommendation for the facility to include staff's avenue of privately reporting allegations of sexual abuse and sexual harassment to its training or annual update. This would allow staff to understand the agency's private reporting avenue and allow a more consistent private reporting mechanism of staff.

115.52	Exhaustion of administrative remedies
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 502 358">Auditor Discussion:</p> <p data-bbox="252 369 1460 526">The Pennsylvania Department of Corrections policy states, “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.” Policy requires that grievance be rejected and forwarded to the facility Security Office and the PREA Compliance Manager for tracking and investigation.</p> <p data-bbox="252 582 1428 739">The agency’s grievance policy includes a statement the grievance system is not meant to address incidents or an urgent or emergency nature including allegations of sexual abuse. The policy requires those incidents be reported as notated in the agency’s Prison Rape Elimination Act policy.</p> <p data-bbox="252 795 550 828">Evidence Relied Upon:</p> <p data-bbox="252 840 1133 873">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 3</p> <p data-bbox="252 884 1125 918">Policy – DC-ADM 804 Inmate Grievance System, Section 1 pg. 1-2</p> <p data-bbox="252 929 534 963">Grievance Rejections</p> <p data-bbox="252 974 486 1008">Inmate Handbook</p> <p data-bbox="252 1019 518 1052">Interviews with Staff</p> <p data-bbox="252 1064 558 1097">Interviews with Inmates</p> <p data-bbox="252 1142 518 1176">Analysis/Reasoning:</p> <p data-bbox="252 1187 1428 1344">The Auditor conducted a review of the Inmate Handbook. The Inmate Handbook states, “A grievance regarding an allegation of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual abuse will not be addressed through the Inmate Grievance System and must be addressed through DC-ADM 008, ‘PREA’.”</p> <p data-bbox="252 1400 1484 1769">The Auditor conducted a formal interview with the facility’s Grievance Coordinator. The Grievance Coordinator informed the Auditor any grievance submitted alleging sexual abuse is rejected. The Auditor asked the Grievance Coordinator what she does with the grievance after rejecting it. The Grievance Coordinator stated the PREA Compliance Manager and Investigator are immediately provided a copy of the grievance so an investigation can take place. During interviews with inmates several informed the Auditor they could submit a grievance alleging sexual abuse or sexual harassment. The inmates understood the grievance would be rejected. Those inmates stated they felt confident the allegation would be handled appropriately if submitted on a grievance.</p> <p data-bbox="252 1825 1476 2150">The Auditor reviewed several grievances alleging sexual abuse. Each grievance was rejected and returned to the inmate who filed them. The Auditor reviewed the investigative records to ensure and investigation was conducted. An investigation was conducted for each rejected grievance. The Auditor asked the Grievance Coordinator if she had ever received a grievance alleging imminent sexual abuse. She had not received such a grievance. In the case the Grievance Coordinator receives a grievance alleging an imminent risk of sexual abuse the Grievance Coordinator immediately informs the Security Office and the PREA Compliance Manager.</p>

Conclusion:

The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Inmates are informed the proper ways to submit allegations in the intake handout, comprehensive education and Inmate Handbook. The Auditor determined the facility meets the requirements of this standard as its policy is to reject grievances alleging sexual abuse and sexual harassment and provides other means of reporting such.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The PDOC has a policy to offer and provide inmates with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. The PCM is responsible for ensuring inmate access during business hours. The Shift Commander is responsible for ensuring the support services are offered during “non-working” hours. Policy stipulates supportive services may be provided in person, during a non-monitored phone call, and/or in writing.</p> <p>The agency’s policy requires an inmate be offered the opportunity to talk with a victim advocate upon receipt of an allegation and receive continued care when they have been a victim of a facility sexual abuse, no matter if they reported the facility sexual abuse immediately, were reported abused at another facility or mad a delayed disclosure. Inmates are offered support services provided by a victim advocate during a forensic medical examination at the hospital. Policy requires the PCM inform inmates of the extent to which communications with the support services provider are monitored and the extent to which reports of abuse will be forwarded to authorities prior to giving them access to such services.</p> <p>Policy requires the PCM to arrange for the victim to meet with a victim advocate at the facility or by telephone, if the alleged victim wishes to speak with an advocate. The meeting should occur in a private area with video surveillance and no audio to ensure confidentiality. The facility has not placed a predetermined number of visits an inmate may have with a victim advocate.</p> <p>Agency policy stipulates the agency will maintain a Memoranda of Understanding with a local rape crisis center where all department facilities are located. The PREA Compliance Manager in each facility coordinates victim services related to sexual abuse for his/her facility. The PCM is responsible to work with the Pennsylvania Coalition Against Rape to establish a Memorandum of Understanding.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 15 pg. 1-2 Policy – DC-ADM 008 Attachment 14-F Assurances to Victims of Sexual Abuse Victim Services Inc. Brochure Victim Services Inc. Limitations of Confidentiality Inmate Handbook pg. 9 MOU with Victim Services Inc. PREA Inmate Intake Handout PREA Poster Interview with Staff Interview with Inmates</p> <p>Analysis/Reasoning:</p>

The Auditor reviewed a Letter of Agreement between the State Correctional Institution–Somerset and Victim Services Inc. The most recent agreement was established on February 18, 2015. Victim Services Inc. agrees to provide confidential supportive services to the victim either by telephone, mail, or in person. Victim Services Inc. agrees to accompany a victim during a forensic medical examination at the hospital or other location.

Each inmate victim of sexual abuse is provided the Assurances to Victims of Sexual Abuse notice. The notice informs victims, “The facility shall inform you, prior to giving you access to outside confidential support services, of the extent to which such communication shall be monitored.” The Pennsylvania Coalition Against Rape (PCAR) address and email address is included on the Victims Assurances form. The form also includes the address for the Victim Services Inc. The BCI/PREA Coordinator contact information is included on the form. Each victim is provided the Victim Services Inc. brochure following an incident. Each inmate is escorted to a private area where the victim can meet with an advocate from the Victim Services Inc. Inmates can contact the advocate through mail. Inmates who request to speak to the Victim Services Inc. are escorted to a private area where an unmonitored and unrecorded telephone call can be made.

The Auditor interviewed several inmates who contacted the Victim Services Inc. Each inmate informed the Auditor they met with the victim advocate in a private room. Those inmates have met with an advocate on numerous occasions. This was confirmed during an interview with the victim advocate. The Auditor asked each inmate if a PDOC or other staff member was in the room while they met with the advocate. No staff member was present during any of the meetings. Each inmate stated they were in a room that did not have a camera or audio recording device within.

The Auditor reviewed the agency’s form Attachment 14-F (Responding to Reports of Sexual Abuse). This form is provided to each victim of sexual abuse and is maintained in English and Spanish. The form requires the inmate notate and sign acceptance or denial of the following:

- Medical Examination;
- Mental Health Evaluation; and
- Rape Crisis Services.

Each inmate is provided the limitation on confidentiality prior to meeting with the Victim Services Inc. representative. The inmate is required to sign the written limitations on confidentiality prior to services rendered. The inmate can choose what information, if any, he would allow the representative to share with others. The form includes exceptions for consent to disclose.

The Auditor reviewed the agency’s Inmate Handbook. Each inmate is provided a handbook. The Inmate Handbook includes the address to access free support services. The handbook stipulates the inmate may also contact the facility’s PREA Compliance Manager to access for support services. The PCM informed the Auditor she ensures the inmate is escorted to the private area so the inmate can meet with the victim advocate. The PCM provides the inmate victim with the Attachment 14-F form.

The facility provides each inmate a PREA Inmate Intake Handout upon arrival to the facility.

The handout provides the address for inmates to write the Victim Services Inc. The handout informs inmates to contact the PREA Compliance Manager to arrange for access to the services with the rape crisis center. Each victim at the facility is provided the Victim Services Inc. brochure. The brochure includes the address and telephone number.

The Auditor conducted a formal interview with a facility investigator. The Investigator stated victim advocates can accompany an inmate victim of sexual abuse during the forensics examination and during criminal interviews. An interview with the SANE revealed the hospital contacts the victim advocate. The SANE stated he does allow the victim advocate's presence when requested by the inmate victim. If an inmate requests a victim advocate before being transported to the hospital the Shift Commander will ensure the victim advocate is notified.

The Auditor conducted formal interviews with inmates. Each inmate was asked if the facility provides them with contact information of a community organization that provides emotional support services to sexual abuse victims. Not all inmates interviewed were aware of the community support services. The inmates who stated they were not aware were asked if they have noticed posters on the walls in the living units and other areas in the facility. The inmates had noticed information posted on the walls and stated they have not read them. Those inmates were also asked if they were provided a handout at intake and received an Inmate Handbook. They had been provided each but stated they have not read the information. The facility posts information about the Victim Services Inc. in living units, hallways and other support areas in the facility.

At the time of the audit there were no inmates detained solely for immigration purposes.

Conclusion:

The facility maintains documentation it provides emotional support services for sexual abuse victims through a written agreement with the Victim Services Inc. Rape Crisis Center. Contact information with the organization is provided to each inmate upon booking in the PREA Inmate Intake Handout and the Inmate Handbook. Any inmate who reports victimization is provided the brochure with the Victim Services Inc. address and telephone number. The Auditor reviewed the agency's policies and procedures, Letter of Agreement, PREA Inmate Intake Handout, Inmate Handbook and interviewed staff and inmates to determine the facility meets the requirements of this standard.

115.54	Third-party reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Auditor Discussion:</p> <p>It is the policy of the Pennsylvania Department of Corrections to accept reports of sexual abuse and sexual harassment from uninvolved parties. The agency’s third-party reporting policy allows reports of sexual abuse and sexual harassment be made by families or friends directly to the facility or to the Pennsylvania State Police.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 1, 3-4 PREA Poster Agency Website PDOC Inmate Handbook PREA Inmate Intake Handout Inmate Education Facilitator’s Guide Third Party Reports Investigative Reports Interviews with Staff Interviews with Inmates</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the Pennsylvania Department of Corrections’ website. The website informs the public how to make a report of sexual abuse or sexual harassment. The public is informed they can make a report by writing correspondence in the U.S. mail to: PA State Police, BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110.</p> <p>A review of the Inmate Handbook reveals inmates are informed how third parties may file an allegation of sexual abuse or sexual harassment on behalf of an inmate. During the inmate PREA education inmates are verbally informed how uninvolved parties may file sexual abuse and sexual harassment allegations on their behalf. A review of the Inmate Education Facilitator’s Guide includes instructions for the facilitator to inform, “The third party reporting address will accept anonymous reports and is located on all PREA posters within this facility and on the Inmate Handout provided to you during intake. Third-Party Reports – Have your family call to notify the facility or contract PSP.”</p> <p>The Auditor observed PREA posters throughout the facility. The posters include instructions how third-party allegations of sexual abuse and sexual harassment can be filed on the inmate’s behalf. The poster includes, “Send a written report to the third-party reporting address established with the Pennsylvania State Police (PSP). BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110, Have your family call to notify the facility or contact PSP.” The same instructions are provided to inmates in the PREA Inmate Intake Handout upon booking.</p> <p>PDOC staff is required to accept all reports of sexual abuse and sexual harassment, including verbally, in writing, anonymously and by third-party. The Auditor conducted formal interviews</p>	

with staff and asked if they were required to accept third-party reports of sexual abuse or sexual harassment. Each staff member informed the Auditor they are required to accept all allegations of sexual abuse and sexual harassment. Staff informed the Auditor they accept the report, immediately inform a supervisor, and promptly document the allegation. Each contractor and volunteer interviewed by the Auditor informed they were required to accept and report any and all reports of sexual abuse.

The Auditor conducted formal interviews with inmates. Each inmate was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. During interviews inmates informed the Auditor they could tell a staff member, write a request, or inform someone from the public to make an allegation for them. Inmates were aware they could make a report anonymously. All inmates interviewed were aware of the toll-free Abuse Hotline available for reporting general abuse. Several inmates informed the Auditor they would file an allegation through this avenue. All inmates interviewed understood how to have a third-party make an allegation of sexual abuse or sexual harassment on their behalf. Most inmates informed the Auditor they would tell a staff member to make the allegation. The Auditor observed the abuse hotline number on postings in each living unit. All allegations of sexual abuse and sexual harassment reported through the abuse hotline are forwarded to the facility. Inmates interviewed by the Auditor felt confident they could verbally make an allegation to a staff member and stated they preferred to report an allegation in this manner.

The Auditor reviewed investigative records. Evidence was observed that third-party allegations of sexual abuse and sexual harassment were reported to facility personnel. The staff members who received the allegation reported the allegation to a supervisor or facility investigator. Each staff who received the allegation documented the information on an Incident Report. Each allegation was investigated promptly, to the fullest extent, and staff took immediate actions to ensure the alleged victim was safe from the alleged aggressor. The Auditor observed evidence the BII/PREA Coordinator is forwarding allegations to the facility PREA Compliance Manager.

Investigative records reveal alleged victims of sexual abuse are provided access to free community support services. Each inmate who was alleged to have suffered sexual abuse was provided the Assurances to Victims of Sexual Abuse and Attachment 14-F forms. These forms were maintained in investigative records. Inmates sign their acceptance or denial of such services. Each victim is also provided the Victim Services Inc. brochure following the allegation.

Conclusion:

The Auditor determined the facility accepts all reports, including third-party reports, of sexual abuse and sexual harassment. The public is informed through the facility's website how to make third-party reports on behalf of inmates. The Auditor reviewed the agency's policies and procedures, website, investigative reports and conducted interviews with staff and inmates and determined the facility meets the requirements of this standard.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>All agency staff, contractors and volunteers are required to immediately report any knowledge or suspicion related to the following:</p> <ul style="list-style-type: none"> • 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. <p>Staff is prohibited from revealing any information related to an allegation of sexual abuse to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions. Staff are required to immediately report allegations of sexual abuse and sexual harassment to the Shift Commander/BCC Facility Director/PBPP District Director/Deputy District Director. Policy requires reports be held in strict confidence and shall precipitate the immediate commencement of an investigation.</p> <p>Medical and mental health practitioners at agency facilities are mandatory reporters of sexual abuse and are required to inform inmates of their duty to report and the limitations of confidentiality at the initiation of services. Medical practitioners are required to report allegations of victims under the age of 18 to the designated State or local services agencies under applicable mandatory reporting laws as outlined by the Pennsylvania Department of Human Services.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 1-4 Employee Report of Incident Investigative Reports Interviews with Medical Professionals Interview with Mental Health Professional Interviews with Staff Interviews with Inmates</p> <p>Analysis/Reasoning:</p> <p>In addition to investigative records provided through the Online Audit System prior to the audit, the Auditor requested six investigative records; a total of 15 investigative records were reviewed. The Auditor observed allegations were reported verbally to staff, by a third-party, through the grievance mechanism, abuse hotline and by the BII/PREA Coordinator. Each grievance was rejected and provided to the PREA Compliance Manager and facility Investigator. Allegations submitted to the BII/PREA Coordinator were immediately forwarded to the PCM by the BII/PREA Coordinator. Each investigative record included a written report from a staff member’s knowledge and information related to the allegation. Each verbal allegation was documented in writing by the staff member who received the allegation. The staff member in each case immediately and verbally notified a supervisor of the alleged incident. An</p>

investigation was conducted promptly in each allegation.

The Auditor conducted formal interviews with randomly selected and specifically targeted staff at the SCI-Somerset. Each was asked if they were required to report any and all knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff was required to report the information immediately to a supervisor. The Auditor asked each staff member if they were required to report knowledge, suspicion, or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff interviewed informed the Auditor they were required to immediately report such. Each staff member interviewed stated they were required to promptly document any information, knowledge or suspicion of such on an Incident Report. The Auditor asked each when they would write and submit their report. The Auditor was informed they would write the report as soon as they were finished dealing with the incident. Staff informed they are required to submit all their reports before the end of their shift.

During interviews with staff the Auditor questioned staff to gain an understanding of staff's ability to maintain confidentiality with any reported information obtained related to sexual abuse or sexual harassment. The Auditor asked staff to explain who they report or discuss details of a sexual abuse or sexual harassment allegation with. Staff informed the Auditor they only discuss details with supervisors, medical, and investigators. Staff understood the facility's policy requiring them to discuss information with those who can make treatment, medical, housing, etc. decisions.

The Auditor conducted formal interviews with PDOC and contracted medical and mental health professionals. Each was asked if they were required to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident. Each informed the Auditor they were required to report such. The Auditor asked how they would report the information. Personnel informed they immediately report the information to the Shift Commander (verbally) and submit a report regarding the information. Medical personnel stated they are required to inform inmates of their duty to report and limitations on confidentiality at the initiation of services. Inmates are provided a consent form at the initiation of services.

The Auditor asked each who they report information related to a sexual victimization that occurred in a community setting to. Medical and mental health professionals stated they do not report such information without obtaining written informed consent from the inmate. Medical and mental health practitioners stated there has not been a need to report sexual victimization of an inmate in a community setting to security staff. The Auditor was informed there is a general consent form in which they could fill out when obtaining written consent for reporting such information. Each medical and mental health person interviewed informed the Auditor they are mandatory reporters of sexual abuse that occurs in an institutional setting.

Security, contract and volunteer personnel interviewed by the Auditor are aware of the requirement to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The Auditor conducted an interview with one of the facility's sexual abuse investigators. The Investigator was asked questions regarding third-party and anonymous reports. The Investigator investigates all allegations regardless of how the allegation is received by agency personnel and regardless of how it is reported. The

Investigator stated an investigation is conducted until a determination can be made.

The Auditor conducted interviews with randomly and specifically targeted inmates. Each inmate was asked if they felt confident in staff's ability to maintain confidentiality of an allegation of sexual abuse after learning of a reported incident. An overwhelming majority of the inmates stated they felt confident staff would maintain confidentiality with the information reported to them. Inmates informed the Auditor staff at the facility are respectful and professional to the inmate population.

At the time of the audit there were no youthful inmates housed in the facility. The Auditor reviewed the previous 12 months of population reports and discovered no evidence a youthful inmate was housed during this audit period. The SCI-Somerset does not house youthful inmates who have been certified as adults through the Pennsylvania court system. If the inmate is below the age of 18, he/she will be housed in a Pennsylvania facility designated to house juveniles.

Conclusion:

The Auditor concluded staff, volunteers and contractors are aware of the requirement to report any knowledge, suspicion, or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information. Interviews with medical and mental health practitioners reveal they understand the requirements for reporting sexual abuse which occurred in the community and in a confinement setting. The Auditor reviewed agency policies and procedures, investigative reports, and interviewed staff, contractors, volunteers, medical and mental health practitioners and inmates and determined the facility meets the requirements of this standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy requires facility staff ensure appropriate and immediate action are taken to protect an inmate when learning an inmate is at risk of imminent sexual abuse. The facility screens each inmate for potential vulnerabilities and for tendencies for perpetrating sexual abuse within 24 hours of admission to the agency. Inmates who are discovered at substantial risk of imminent sexual abuse are given a “Z” code in which they may be housed in a living unit with a single cell and referred to a mental health practitioner.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 4 Policy – DC-ADM 008 Prison Rape Elimination Act, Section 1 pg. 4 Initial Response Checklist – Alleged Victim Initial Response Checklist – Alleged Abuser Inmate Cell History Report Investigative Records Interviews with Staff Interviews with Inmates Classification Records Observations</p> <p>Analysis/Reasoning:</p> <p>The facility reported 5 instances in which an inmate was determined to be at a substantial risk of imminent sexual abuse. Those inmates were placed in appropriate housing where they were maintained safely from the risk of sexual abusers. The Auditor reviewed records that included an Initial Response Checklists. Each checklist revealed staff immediately separate an inmate identified at substantial risk of imminent sexual abuse. The Auditor reviewed the Bed Management Reports. The reports revealed the potential victim and potential perpetrator were separated from each other. In each instance, one inmate was moved to another living unit to ensure the inmate at substantial risk of sexual abuse was maintained safely in the facility.</p> <p>The Auditor reviewed investigative records from allegations reported within the previous 12 months. In each case the inmate victim was separated from the alleged abuser and the PREA Investigator was notified. The Investigator completed an investigation of each allegation. None of the allegations required the potential victim in need of emergency medical treatment. None of the potential victims was placed in involuntary Administrative Custody for his protection. The Auditor conducted a formal interview with four inmates who reported an incident of sexual abuse at the facility.</p> <p>The Auditor asked each inmate how quickly staff responded after learning of the sexual abuse. Each informed the Auditor staff responded quickly following the allegation. Each was asked if they were placed in involuntary Administrative Custody for their protection from sexual abuse. One inmate who had been victimized was placed on Suicide Observation for less than</p>

24 hours. The inmate was then returned to his general population housing. The Auditor asked each if he had contact with the potential abuser after staff learned of their sexual abuse allegation. Each informed the Auditor they have been housed separately, do not work or program together and do not have contact with the alleged abuser.

The Auditor participated in a detailed tour of all facility areas. The Auditor observed multiple living units available to ensure an inmate who is at risk of imminent sexual abuse can be housed separately from abusers without having to place the alleged victim in segregated housing against his will. The facility has the option to transfer abusers or victims to another PDOC facility if need be.

Formal interviews were conducted with facility supervisors. Facility supervisors were asked to explain how inmates are protected when learning an inmate is at substantial risk of sexual abuse. The Auditor was informed the potential victim and aggressor will be separated from each other. A decision will be made to move one of the inmates to another living unit while the investigation is pending. The investigator is immediately informed of the alleged incident.

The Auditor conducted formal interviews with Unit Managers. Each was asked how they ensure the protection of an inmate who is at imminent risk of sexual abuse. The Auditor was informed a reassignment of housing would take place. The Auditor asked if any other classification adjustments would be considered. The Auditor was informed programming, work, and educational assignments would be reviewed to ensure the victim will be maintained separately from the abuser. Unit Managers stated they meet with the inmate who alleged an imminent risk of sexual abuse to ensure he is maintained safely in the facility. The Auditor reviewed cell history reports of inmates who made an allegation of sexual abuse. Cell history reports reveal the alleged victims were housed separately from the alleged abuser.

The Auditor conducted formal and informal interviews with both security and non-security staff members. Each was asked what they would do if they were the first person to gain knowledge an inmate was at risk of imminent sexual abuse. Staff informed the Auditor they would ensure the alleged victim remains separate from the likely abuser and verbally notify their supervisor. Non-security personnel stated they would immediately notify a security staff member and stay with the victim to ensure he was safe. Supervisors informed the Auditor they would make sure the victim was separated from the aggressor and inform the facility investigator to ensure an investigation was conducted. All persons interviewed stated they would not leave the victim once learning of the imminent risk of sexual abuse.

Interviews were conducted with randomly selected and specifically targeted inmates. The Auditor asked each if they felt safe in the facility. All inmates informed the Auditor they felt relatively safe in the facility. The Auditor asked each if they felt confident in staff's ability to ensure their protection. An overwhelming majority of inmates informed the Auditor they felt confident in staff's ability to ensure their protection.

Conclusion:

The Auditor concluded the SCI - Somerset takes immediate and appropriate actions to ensure the protection of inmates who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed facility policy and procedures, classification records, response checklists, made observations and conducted interviews with staff and inmates to determine

the facility meets the requirements of this standard.

115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>Agency policy requires the Facility Manager to notify the head of the facility or appropriate office of the agency where an alleged sexual abuse occurred upon receiving an allegation that an inmate was sexually abused while confined at another facility. These notifications are forwarded via email, with a copy to CR, DOC PREA Reports and the PCM, to the affected head of the facility or appropriate office of the agency where the alleged abuse occurred and documented on the Notification of Sexual Abuse Allegation to Another Facility form. Policy dictates the notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Unit Head is required to document the notification.</p> <p>When the facility receiving an allegation that an inmate was sexually abused in a department facility can confirm that the allegation has been previously reported, entered into the PREA Tracking System (PTS) and investigated; such notification is not required. The facility receiving the allegation shall document the PTS incident number on the Notification of Sexual Abuse Allegation to Another Facility. A notification is required for all allegations that are not documented in the PTS.</p> <p>The agency's policy requires both facility PREA Compliance Managers coordinate to ensure the following occur:</p> <ul style="list-style-type: none"> • The facility housing the alleged victim completes applicable first responder duties and checklists; • The department facility where the alleged incident occurred conducts the investigation; • When an alleged victim reports an incident occurring in a department facility that is no longer in operation; it shall be the responsibility of the facility holding the inmate to complete the investigation based upon available information; • A thorough and expedient investigative process follows; and • The inmate receives information regarding the investigative outcome in a confidential and timely manner. <p>The SCI-Somerset reported there were 8 allegations made that an inmate was abused while confined at another facility. The SCI - Somerset reported receiving 6 allegations from another facility.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 5-6 Notification of Sexual Abuse Allegation to Another Facility form Emails to/from Other Facilities Investigative Files Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The SCI - Somerset reported receiving 8 notifications from inmates that alleged being sexually</p>

abused while incarcerated at another facility in the past 12 months. The Auditor reviewed each notification sent by the SCI – Somerset to other facilities. In each case reviewed by the Auditor there was an email and a Notification of Sexual Abuse Allegation to Another Facility form completed. The form is emailed, along with a summary of the allegation made by the inmate. The email was sent to the Superintendent of the other facilities. In each case the SCI – Somerset PREA Compliance Manager offered the alleged victims the Assurances to Victims. Each was offered to meet with a mental health professional and offered to contact the Victim Services Inc. None of the allegations required the alleged victim be sent for a forensic examination. The SCI – Somerset notified each facility within 72 hours of receiving the allegation.

In the past 12 months the facility has received 6 notifications of sexual abuse from other facilities. Each notification was sent to the SCI – Somerset Superintendent by email. There was a Notification of Sexual Abuse Allegation to Another Facility form attached to each email notification. The facility head received the notification from the other facility and ensured an investigation was conducted in each allegation.

The Auditor conducted an interview with the SCI-Somerset Superintendent. The Superintendent is aware of his requirement to report allegations of sexual abuse to other confinement facilities within 72 hours after receiving the allegation. Notifications to other agencies are performed through email. The Superintendent stated he will also place a telephone call to the other facility so the facility can immediately notify their investigator. The Superintendent forwards the Notification of Sexual Abuse Allegation to Another Facility form to the Superintendent of the other facility. The Superintendent ensures all allegations received from other facilities are reported to the Investigator and fully investigated.

The Auditor conducted formal interviews with facility staff and contract personnel. Each person interviewed stated they are required to immediately report and document any and all knowledge, suspicion and information regarding sexual abuse and sexual harassment. The Auditor asked each how quickly they are required to report and was informed “immediately.”

Conclusion:

The Superintendent fully understand the requirement to report allegations to other confinement facilities and to ensure allegations received are investigated. Staff members at the SCI – Somerset facility understand the agency’s requirement to immediately report allegations of sexual abuse and sexual harassment so allegations can be investigated. The Auditor reviewed the agency’s policies and procedures, investigative records, completed notifications and interviewed staff and determined the facility meets the requirements of this standard.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections maintains a policy that requires the first security staff member to respond to an alleged sexual abuse perform the following steps:</p> <ul style="list-style-type: none"> • Notify the Shift Commander • Immediately separate the alleged victim and abuser during the initial response. The necessity for continued or permanent separation from any individual must be supported by investigatory facts; • Secure any reported crime scene until appropriate steps can be taken to collect evidence; and • If the abuse occurred within the last 96 hours that still allows for the collection of physical evidence, request the alleged victim and ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>Agency policy requires a non-security first responder to immediately notify the Shift Commander. Non-security first responders shall request the alleged victim not take actions that could destroy physical evidence.</p> <p>The Shift Commander is required by policy to ensure the alleged victim is immediately escorted to the medical department, if the alleged sexual abuse involved physical contact.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 2 SCI – Somerset Coordinated Response Plan Shift Commander Checklist Initial Response Checklist – Alleged Victim Initial Response Checklist – Alleged Abuser Initial Response Checklist – Alleged Victim of Non-Contact Abuse Initial Response Pocket Card – Medical Staff Initial Response Pocket Card – Staff Employee Reports of Incidents Investigative Reports Interviews with Security First Responders Interviews with Non-Security First Responders</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted interviews with security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. First Responders stated they would maintain separation of the victim and abuser and immediately notify the Shift Commander. Security staff stated they would request the victim and ensure the abuser not shower, use the restroom, change clothes, brush their teeth, eat or drink and not take any other actions that may destroy evidence. When</p>

asked what happens with the crime scene the Auditor was informed the staff would ensure the crime scene was secured and only the PSP investigator would be allowed to enter to process evidence.

The facility has a coordinated response plan that outlines first responder duties following an incident of sexual abuse. The plan specifies actions taken by a security and non-security staff member. The first responder duties in the coordinated response plan align with the bulleted step included in the "Auditor Discussion" portion of this report. The plan directs non-security staff to immediately notify the Shift Commander.

Non-security first responders informed the Auditor they would immediately inform a security member and ask the victim not to take actions that would destroy physical evidence. When asked what actions destroy physical evidence, non-security staff members stated brushing teeth, using the restroom, changing clothing, showering, smoking, drinking and eating. The Auditor asked if non-security first responders would allow the inmate to leave the area. They informed the Auditor they would ensure the inmate remained in their presence until security staff arrived.

The facility reported 49 allegations of sexual abuse were received in the previous 12 months. There were 9 instances in which the first person to learn of the allegation was a non-security staff member and 40 where a security staff member learned of the allegation. The non-security staff members immediately informed security personnel following the allegation made by the inmate. Of the 49 allegations made, there was one instance in which the allegation was made within a time frame that allowed for the collection of forensic evidence. Staff took appropriate actions by separating the inmate and notifying a supervisor. The alleged victim and abuser were maintained separately following the allegation. Prior to the Audit the facility experienced two more allegations that required a victim be sent to the hospital for forensic examinations.

The Auditor interviewed one staff member who was the first responder to a recent incident. The staff member observed the incident while conducting the facility count. He immediately notified the Shift Commander on the radio and removed the alleged abuser from the cell. Staff responders removed the abuser from the housing unit. Medical personnel responded to the incident. Once medical personnel finished preparing the inmate for removal from the cell the cell was secured. The cell remained secured until the Investigator removed physical evidence. The inmate was transported to the Somerset Hospital for forensic examination. The first responder completed an Incident Report regarding his involvement and knowledge of the incident. The Auditor reviewed the checklists completed by the Shift Commander. All response efforts were performed in accordance with the facility's Coordinated Response Plan.

Each staff member interviewed was asked how they ensure the protection of evidence of a crime scene. The Auditor was informed the cell would be secured if the incident happened in a cell. The Auditor asked how staff would secure a scene in the dayroom. Staff stated they would lock the unit down and tape off the area in the dayroom. The population would remain on lockdown until the investigator was able to process the crime scene. Staff informed the Auditor a logbook will be maintained to ensure each person who entered the crime scene and any removal of items would be included in the logbook.

During random interviews with staff, the Auditor questioned security staff members who would act as a first responder following an incident of sexual abuse. Each security staff member was knowledgeable regarding their first responder duties. None of the staff questioned had responded to an incident of sexual abuse within the facility that required first responder duties. The Auditor interviewed supervisors who would report to an incident of sexual abuse within the facility. Supervisors were aware of their responsibilities following an incident of sexual abuse. Supervisor informed their required actions are documented on the Initial Response Checklist.

The Auditor asked supervisory and subordinate staff to explain who would be allowed in a crime scene following an alleged sexual abuse. Staff stated the PSP investigator would be the only person allowed in a crime scene to process physical evidence. Supervisors were asked to explain their response following an alleged sexual abuse. The Auditor was informed they would ensure the alleged victim and alleged abuser were immediately removed from the crime scene and maintained separately in the facility. Supervisors stated they would send the victim to the medical area for immediate medical treatment. Supervisors stated they would then immediately inform the facility Sexual Abuse Investigator. Supervisors were asked if they would ensure the abuser received medical attention if needed and informed the Auditor “yes.”

Medical personnel at the facility have received specialized training to preserve physical evidence while treating victims of sexual abuse. Medical personnel informed they would first ensure a victim’s immediate medical needs are met. Medical personnel stated they would request the victim not use the restroom, shower, or take any other actions which could destroy evidence. Nursing staff explained how they attempt to preserve evidence while treating a sexual abuse victim. Medical staff informed they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. The Auditor was informed forensic examinations are not conducted at the facility; they occur at the Somerset Hospital. The Auditor was informed the facility maintains a kit that is utilized by medical personnel when treating medical emergencies related to sexual abuse. The kit is utilized to ensure the preservation of DNA evidence.

The agency utilizes checklists to ensure appropriate responses of staff are followed. The agency has developed the following checklists:

- Shift Commander Checklist
- Initial Response Checklist – Alleged Victim
- Initial Response Checklist – Alleged Abuser
- Initial Response Checklist – Alleged Victim of Non-Contact Abuse

A review of the checklists used at the facility include initial response efforts, notifications, follow up actions, first responder duties, medical attention, mental health referrals, securing of crime scene, evidence collection, transportation for forensic evidence collection, and housing decisions. The Shift Commander’s Checklist ensures all response efforts in accordance with the facility’s Coordinated Response Plan are performed.

Conclusion:

The Auditor determined both security and non-security staff are knowledgeable in their duties as first responders of sexual abuse. The Auditor reviewed agency policies and procedures, investigative records and conducted interviews with security and non-security staff to

determine the facility meets the requirements of this standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency’s policy requires each facility to develop a written 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. The plan may be in the form of a local facility policy or documented facility specific plan.</p> <p>The facility utilizes the agency’s specifically developed checklists to supplement the agency’s coordinated response plan. The checklist requires staff to ensure actions in the coordinated response plan are followed.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 1 SCI – Somerset Coordinated Response Plan Response Checklists Pocket Response Cards Investigative Records Staff Interviews</p> <p>Analysis/Reasoning:</p> <p>The State Correctional Institution – Somerset has developed a local written Coordinated Response Plan. The local plan includes specific actions required by first responders, supervisors and medical/mental health practitioners. The local plan is supplemented with agency policy attachments. The attachments include the following:</p> <ul style="list-style-type: none"> • Shift Commander Checklist • Initial Response Checklist – Alleged Victim • Initial Response Checklist – Alleged Abuser • Initial Response Checklist – Alleged Victim of Non-Contact Abuse • Instructions for PREA Evidence Retention <p>Coordinated response efforts of facility leadership and investigators are included on the response checklists and within the local plan. The facility includes first responder duties in its post orders to security personnel.</p> <p>Each employee at the facility is issued a Pocket Response Card. Cards issued to security members include first responder duties as required by this standard. These cards include supervisory actions following an incident of sexual abuse. The facility issues pocket cards to medical personnel. These cards inform medical what actions to take following an incident that is reported within 96 hours and actions to take if the allegation is reported beyond 96 hours. Staff are required to maintain their pocket cards in their possession while at work. During interviews with medical and security personnel the Auditor observed numerous staff utilize their pocket cards to answer the Auditors questions.</p>

The Auditor reviewed 15 investigative records of allegations made at the SCI - Somerset. A review of investigative records show staff followed the actions outlined in the coordinated response plan and in response checklists. Each investigative report included the completed checklists.

During interviews with specialized staff members the Auditor asked first responders, medical and mental health practitioners, investigator, and leadership questions regarding their duties in response to an alleged sexual abuse incident. Each specialized staff member interviewed by the Auditor was knowledgeable regarding facility requirements as stipulated in the coordinated response plan. The auditor determined through interviews the facility has prepared its staff and ensures appropriate actions are taken in response to an alleged sexual abuse incident.

Conclusion:

The Auditor determined the facility maintains an appropriate institutional plan that coordinates the actions of personnel following an incident of sexual abuse. Based on a review of the agency's policies, procedures, coordinated response plan and interviews with staff, the Auditor determined the facility meets the requirements of this standard.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections has not entered into any agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Evidence Relied Upon:</p> <p>Policy – 4.1.1 Human Resources and Labor Relations, Section 5 pg. 1-3 Memorandum from Secretary of Corrections Pennsylvania Doctors Alliance Agreement American Federation of State, County and Municipal Employees Agreement Correctional Institution Vocational Education Association, Pennsylvania State Education Association, National Education Association Agreement Federation of State Cultural and Educational Professionals Agreement Pennsylvania State Corrections Officers Association Agreement OPEIU Healthcare Pennsylvania Memorandum of Understanding SEIU Agreement Service Employees International Union Healthcare Pennsylvania, CTW, CLC Agreement Investigative Records Staff Interviews Inmate Interviews</p> <p>Analysis/Reasoning:</p> <p>The agency’s policy allows the suspension of an employee pending an investigation when it can demonstrate the “nature of the allegations” are such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offense(s).</p> <p>The agency can suspend exempt employees for less than a full workweek for violations of written workplace policies applicable to all employees. This applies to generally applicable written work rules that prohibit serious workplace misconduct, which includes, but is not limited to sexual abuse and sexual harassment.</p> <p>The agency’s policy regarding immediate suspensions and removal from the workplace are as follows:</p> <ul style="list-style-type: none"> • The employee must be provided a brief and informal hearing prior to being suspended pending an investigation. • Following the meeting the Superintendent/designee consults with the Regional Deputy Secretary to decide on whether to suspend the employee pending an investigation. • H-1 employees must be given 24 hours advance written notice of the informal hearing. <p>When an inmate allegation falls under the purview of the Prison Rape Elimination Act the</p>

Commonwealth has no requirement to provide 24 hours advance written notification of inmate or patient charges.

The Pennsylvania Department of Corrections operates under eight (8) different unions. The Auditor reviewed all 8 contracts. None of the collective bargaining agreements contain language that limit the agency's ability to remove an alleged staff abuser from contact with an alleged victim pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

The Auditor conducted interviews with command staff. Each was asked of the procedures following an alleged sexual abuse against a staff member. Command staff stated the inmate is protected from contact with the staff member pending the outcome of the investigation.

The Auditor conducted an interview with the Superintendent. The Superintendent was asked if an employee has been disciplined after a substantiated allegation of sexual abuse. The Superintendent informed the Auditor the facility has not had to discipline or terminate an employee for such during this audit period. The Auditor questioned the facility's Investigator. The Investigator informed the Auditor he had not had a case in which a staff member has been found to have committed sexual abuse against an inmate. The Auditor was informed the facility ensures a staff member is separated from an inmate following an allegation of sexual abuse and pending the results of the investigation. The Superintendent can immediately suspend a staff member for violation of the agency's sexual abuse policies.

The Auditor interviewed two inmates who submitted an allegation against a staff member. The Auditor asked the inmate if they were informed of the investigative results. Both inmates informed the Auditor their allegations were unsubstantiated. When asked if they have and contact with the staff member after making the allegation the Auditor was informed, they do not have contact with the staff member. One inmate stated he has seen the staff member walking around the facility but there has been no interaction between the two. The Auditor interviewed an inmate who submitted an allegation that was unfounded by the Investigator.

The Auditor interviewed a victim from a recent sexual abuse allegation that required the inmate be transported to the Somerset Hospital for a forensic examination. This was an inmate-on-inmate allegation of sexual abuse. The Auditor asked the alleged victim if he has had contact with the alleged abuser since making the allegation. The inmate informed the Auditor he has not seen the alleged abuser since the incident occurred.

Conclusion:

The Auditor determined the agency does not limit its ability to remove alleged staff abusers from alleged inmate victims following an allegation of sexual abuse. After a review of agency policies, procedures, collective bargaining agreements, investigative records and interviewing staff the Auditor determined the agency meets the requirements of this standard.

115.67	Agency protection against retaliation
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1474 528">The PDOC has a policy to ensure the protection of inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff or inmates. The agency requires the following protection methods in its policy:</p> <ul data-bbox="252 584 1445 871" style="list-style-type: none"> • Housing changes; • Transfers for inmate victims or abusers; • Removal of alleged staff or inmate abusers from contact with victims; • Constant video surveillance with audio recording (when supported by investigatory facts); and • In addition, the facility makes available emotional support services for inmates or staff who fear retaliation. <p data-bbox="252 927 1481 1346">The designated monitor is required to monitor the conduct and treatment of inmates or staff who reported an allegation of sexual abuse or sexual harassment and of inmates who suffered sexual abuse or sexual harassment for at least 90 days. The monitor is required to determine if there are changes that may suggest possible retaliation by inmates or staff and to act promptly to remedy any such retaliation. The retaliation monitor is required to continue monitoring beyond the 90-day period in the event initial monitoring indicates a continuing need or is requested by the alleged victim when there is evidence of retaliation. Facilities are required to continue monitoring for retaliation upon inter-facility transfers. The PCM is responsible for forwarding the Department Retaliation Monitoring Form to the receiving facility's PCM or designee. The agency requires facilities monitor the following:</p> <ul data-bbox="252 1402 735 1603" style="list-style-type: none"> • Disciplinary reports; • Housing reports; • Program changes; • Negative performance reviews; and • Reassignments of staff. <p data-bbox="252 1659 1453 1816">The agency places no obligation for staff to monitor retaliation if the investigation determines an allegation is unfounded or if the inmate is released from custody. The PDOC requires the department take appropriate measures to protect any other individual against retaliation if such individual expresses a fear of retaliation for cooperating with investigators.</p> <p data-bbox="252 1872 1449 1939">The agency's policy requires investigators perform the following when investigating potential acts of retaliation:</p> <ul data-bbox="252 1995 1437 2152" style="list-style-type: none"> • Review supporting documentation or reported evidence of retaliation; • Review and copy all housing unit logbooks, medical documentation, work-related reports, misconduct reports, inmate grievances, and other pertinent documentation as applicable to the potential retaliation;

- Review all available and applicable video footage and save the video footage to a media storage device to submit with the investigative report.
- Review applicable intelligence sources, such as, but not limited to; phone calls, mail monitoring, Inmate Cumulative Adjustment Records;
- Interview the inmate or staff complainant(s) and obtain a written statement following the interview;
- Determine whether the alleged retaliation is substantiated, unsubstantiated, or unfounded, and
- When retaliation is substantiated, notify the PREA Compliance Manager.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 13 pg. 1-2

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 6-7

PCM Monthly Report

Retaliation Monitoring Forms

Investigative Reports

Interview with Retaliation Monitors

Interviews with Inmates

Analysis/Reasoning:

The agency's policy includes the requirements of PREA standard 115.66 to ensure inmates and staff are protected from retaliation by staff or other inmates. The SCI-Somerset has designated counselors, Unit Psychologists, PREA Compliance Manager and the Deputy Superintendent for Centralized Services responsible for monitoring retaliation against an inmate or staff. The situation dictates which staff member monitors for retaliation.

The Auditor reviewed the retaliation monitoring forms of 15 inmates who alleged sexual abuse. Each inmate was monitored for a period of 90 days or currently being monitored. None of the inmates required monitoring beyond the 90-day period. The Auditor observed evidence the Retaliation Monitors are following the agency's policy regarding retaliation monitoring. There were no inmates who required monitoring beyond the 90-day period during the previous 12 months. Each staff member who monitored for retaliation was in a position as designated by the policy.

The facility conducts monitoring of every inmate who alleges sexual abuse, sexual harassment or retaliation regardless if the inmate expresses a fear of retaliation or not. The agency requires all inmates who were alleged as victims of sexual abuse or sexual harassment are monitored for 90 days following notification of the abuse or harassment. When an inmate is transferred to another facility the monitoring of that inmate continues at the inmate's new facility. The monitoring data is shared between facilities.

The Retaliation Monitoring Form includes the reported incident date and inmate's data. The form requires the start date and end date of the monitoring period. The Retaliation Monitoring Form requires the staff member meet with the inmate at the following designated times:

- within 96 hours;
- 15 days;
- 30 days;

- 60 days; and
- 90 days.

The following information is included on the form:

- Meeting conducted with subject to discuss any concerns or observations;
- Review disciplinary reports, infractions, evaluations, programming;
- Housing reassignments or staff work reassignments; and
- Reported or observed negative interactions with staff or inmates.

The form requires the staff member to document if monitoring is continued beyond 90 days. There is a statement on the form that, "Monitoring of the above subject areas must continue for the full 90 days, even when an inmate refuses to meet with staff for scheduled monitoring contacts. Efforts must be documented."

The Auditor conducted a formal interview with two staff members responsible for monitoring retaliation. The Auditor asked both staff members to explain what they review when performing monitoring duties. The Auditor was informed they review disciplinary charges, Incident Reports, classification actions, evaluations, and shift assignments. Documents reviewed by the monitors are reviewed electronically and in written form. The Auditor asked each monitor to discuss the review process if an inmate alleges retaliation by a staff member. The Auditor was informed the monitors review shift and post assignments, disciplinary actions, grievances, and employee evaluations. Monitors are required to meet with inmates and supervisors. The monitor will discuss possible reassignments of staff if needed.

The Auditor asked each Retaliation Monitor what the maximum amount of time they monitor for acts of retaliation. Each informed the Auditor the agency does not designate a maximum amount of monitoring time but does require they monitor for a minimum of 90 days. Monitoring of an inmate or staff member continues until the threat of retaliation no longer exists or the inmate or staff member is no longer at the facility. The Auditor asked each monitor to explain what actions they take to ensure inmates are protected if they discover an inmate is being retaliated against. The monitors explained they recommend housing adjustments, programming assignment changes, education adjustments, and place disciplinary charges against the person who is retaliating against the inmate. Monitors ensure other support mechanisms are offered to the inmate and/or make referrals for support services. In the event an inmate cannot be protected at the facility monitors may recommend a transfer to another PDOC facility. The Auditor asked if there was an inmate currently being monitored for retaliation. The Auditor was informed there were inmates currently being monitored for retaliation.

The Auditor conducted formal interviews with inmates who reported an allegation of sexual abuse or sexual harassment. No inmate interviewed by the Auditor stated they felt retaliated against after making the allegation. The Auditor asked each inmate if they meet with staff since their allegation was made or reported. Each stated they meet with a staff member periodically. These meetings are conducted by a staff member who is assigned to monitor for acts of retaliation. The facility monitors each inmate who makes an allegation for acts of retaliation.

The PREA Compliance Manager completes a monthly report. The monthly report includes all inmates being monitored for retaliation. The report includes the start date, end date and most recent date of meeting. All inmates are tracked for retaliation monitoring.

The SCI - Somerset reported 1 incident of retaliation against an inmate during this audit period. The facility did not substantiate actual retaliation but identified the inmate's severe concerns for retaliation. The committee met and recommended a transfer to another facility. The inmate was transferred from the SCI – Somerset.

There were no instances in the previous 12 months that required retaliation monitoring beyond 90 days.

Conclusion:

The SCI - Somerset has designated specific staff responsible for monitoring acts of retaliation against inmates and staff as required by this standard. The staff members responsible for monitoring for retaliation were well educated in their responsibilities of such. The Auditor reviewed the agency's policies and procedures, investigative reports, monitoring forms and conducted formal interviews with staff and inmates and determined the facility meets the requirements of this standard.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections maintains policies that require the protection of an inmate who is alleged to have suffered sexual abuse. The policy requires the use of segregated housing be subjected to the requirements of PREA standard 115.43.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 802 Administrative Custody, Section 1 pg. 1-2 Policy – DC-ADM 802 Administrative Custody, Section 2 pg. 1,4 Policy – DC-ADM 802 Administrative Custody, Section 3 pg. 1-2 Policy – DC-ADM 008 Prison Rape Elimination Act, Section 5 pg. 1 Interview with Segregated Housing Unit Staff Interview with Inmates Classification Records Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency’s policy regarding the use of segregation housing to protect inmates who have been identified at high risk of sexual victimization. The agency’s policy states inmates identified as high risk of sexual victimization will not be placed involuntarily in Administrative Custody as a means of protection unless an assessment of available alternatives has been made by Psychology and security staff in conjunction with the Facility Manager/designee, and it has been determined that there are no other available alternative means of separation from likely abusers. The agency’s policy allows the inmate to be placed in Administrative Custody for protection for no more than 24 hours before completing the assessment if the assessment cannot be completed immediately.</p> <p>Agency policy requires the facility to clearly document the basis for the staff member’s concern for the inmate’s safety. Facility staff must document the other alternative means of separation that were explored and the reason why no alternative means of separation can be arranged. The agency allows involuntary assignment to Administrative Custody only until alternative means of separation can be arranged; not to ordinarily exceed a period of 30 days.</p> <p>Agency policy stipulates if the Shift Commander places an inmate in involuntary Administrative Custody 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. The facility is required to document when it restricts access to opportunities. Policy requires the following be documented:</p> <ul style="list-style-type: none"> • The opportunities that have been limited; • The duration of the limitation; and • The reason for limitations. <p>The Program Review Committee (PRC) is required to conduct a review at least every 30 days</p>

of an inmate's placement in involuntary Administrative Custody to determine whether there is a continued need for separation from general population. This review is documented on the DC-141 Other Report form.

The Auditor conducted formal and informal interviews with staff who supervise inmates in segregation housing. The Auditor asked if they have supervised an inmate who has been placed in segregation housing after allegedly suffering sexual abuse for their protection. Each informed the Auditor they had not supervised an inmate in the segregated housing area strictly for protection from sexual abuse. Staff were asked if inmates in segregation housing have access to programs, education, work and other privileges, when possible. The Auditor was informed all inmates in segregated housing have access to such, if no security concerns exist.

The Auditor conducted a formal interview with a Lieutenant that supervises the segregated housing area. The supervisor informed inmates have access to privileges, work, education and program to the extent security concern allow. The Auditor was informed no inmate has been placed in segregated housing for his protection from sexual abuse against his will.

The Auditor discussed the use of segregation housing with the Unit Manager. The Auditor asked if a review would be conducted of an inmate placed in segregation for protection after suffering an incident of sexual abuse. The Auditor was informed an immediate review is conducted and a review is conducted by the PRC at least every 30 days. The Auditor asked if inmates placed in segregated housing are removed from programming, education or work status as a result of being placed in segregation housing. The Auditor was informed inmates can still participate in programs, education, and work while being housed in segregation for protection as a sexual abuse victim. Any restrictions would be documented.

Staff informed the Auditor there are multiple housing options available to ensure those needing protection from abusers are not automatically placed in segregated housing. Unit Managers and supervisors explore other alternatives prior to placing an inmate in segregated housing. Placements in segregated housing for protection from sexual abuse are used as a last resort. The Superintendent can transfer the abuser or victim to another PDOC facility if need be; Unit Managers can make the recommendation to the Superintendent. The Auditor asked if there were any inmates placed in segregation for protection as a sexual abuse victim in the last 12 months. The facility reported there were no inmates placed in segregation for protection from sexual abuse.

The Auditor participated in a detailed tour of the facility, including segregation housing. The facility has options to house inmate victims for protection from sexual abuse in different general population housing areas. A review of segregation records revealed there were no inmates housed in segregation for protection as a sexual abuse victim at the time of the audit.

The Auditor conducted interviews with inmates who reported allegations of sexual abuse. One inmate stated he was placed in segregation following his allegation. A review of records revealed the inmate was not placed in segregation to protect him from sexual abuse he was placed on suicide observation. The inmate was on Suicide Observation Status less than 24 hours and returned to general population housing. The inmate has been separated from the alleged abuser. The alleged abuser was placed in the Restricted Housing Unit. The inmate

informed the Auditor he has had no contact with the alleged abuser since the alleged incident. None of the other inmates interviewed reported they were placed in segregation against their will to ensure they were protected from sexual abuse. The Auditor reviewed the classification records of those inmates. None of the inmates were placed in Administrative Custody for protection from sexual abuse after alleging an incident of sexual abuse.

Conclusion:

The agency's policy includes the elements of PREA standard 115.43 to ensure sexual abuse victims receive privileges, programming, education, and work opportunities if a victim is placed in Administrative Custody for protection from sexual abuse. After a thorough review of the agency's policies and procedures, classification records, making observations, and interviewing staff and inmates the Auditor determined the facility meets the requirements of this standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>Sexual Abuse Investigators at the SCI-Somerset conduct administrative investigations only. The Pennsylvania State Policy investigate criminal allegations of sexual abuse and sexual harassment. The policy stipulates every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved party and anonymous reports shall be investigated promptly, thoroughly, and objectively. The PDOC requires the department use investigators who have received specialized training in sexual abuse investigations pursuant to PREA Standard 115.34. The policy requires at a minimum, investigators complete the following:</p> <ul style="list-style-type: none"> • Investigations into allegations occurring in the distant past and made by anonymous report shall be conducted comprehensively, objectively, and timely with documented efforts equal to similar efforts vested in current allegations made by known parties; • Interview the inmate complainant(s) and obtain an Inmate Written Statement of Sexual Abuse/Harassment following the interview; • Interview all inmate and staff witnesses and obtain an Inmate Written Statement of Sexual Abuse/Harassment or Staff Written Statement of Sexual Abuse/Harassment from the inmate(s) or staff following the interview; • When appropriate, interview all alleged abusers and obtain written statements utilizing the designated form for inmate(s) or staff; • Review all available video footage and save the video footage to a medial storage device to submit with the investigative report; • Review applicable intelligence sources which may provide insight into the veracity of the allegation, such as, but not limited to: phone calls, mail monitoring, Inmate Cumulative Adjustment Records; • Review and copy corroborating evidence, including but not limited to: all housing unit logbooks, medical documentation, work-related reports, misconduct reports, inmate grievances, electronic door reports, and other pertinent documentation specific to the allegation of sexual abuse and include the documentation in the investigative report; • Review PREA Tracking System entries for the alleged abuser to determine if potential patterns exist; and • Make an effort to determine whether staff actions or failures to act contributed to the abuse, specifically as it applies to administrative investigations. <p>Investigators at the facility may only conduct compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Investigators are required by policy to assess the credibility of an alleged victim, suspect, or witness on an individual bases and may not determine credibility on the person's status as an inmate or staff member. Policy prohibits requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.</p> <p>Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings.</p>

Policy requires criminal investigations conducted by the PSP be documented in a written report that contains a thorough description of physical, testimonial, and legal documents and attach copies of all documentary evidence where feasible.

The Security Office is required to refer all allegations of potentially identified criminal behavior to the Bureau of Investigations and Intelligence or Pennsylvania State Police for prosecution. Investigators are required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus an additional 5 years. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment.

Facility personnel are required by agency policy to cooperate with criminal investigative personnel to endeavor to remain informed about the progress of a sexual abuse investigation.

At the time of the audit there were 27 facility staff who had received specialized training to conduct sexual abuse investigations in confinement facilities.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 4

Investigator Training Records

Interview with Sexual Abuse Investigator

Investigative Records

Observations

Analysis/Reasoning:

The Auditor conducted a formal interview with the facility's Sexual Abuse Investigator. The Investigator discussed the procedure he utilizes when conducting investigations. The Investigator starts his process with a review of information concerning the alleged victim and abuser. He conducts interviews the victim, perpetrator and any witnesses, including staff witnesses. The Auditor asked what the Investigator is looking for when he reviews information. The Investigator explained he reviews criminal history, disciplinary history, looks for any current or past grievances, and any Incident Reports submitted regarding the victim, abuser, and witnesses. The Investigator explained he reviews any video monitoring when available and attempts to determine the credibility of the victim, abuser and witnesses.

The Auditor asked the Investigator if he attempts to discover if staff actions or failures to act contributed to an alleged incident. The Investigator stated he does attempt to discover if staff actions or lack thereof contributed to the incident. He reviews staff security rounds and video footage to assist in making the determination. The Auditor asked the Investigator to explain the types of evidence he attempts to gather during his investigation process. The Investigator explained he gathers video footage, Incident Reports, Inmate Request Forms, grievances, telephone recordings, staff logs, testimonies, shift logbooks and any other relevant documents and items which could be considered evidence to support his determination. The Investigator explained he begins his investigation efforts as soon as he receives an allegation.

The Auditor observed the office where the facility's investigative files are maintained. The office has a lock and files are maintained in a locking cabinet. Electronic files are maintained

on the Investigator's computer. The Investigator has a unique username and password to access investigative files. The Investigator explained all investigative files are maintained for a minimum of 5 years after the abuser has been released or a staff abuser is no longer employed with the PDOC. The Auditor asked the SCI-Somerset Sexual Abuse Investigator if he requires inmates to submit to a polygraph examination at any time during his investigation. He explained the facility does not polygraph inmates who make an allegation of sexual abuse.

The Auditor asked the Sexual Abuse Investigator if he conducts investigations of allegations that are reported anonymously. The Investigator has conducted such investigations. He explained he conducts the investigation utilizing the same process as any other investigation. He attempts gather as much information as possible using his various resources. The Investigator informed the Auditor he continues until a final determination can be made. The Auditor asked if the Investigation stops if the inmate is released or staff member terminates employment. The Investigator stated he does not halt an investigation in either circumstance.

The Auditor asked the Investigator to explain the investigative process when an outside agency conducts investigations in the facility. The Investigator explained the Pennsylvania State Police Investigator conducts criminal investigations in the facility. The SCI – Somerset Investigator explained he cooperates with the PSP Investigator. The Auditor asked the Investigator how the relationship with the Pennsylvania State Police is. The Investigator stated he has a good working relationship with the PSP. He regularly communicates with them regarding allegations in the facility. The PSP Investigator responds to every allegation forwarded from the SCI – Investigator.

Sexual harassment investigations can be conducted by the Shift Commander. Of the investigative reports reviewed by the Auditor each allegation of sexual harassment was investigated by the facility's Sexual Abuse Investigator. The Investigator explained sexual harassment investigations may be preliminarily conducted by a Shift Commander but are ultimately turned over to him for investigation in most cases.

The Auditor reviewed 15 investigative records from the previous 12 months. The files reviewed included 3 sexual harassment and 11 sexual abuse allegations. One of the fifteen included an allegation of sexual abuse and sexual harassment. There were 5 allegations of inmate-on-inmate sexual abuse, 6 allegations of staff-on-inmate sexual abuse, 1 allegation of inmate-on-inmate sexual harassment, 2 allegations of staff-on-inmate sexual harassment and 1 allegation of inmate-on-inmate sexual harassment and sexual abuse. A facility trained Sexual Abuse Investigator conducted each investigation. The Auditor observed investigative reports include physical and circumstantial evidence and documented interviews with alleged victims, perpetrators and witnesses. Investigative reports include any review of video monitoring and efforts to reveal if staff actions or lack thereof, contributed to an incident of sexual abuse or sexual harassment. The Auditor determined each investigation was conducted objectively and thoroughly. The Auditor asked the Investigator to explain how he determines credibility. The Investigator explained through reviewing institutional history, previous information provided and inmate statements during interviews. The Auditor did not observe the reason behind credibility assessments documented in all written investigative reports.

In the last 12 months the facility reported a total of 142 allegations reported by inmates. There

were 49 allegations of sexual abuse and 93 allegations of sexual harassment made in the last 12 months. The facility utilized a staff member who had received specialized training to conduct investigations of sexual abuse in confinement settings to investigate each allegation. The SCI – Somerset Investigator refers every allegation of sexual abuse to the Pennsylvania State Police for criminal investigation. The Pennsylvania State Police Investigator decides if a criminal investigation is pursued.

The Auditor conducted a review of the SCI-Somerset's Sexual Abuse Investigator's training records. Each Investigator had received specialized training to conduct sexual abuse investigations in confinement settings. The training seminar was developed by PDOC personnel and included the elements as required in PREA standard 115.34.

No Department of Justice component is responsible for conducting investigations in the SCI – Somerset facility.

Conclusion:

The Auditor determined SCI - Somerset investigators are conducting appropriate, objective and thorough sexual abuse and sexual harassment investigations. Facility Investigators have received appropriate training to conduct sexual abuse and sexual harassment investigations in a confinement setting. Each allegation in the previous 12 months, including sexual harassment and sexual abuse, was investigated by a trained facility Investigator. The Auditor reviewed facility policy and procedures, investigative records, training records and interviewed staff and determined the facility meets the requirements of this standard.

The Auditor made a recommendation to the facility to include the reason behind credibility assessments in future investigative reports. The Auditor chose not to place the facility in corrective action as sexual abuse and sexual harassment incidents cannot be predicted. The facility Investigator clearly understands how to determine credibility of an alleged victim, abuser and witnesses. The Investigator explained how he conducts credibility assessments of victims, witnesses and abusers. The Auditor determined the facility investigator is assessing credibility during investigations and not routinely documenting the reason behind his assessment. The Auditor met with the Investigator and explained how to document the credibility assessment in his reports. The Agency PREA Coordinator is currently working on a plan to address the documentation behind credibility assessments with all agency investigators.

115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion: The Pennsylvania Department of Corrections has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy states, “When completing the Investigative Summary, the investigator must indicate in the conclusion whether the evidence supports a finding that sexual abuse or sexual harassment has occurred (substantiated – based on the preponderance of the evidence standard, more than likely occurred).”</p> <p>Evidence Relied Upon: Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 5 Investigator Training Curriculum Investigative Reports Interview with Investigator</p> <p>Analysis/Reasoning: The Auditor conducted a formal interview with the facility’s Sexual Abuse Investigator. The Investigator informed the Auditor the agency’s policy requires him to use a preponderance of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Investigator was questioned about the meaning of preponderance. The Investigator explained preponderance is more evidence one way or the other. He explained for example, if there is more evidence to support the incident happen the allegation would be substantiated or vice versa.</p> <p>The facility’s policy requires, “In administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated.” The Auditor reviewed the PDOC Sexual Abuse Investigator training curriculum. The training curriculum includes a section discussing evidentiary standard. The section includes a preponderance of evidence to substantiate an allegation of sexual abuse. The training curriculum defines preponderance as, “The greater weight of the evidence to decide in favor of one side or the other. This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence.”</p> <p>The Auditor reviewed 15 investigative reports. A review of the reports revealed the Sexual Abuse Investigator is utilizing a preponderance of evidence to make his determination.</p> <p>Conclusion: The Auditor was able to determine the Investigator utilizes preponderance as the basis for his determinations. The Auditor reviewed the agency’s policies and procedures, investigative reports, and interviewed the facility investigator and determined the facility meets the requirements of this standard.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy requires inmates be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy requires the PCM make the notification to the inmate within five business days of closure of the investigation. The PCM is required to use the agency's PREA Investigation – Inmate Notification Form. If the investigation is conducted by another law enforcement agency, the PCM or Security Office is required to request the relevant information from the investigating agency in order to inform the inmate within ten business days of receipt of the information. Agency policy requires inmates be notified of actions taken following an allegation of sexual abuse against a staff member when:</p> <ul style="list-style-type: none"> • The staff member is no longer posted within the inmate's unit; • The staff member is no longer employed at the facility; • The department learns that the staff member has been criminally charged related to sexual abuse within the facility; or • The department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p>Following an inmate's allegation that he/she has been sexually abused by another inmate, the PCM will subsequently inform the alleged victim whenever:</p> <ul style="list-style-type: none"> • The department learns that the alleged abuser has been criminally charged related to sexual abuse within the facility; or • The department learns that the abuser has been convicted on a charge related to sexual abuse within the facility. <p>Policy mandates the notifications occur even when an inmate has been transferred to another facility within the PDOC. There is no obligation to inform an inmate of the above listed actions if the inmate is released from the agency's custody.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 10 PREA Investigation – Inmate Notification Form Notifications to Inmates Interview with Inmates Interview with Investigator</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted a formal interview with the facility's Sexual Abuse Investigator. The Investigator informed the Auditor the PREA Compliance Manager notifies inmates of the results of an investigation at the conclusion of the investigation, in most cases. The Auditor asked who informs the victim when criminal charges are placed on the abuser or the abuser has been convicted. The PCM makes those notifications when they are received from the</p>

Pennsylvania State Police. The Auditor questioned the Investigator about the relationship between he and the PSP. The Investigator informed the Auditor he has a good working relationship with the PSP investigators and would have no problem obtaining that information. The Investigator stated the facility receives an email regarding each allegation the facility sends to the PSP.

The Auditor reviewed 15 investigative records. Three were allegations of sexual harassment, 11 were allegations of sexual abuse and 1 alleged sexual abuse and sexual harassment. The Auditor observed each inmate was notified of the investigative determination at the conclusion of the investigation. Each inmate was notified within five days of the conclusion of the investigation. Each inmate was notified in writing by the PREA Compliance Manager. The PCM notifies inmates on the agency's PREA Investigation – Inmate Notification Form. Each notification reviewed by the Auditor included the investigative determination. The Auditor observed notifications to inmate victims informing them of an alleged staff members status within the facility.

The agency was not required to notify an inmate following a staff member being criminally charged or prosecuted for an allegation of sexual abuse as there was no staff member criminally charged for such. The SCI – Somerset had no inmate criminally charged following an allegation of sexual abuse perpetrated by another inmate, therefore the facility was not required to notify an inmate victim that an inmate perpetrator was criminally charged or convicted of an act of sexual abuse.

The Auditor interviewed four inmates who alleged sexual abuse at the facility. Each inmate was asked if they were notified at the conclusion of the investigation. Two inmates stated they were notified by the PCM. Two inmates stated they have not been notified. Those two cases have been referred to the Pennsylvania State Police for criminal investigation. The Auditor observed a PREA Investigation – Inmate Notification Form signed by the two inmates and the PREA Compliance Manager. The Auditor asked the inmates how they were notified. Both inmates informed the Auditor the PREA Compliance Manager gave them a form with the investigative results in person.

Conclusion:

The Auditor concluded the SCI - Somerset informs inmates of investigative findings after the conclusion of an investigation. The Auditor reviewed facility policies and procedures, notifications to inmates and conducted an interview with a Sexual Abuse Investigator and inmates to determine the facility meets the requirements of this standard.

115.76	Disciplinary sanctions for staff
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1461 875">The Pennsylvania Department of Correction staff are subject to disciplinary sanctions up to and including termination for violating the agency’s sexual abuse or sexual harassment policies. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. Policy requires a written synopsis is submitted to the Chief of Labor Relations that includes critical aspects of the investigation. The synopsis must include previous discipline imposed, as well as a summary of discipline from similar cases at the facility, a recommendation for discipline in the case at hand, and a justification as to why substantiation of the charges are resulting in the level of discipline request. Policy stipulates, “discipline sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”</p> <p data-bbox="252 925 1449 1088">The PDOC notifies law enforcement agencies and professional licensing bureaus when terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are enacted, unless the activity was clearly not criminal.</p> <p data-bbox="252 1137 549 1171">Evidence Relied Upon:</p> <p data-bbox="252 1182 1070 1216">Policy – DC-ADM Prison Rape Elimination Act, Section 17 pg. 1</p> <p data-bbox="252 1227 1262 1261">Policy – 4.1.1 Human Resources and Labor Relations, Section 7, pg. 1, 5-6, 9</p> <p data-bbox="252 1272 1190 1305">Policy – 4.1.1 Human Resources and Labor Relations, Section 4 pg. 1-3</p> <p data-bbox="252 1317 1163 1350">Policy – 4.1.1 Human Resources and Labor Relations Bulletin, pg. 1-2</p> <p data-bbox="252 1361 464 1395">Staff Reprimand</p> <p data-bbox="252 1406 512 1440">Interviews with Staff</p> <p data-bbox="252 1451 528 1485">Investigative Reports</p> <p data-bbox="252 1529 517 1563">Analysis/Reasoning:</p> <p data-bbox="252 1574 1481 1821">The Auditor conducted formal interviews with staff at the SCI-Somerset. Each staff member the Auditor interviewed was aware of the agency’s policy making termination the presumptive disciplinary sanction for engaging in an act of sexual abuse. The facility’s command staff has a zero-tolerance approach and disciplines staff for violating the agency’s sexual abuse and sexual harassment policies. Interviews with command staff reveal the facility will recommend termination of a staff member who engages in sexual abuse with an inmate.</p> <p data-bbox="252 1865 1485 2157">The SCI-Somerset investigator refers criminal acts of sexual abuse to the PSP investigator. The PSP has the legal authority to place criminal charges against a staff member who engages in sexual abuse or a criminal act of sexual harassment. The investigator informed the Auditor he stops his investigation and immediately notifies the PSP if he determines the act appears to support prosecution. The Investigator stated once the PSP decides to place criminal charges on a staff member or inmate perpetrator, he ceases all efforts until the criminal prosecution is complete.</p>

If a medical professional is found to have engaged in sexual abuse the Bureau of Professional and Occupational Affairs (BPOA) is notified. The BPOA provides administrative, logistical and legal support services to professional and licensing boards. The agency does not notify the BPOA if an act of sexual abuse or sexual harassment was clearly not criminal. The agency does notify the BPOA when a staff member terminates employment if that staff member would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment. There is no licensing board who regulates or maintains licensing of security staff members.

The facility reported no staff member had been found in violation of agency sexual abuse policies in the past 12 months. The Auditor did review the case of a staff member who was disciplined for violating the agency's sexual harassment policies. The staff member received a written reprimand from the agency's Chief Counsel. This incident occurred beyond the previous 12 months of the audit. The Auditor reviewed evidence the facility and agency are disciplining employees for violation of sexual abuse policies. The facility's Superintendent has the authority to suspend an employee for violation of sexual abuse policies.

Conclusion:

The Pennsylvania Department of Corrections has an appropriate policy to ensure SCI - Somerset personnel who violate sexual abuse or sexual harassment policies are appropriately disciplined and the appropriate agencies are notified. The Auditor conducted a review of the agency's policies and procedures, investigative reports, staff reprimand and interviewed staff and determined the facility meets the requirements of this standard.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1484 488">The Pennsylvania Department of Corrections has a policy which mandates contractors and volunteers who engage in sexual abuse are prohibited from contact with inmates. Policy states contractors and volunteers are subject to the following:</p> <ul data-bbox="252 539 1484 1088" style="list-style-type: none"> • Any contract employee or volunteer who violates department’s zero tolerance policy shall be subject to appropriate disciplinary or administrative action; • When an allegation is made involving a contractor or volunteer, this person shall be removed from contact and communication with the alleged victim until the conclusion of the investigation; • If a contractor or volunteer violates this procedures manual, other than by engaging in sexual abuse, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates; • Any contractor or volunteer who has been found to have engaged in sexual abuse shall have their access to department facilities revoked, and shall be reported to professional licensing bureaus and law enforcement agencies, unless the activity was clearly not criminal; and • Contract agency hiring, firing, and promotional practices must comply with the National PREA Standards. <p data-bbox="252 1140 549 1173">Evidence Relied Upon:</p> <p data-bbox="252 1184 1126 1218">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 17 pg. 1</p> <p data-bbox="252 1229 497 1263">Interview with Staff</p> <p data-bbox="252 1274 798 1308">Interviews with Contractors and Volunteer</p> <p data-bbox="252 1319 756 1352">Contractor/Volunteer Training Records</p> <p data-bbox="252 1404 517 1438">Analysis/Reasoning:</p> <p data-bbox="252 1449 1484 1774">The SCI-Somerset reported there were no incidents in which a volunteer or contractor has engaged or been alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with volunteer and contract personnel. Each volunteer and contract personnel interviewed was aware of the agency’s discipline sanctions for violating sexual abuse or sexual harassment policies. Each was aware they can be removed from contact with inmates following an allegation of sexual abuse and will be removed from facility access if found to have engaged in such acts. The volunteers and contractors were aware the facility reports such actions to the Pennsylvania State Police.</p> <p data-bbox="252 1825 1461 2157">Volunteers and contractors are made aware of the agency’s sexual abuse and sexual harassment policies during their initial training. Each level 1 volunteer and contractor attend training in a classroom setting. At the completion of the training each signs a PREA Training and Understanding Verification Form denoting receipt and understanding of the training. The training educates volunteers and contractors that violations of sexual abuse and sexual harassment policies are subject to termination as well as criminal prosecution. The Auditor reviewed the training records of 48 volunteers and 54 contractors. Each was provided the training and signed the verification form.</p>

The facility's leadership, including the PCM is aware of the requirement to notify relevant licensing bodies following a contractor or volunteer's participation in a criminal act of sexual abuse. Command staff informed the Auditor a contractor or volunteer would be prohibited from inmate contact if determined to have participated in an act of sexual abuse. The facility does not notify relevant licensing bodies if the volunteer or contractor engaged in an act of sexual abuse that is clearly not criminal.

The Superintendent was asked if he has disciplined a contractor or volunteer within the previous 12 months. The Superintendent has not had the need to discipline a volunteer or contractor for violation of sexual abuse and sexual harassment policies. The Superintendent informed the Auditor the contractor or volunteer would immediately be removed from the facility for violating sexual abuse policies. If the incident was sexual harassment the volunteer or contractor would be removed from contact with the alleged victim until the investigation determination is made.

Conclusion:

The SCI - Somerset maintains appropriate policies to ensure contractors and volunteers at the Somerset facility are removed from inmate contact after committing an act of sexual abuse or sexual harassment. The Auditor reviewed the agency's policy and procedures, training records and conducted formal interviews with staff, volunteer and contract personnel and decided the facility meets the requirements of this standard.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency’s policy is to subject inmates to disciplinary sanctions for participating in an act of inmate-on-inmate sexual abuse, violating the zero-tolerance policy, or following a criminal finding of guilt for inmate on inmate sexual abuse. Discipline sanctions are issued pursuant to a formal disciplinary process. Inmates will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions consider the following:</p> <ul style="list-style-type: none"> • Are commensurate with the nature and circumstances of the sexual abuse, sexual harassment or retaliation committed; • The inmate’s discipline history; and • The sanctions imposed for comparable offenses by other inmates with similar histories. <p>The discipline process is required to consider whether an inmate’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.</p> <p>Agency policy requires facilities that offer Sex Offender Treatment Programs refer the inmate to the program for evaluation to determine whether or not the inmate is appropriate for the program, and if the inmate will be required to complete the program as part of the sanctions as a condition to access programming or other benefits. The SCI-Somerset does offer sex offender treatment programs. If a sexual assault results in a formal legal charge and criminal conviction the aggressor will be referred for assessment. The facility offers the opportunity to voluntarily participate in sex offender treatment. The SCI-Somerset is required 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.</p> <p>Agency staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish enough evidence to substantiate the allegation.</p> <p>Sexual activity between inmates is prohibited within agency facilities. Any inmate found to have participated in sexual activity (even consensual) is disciplined for such activity. If sexual activity between inmates is found to be consensual the Pennsylvania Department of Corrections personnel may not consider the sexual activity as an act of sexual abuse.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 17 pg. 2 Policy – DC-ADM 801 Inmate Discipline, Section 1 pg. 5 Policy – DC-ADM 801 Inmate Discipline, Section 3 pg. 1-5 Policy – 13.8.1 Access to Mental Health Care, Section 11 pg. 15 Review of Misconduct #19 form</p>

Interview with Hearings Examiner
Interview with Sexual Abuse Investigator
Interviews with Medical Practitioners
Interview with Mental Health Practitioners
Interviews with Inmates
Investigative Records
Discipline Records

Analysis/Reasoning:

The Auditor reviewed disciplinary records of inmates who were found to have committed a violation of sexual abuse and/or sexual harassment. The facility Investigator placed misconduct charges on the inmates following the conclusion of each investigation. The investigative records reveal each allegation of sexual abuse/sexual harassment was substantiated by the facility Investigator. The inmate perpetrators were required to attend a formal disciplinary hearing process. Each inmate was found guilty and issued a sanction by the Disciplinary Hearings Examiner.

The Auditor conducted a formal interview with the Hearings Examiner. The Hearings Examiner was asked if he has ever conducted a disciplinary hearing of an inmate who violated the agency's sexual abuse or sexual harassment policies. The Hearings Examiner stated he has conducted several hearings for violations of such policies. The Auditor asked which staff member writes the disciplinary charges on the inmate. The Hearings Examiner stated the Investigator typically places disciplinary charges on the inmate following a substantiated determination.

The Auditor conducted a formal interview with the facility Investigator. The Investigator was asked if he had ever placed disciplinary charges on an inmate for violating sexual abuse and/or sexual harassment policies. He informed the Auditor he has placed disciplinary charges on inmates for such violations. The Auditor asked the Investigator if he places charges on inmates if he determines the incident to be unsubstantiated. The Investigator stated he only places disciplinary charges on an inmate for violations if the results of the investigation are determined to be substantiated.

The Auditor reviewed the case of two inmates who participated in a sexual act. The investigation determined the act was consensual between the two inmates. Both inmates attended a disciplinary hearing for violating the agency policies. Both inmates were found guilty by the Hearings Examiner and issued sanctions. The incident was not determined as an act of sexual abuse by the facility as the act was consensual.

The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor was informed counseling, therapy and other interventions are offered to address and correct underlying reasons or motivations for committing acts of sexual abuse. The Auditor was informed an inmate's participation or non-participation in such interventions do not hinder the inmate's ability to attend programming or other privileges. Mental health personnel stated they do try to address underlying reasons for perpetrators of sexual abuse. The Auditor was informed if sexual abusers do not cooperate with mental health professional's the inmate's length of criminal sentence could be affected by law as some are mandated by the court to attend.

The Auditor interviewed four inmates who submitted an allegation of sexual abuse. One of the allegations was unsubstantiated and one was unfounded by the facility investigator. The remaining two have been referred to the Pennsylvania State Police for criminal investigation and are ongoing. The Auditor asked each inmate if he had been disciplined for making an allegation. None of the inmates reported they were disciplined for making an allegation. The facility reported no inmate was disciplined for making an allegation of sexual abuse in bad faith. The facility reported no inmate has been criminally charged by the Pennsylvania State Police in the past 12 months.

The facility utilizes a Review of Misconduct #19 form to discipline inmates following a finding they participated in an act of sexual abuse. Misconduct charges for such acts are submitted by the facility Investigator. The inmate then attends a formal misconduct hearing conducted by the Discipline Hearings Examiner. The hearings examiner is an impartial staff member who hears the misconduct case and determines an outcome.

Conclusion:

The Auditor discovered the agency maintains policies which align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is applied when choosing whether to discipline an inmate for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies and procedures, interviewed staff and inmates, medical and mental health personnel and determined the facility meets the requirements of this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy requires staff to offer a follow-up meeting with a medical or mental health professional and must occur within 14 days of arriving at the facility for any inmate who informs staff he previously experienced or perpetrated sexual abuse. The policy applies to any inmate who reported whether the abuse occurred in an institutional setting or in the community. Staff are required to document the offering of the meeting on the PREA Risk Assessment Tool.</p> <p>Policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1 PREA Risk Assessment Tool Classification Records Mental Health Confidential Disclosure Statement Medical and Mental Health Records Interviews with Medical Practitioners Interview with Mental Health Practitioners Interviews with Inmates</p> <p>Analysis/Reasoning:</p> <p>The Auditor randomly selected 20 inmate records and specifically selected 20 records while on site. Of the 40 records reviewed the Auditor discovered 8 reported suffering sexual abuse during their initial risk assessment in booking. The Auditor reviewed the records of the 4 inmates who previously suffered sexual victimization. A review of the records revealed each inmate was offered a follow-up meeting with a mental health practitioner. Each of the 4 inmates reviewed by the Auditor did not accept the 14-day follow-up with the mental health professional. The Auditor reviewed the mental health records of the 4 other inmates who did meet with a mental health practitioner. Each met with the mental health practitioner within 14 days of learning of the previous victimization.</p> <p>The Auditor conducted formal interviews with medical and mental health practitioners. Medical practitioners stated they meet with every inmate who is booked into the facility to conduct an initial risk assessment. The Auditor was informed mental health practitioners meet with inmates after being placed in housing. The Auditor asked if the mental health practitioners meet with inmates who are offered a follow up within 14 days. Medical practitioners stated they meet with those inmates within a couple days of being offered a follow up meeting. Once</p>

the nurse enters an inmate as a prior victim into the electronic records system, mental health practitioners are automatically alerted (electronically) for a scheduled follow up.

The Auditor asked mental health practitioners if they only meet with victims or if they meet with sexual abusers as well. When asked they stated they do meet with abusers. Mental health practitioners are required to work with sexual abusers at the facility. The Auditor asked who mental health practitioners share information with relating to sexual victimization or abusiveness that occurred in an institutional setting. Mental health practitioners informed only those who need to know. Mental health practitioners stated they obtain written informed consent prior to sharing information related to sexual victimization suffered in the community. There has not been a need to report such. During a review of the 40 inmate records the Auditor observed 16 inmates were identified as perpetrators of sexual abuse. The Auditor observed mental health routinely meet with each inmate identified as a sexual abuser. This was confirmed during interviews with inmates.

The Auditor conducted formal interviews with PDOC and contracted medical practitioners. The Auditor asked who they share information relating to sexual victimization or abusiveness that occurred in an institutional setting with. Medical practitioners stated they inform the Shift Commander. The Auditor asked who has access to medical records. Only medical and mental health practitioners have access to those records. The PREA Compliance Manager has access to each inmate's PREA Risk Assessment Tool form. The Auditor asked medical practitioners if they share information related to sexual victimization that occurred in a community setting. The Auditor was informed they only share that information if they receive written informed consent from the inmate.

The Auditor conducted formal interviews with inmates who reported suffering sexual abuse. The Auditor asked each inmate if they were offered a follow-up meeting with a medical or mental health practitioner. Each inmate informed the Auditor they were offered a follow up with a mental health practitioner. The Auditor asked each how long it took before the meeting occurred. Those who accepted the follow up meeting informed the Auditor the meeting occurred within a couple days. One inmate informed the Auditor he had not been offered or met with mental health professionals. A review of the inmate's record revealed he had met with mental health professionals.

The Auditor conducted interviews with two inmates who were identified as sexual abusers. Each was asked if they were offered a meeting with a mental health practitioner. Each informed the Auditor they had met with a mental health practitioner. They informed the Auditor they met with a mental health practitioner within days of arrival and they continue to meet with the practitioner. A review of records reveals these inmates routinely meet with mental health practitioners for counseling and treatment services. Mental health practitioners informed the Auditor they meet with victims and abusers following an allegation of sexual abuse or after learning an inmate has been victimized.

Conclusion:

The Auditor concluded inmates are offered a follow-up with a medical or mental health practitioner after reporting they have suffered sexual victimization or have perpetrated sexual abuse. Medical and mental health practitioners inform only those with a "need to know" of information related to sexual victimization or abusiveness. The Auditor reviewed the agency's

policies and procedures, inmate medical and classification records, and conducted interviews with medical and mental health practitioners and inmates. After a thorough review the Auditor concluded the facility meets the requirements of this standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The facility offers victims of sexual abuse timely information about and timely access to sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Policy requires if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the alleged victim and shall immediately notify the appropriate medical and mental health practitioners. The SCI-Somerset does maintain 24-hour medical coverage.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 4-9 Policy – DC-ADM 008 Attachment 14 – If You are the Reported Victim of Sexual Abuse Assurances to Victims of Sexual Abuse Form Hospital Discharge Summary Nursing Evaluation Tool Medical/Mental Health Contact Notes Investigative Records Inmates Medical Records Interviews with Medical Practitioners Interview with Sexual Assault Nurse Examiner Interviews with First Responders</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with medical and mental health professionals. Medical and mental health professionals were asked if they feel medical services provided at the SCI-Somerset are consistent with a community level of care. Each medical and mental health professional interviewed stated they feel services are consistent with a community level of care. The Auditor asked if there is ever a time when no medical or mental health practitioner is on duty. The Auditor was informed there was never a time because the facility provides 24-hour coverage and is required to fill vacant positions with overtime usage whenever a staff member is vacant from duty.</p> <p>The Auditor was informed inmates receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Auditor asked medical practitioners if they offer timely information and access to sexually transmitted infection prophylaxis to inmates who suffer sexual abuse while incarcerated. The Auditor was informed the information and access is offered to inmate victims. The Auditor was informed information and access to sexually transmitted infection prophylaxis is offered during the forensic examination. Facility medical</p>

personnel offer this information and STIP at the facility if the inmate refuses to be transported to the hospital for a forensic examination. The facility is designated as a male facility and does not house female inmates therefore pregnancy testing is not offered.

The Auditor reviewed inmate medical files. Medical files reveal inmates are sent directly to the facility's medical section for immediate evaluation and treatment following an allegation of sexual abuse. The evaluation and treatment services are documented in the inmate's electronic medical record. Records reveal inmate victims are offered information and sexual diseases testing. Medical forms require the offering of the tests and test results be documented in the inmate's medical record. The Auditor reviewed several records in which testing was offered following an allegation of sexual abuse and following an inmate's request for such testing.

The Auditor reviewed the records of one inmate who was transported to the Somerset Hospital for a forensic examination. Following the alleged incident, the inmate was immediately seen by facility medical personnel and transported to the hospital for a forensic examination. The SANE determined there was no need to offer prophylaxis due to the nature of the alleged incident and no evidence being found of the incident taking place. The Somerset SANE completed a discharge summary for the inmate upon his release from the hospital.

The Auditor reviewed investigative records of inmates who made an allegation of sexual abuse. Each investigative record included the Initial Response Checklist. The checklist includes the date and time the inmate was sent to the medical section for treatment. The records include the Shift Commander Checklist. The Shift Commander Checklist includes a section requiring the Shift Commander to document the victim's transportation to the hospital for forensic evidence collection and treatment. The Shift Commander Checklist requires notification be made to mental health practitioners. In addition to other files reviewed, the Auditor specifically requested the record of one inmate who recently suffered an alleged sexual abuse requiring a forensic examination. The Shift Commander Checklist revealed the inmate was immediately assessed by facility medical personnel and transported to the hospital for the forensic examination.

The Auditor reviewed the training records of security staff. Security staff are provided training in CPR and first aid in the event first responder treatment is needed. Formal interviews were conducted with security staff. The Auditor was informed officers take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Officers informed the Auditor they immediately notify the Shift Commander and medical staff following an incident of sexual abuse. Security supervisors stated they immediately escort an inmate who is alleged to have suffered sexual abuse to the medical area for medical evaluation and treatment. The Auditor interviewed one staff member who acted as a first responder in a recent incident. The facility's medical personnel immediately responded to assess the inmate's medical status.

The Auditor asked medical and security personnel if inmate victims of sexual abuse are charged a fee for treatment services related to sexual abuse. The Auditor was informed all services related to the evaluation and treatment of sexual abuse victimization are free to inmate victim. Interviews with randomly selected and specifically targeted inmates reveal they

are aware services related to sexual abuse victimization are offered at no cost. A review of the inmate's record revealed he was not charged a fee for the forensic examination or medical services provided at the facility as a result of the incident.

The Auditor conducted an interview with the Sexual Assault Nurse Examiner. The SANE informed the Auditor inmate victims are offered timely access to sexually transmitted infections prophylaxis. The Auditor asked if the inmate victim is directly billed for forensic evidence or any other treatment services conducted at the hospital. The SANE informed the hospital invoices the facility directly for such services. Forensic examinations take place at the Somerset Hospital or Conemaugh Memorial Medical Center. The SANE stated sexually transmitted infection prophylaxis is offered at the time of the examination. The SANE stated he allows a victim advocate to attend the examination at the victim's request.

The facility reported one allegation requiring a forensic examination prior to arriving on site. There were two additional incidents requiring a forensic examination just weeks before the Auditor arrived on site. Each victim was immediately seen by facility medical personnel and transported to the hospital for the forensic examination. None of the three inmates were charged a fee for the forensic examination or medical services provided by facility personnel. Information and sexual transmitted infection prophylaxis were offered when appropriate. Each inmate was released with a discharge summary.

Conclusion:

The Auditor determined the facility provides access to timely and unimpeded access to emergency medical services. Medical personnel provide inmate victims with sexually transmitted infection prophylaxis if the inmate refuses the forensic examination and any other time as appropriate. The Auditor reviewed the facility's policies and procedures, medical records, investigative records and interviewed staff, medical and mental health personnel and inmates and determined the facility meets the requirements of this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The PDOC policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all inmates who have been allegedly victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:</p> <ul style="list-style-type: none"> • 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. <p>The PDOC policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse. The policy requires medical and mental health services be provided consistent with a community level of care.</p> <p>All medical and mental health treatment services are provided to inmate victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The PDOC policy is to conduct a mental health evaluation when it becomes known that an inmate is an inmate-on-inmate abuser within 60 days of learning of sexual abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 5, 7, 9, 10 Policy – DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1 Policy – DC-ADM 008 Prison Rape Elimination Act, Section 9 pg. 4-5 Medical Progress Notes Interviews with Medical Professionals Interviews with Mental Health Professional Interviews with Inmates Review of Medical Records</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with medical and mental health professionals. Mental health practitioners do not stipulate a minimum or maximum amount of time they meet with victims and abusers. The Auditor was informed mental health practitioners meet with victims and abusers if medically necessary. Treatment and evaluations occur as needed and until treatment plans determine a need no longer exists. The Auditor asked what services are provided to inmate victims of sexual abuse. Mental health practitioners informed the Auditor inmate victims participate in counseling sessions, are referred to the psychiatrist if needed,</p>

treatments, follow-up services, and referrals for continued care when appropriate. The Auditor asked if treatment plans are created for inmate victims of sexual abuse. Mental health practitioners stated they do create and follow treatment plans.

The Auditor asked each medical and mental health practitioner if they feel their services are consistent with a community level of care. Medical and mental health practitioners feel their services are consistent with a community level of care. The Auditor was informed some inmates receive access to mental health services when they would more than likely be denied access in the community. Medical practitioners informed inmates are offered testing for sexually transmitted infections. The facility does not offer pregnancy tests as it is designated as a male facility. When asked if inmates pay a fee for services related to sexual victimization the Auditor was informed "no."

The Auditor conducted formal interviews with inmates who reported suffering sexual abuse in a community setting. The Auditor asked each inmate if he was offered mental health services after reporting the victimization. Each inmate was offered mental health services following the notification. A review of each inmate's record reveals the inmates who accepted the meeting met with a mental health practitioner within 14 days following the notification. One inmate denied being offered a follow-up. A review of his record indicated he had met with a mental health professional within 14 days.

The Auditor reviewed the medical progress notes of inmates who reported an allegation of sexual abuse and those who were alleged as abusers at the SCI-Somerset. The progress notes of inmates who were sent to the medical section included notations of the evaluation, treatment and includes a section where testing for sexually transmitted diseases was offered when applicable. Inmates are offered a follow up meeting with a mental health practitioner after alleging victimization or abusiveness that occurred at the facility. Records reflect mental health practitioners conducted a mental health assessment of each known abuser within 60 days of learning of the abusiveness. The mental health practitioners interviewed by the Auditor stated they attempt to meet with all known abusers to attempt to identify and address underlying reasons for committing acts of sexual abuse. Mental health practitioners informed the Auditor they develop treatment plans for each inmate under their care.

Conclusion:

The facility's medical and mental health practitioners offer counseling, treatment, sexually transmitted infections prophylaxis and make referrals for continued care. The services provided to inmate victims are consistent with a community level of care. The Auditor reviewed the agency's policies and procedures, interviewed medical and mental health practitioners, medical records, and conducted interviews with inmates and staff and determined the facility meets the requirements of this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy is to conduct a Sexual Abuse Incident Review at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated, whether the investigation was conducted by the facility Security Office or by the Bureau of Investigations and Intelligence. The facility does not conduct a review if the allegation has been determined to be unfounded following BII's review of the investigation. The Agency requires the Sexual Abuse Incident Review occur within 15 working days of receipt of BII's notification the investigation was deemed satisfactory.</p> <p>Policy stipulates the review is conducted to look retrospectively at the incident to ensure that the incident was managed in compliance with procedures; to gather data relevant to enhancing understanding of prison rape; to proactively identify training deficiencies, and to sensitize staff members to possible "red flags" associated with such incidents so that they may become better at detecting preventable incidents.</p> <p>The PDOC policy requires the review committee include:</p> <ul style="list-style-type: none"> • Deputy Superintendent for Centralized Services; • Deputy Superintendent for Facilities Management; • Licensed Psychology Manager/designee; • Corrections Health Care Administrator/designee; • Security Office representative; and • Major of Unit Management or Major of the Guard. <p>The PREA Compliance Manager is directed by policy to chair the committee. The PCM collaborates with the Facility Manager to determine the exact composition of the committee based on the nature of the incident.</p> <p>Agency policy requires the review committee conduct the following tasks:</p> <ul style="list-style-type: none"> • Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; • 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 was motivated or otherwise caused by other group dynamics at the facility; • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; • Assess the adequacy of staffing levels in that area during different shifts; • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and • Consider information such as housing assignment, measures taken as a result of the allegation, need for follow-up for the inmate victim, etc.

The agency's policy requires the review team include the team's findings and recommendations for improvement be submitted by the PCM/designee within 10 working days of the conclusion of the review. The facility is required to implement the recommendations for improvement or shall document the reasons for not doing so.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 16 pg. 1

PREA Sexual Abuse Incident Review Form

Investigation Files

Interview with Incident Review Team Member

Analysis/Reasoning:

The SCI – Somerset facility reported 49 allegations of sexual abuse during this audit period. The Auditor determined the facility was required to conduct 27 sexual abuse incident reviews following substantiated and unsubstantiated investigative findings. Twenty-two of the allegations were unfounded by the facility investigator.

The Auditor conducted a review of 15 investigative records. Investigative records include the PREA Sexual Abuse Incident Review Reports. The team met and discussed the incident within 30 days of the conclusion of the investigation in each required case. Team members consisted of individuals as required by the agency's policy. The team considered all requirements of PREA standard 115.86 (d) as those requirements are included in the formatted agency report. The Incident Review Team includes its recommendations for improvement on a PREA Sexual Abuse Incident Review Plan of Action report. A copy of the PREA Sexual Abuse Incident Review Plan of Action reports are sent to the PREA Coordinator and the Chief of Bureau of Standards, Audits, Assessments and Compliance.

The incident review report includes each team member's name and title on the report. The report includes a complaint summary, comments, investigative finding, information specific to staff-on-inmate abuse, information specific to inmate-on-inmate abuse, physical factors, medical information, psychology information, outside support services, law enforcement, retaliation, miscellaneous information and final comments. The incident review reports include the investigative reports and any investigative supplemental information. The Auditor observed all elements of this standard included in each report. Each report was reviewed and signed by the Superintendent and PREA Compliance Manager.

The Auditor conducted a formal interview with two Incident Review Team members. The team members informed the Auditor the team reviews each alleged incident to identify problems and address concerns to improve the overall prevention, detection, and response efforts of the facility. The area of the incident is reviewed, discussions of the need to change policy are conducted, reviews of staffing levels are performed, and the deployment of monitoring technologies are discussed. The Auditor asked the team member if the team considers whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation, or other group dynamics. The Auditor was informed the team does consider such motivations. Each team member stated the Sexual Abuse Investigator discusses the details of the incident, so the team has a good understanding.

The PREA Compliance Manager is required to submit the Incident Review Report to the Facility Manager for review. Upon approval, the report is returned to the PREA Compliance Manager who then forwards it to the CR, DOC PREA Reports resource account, Executive Deputy Secretary, Executive Deputy Secretary for Institutional Operations/Regional Deputy Secretary/Executive Deputy Secretary for Community Corrections and Reentry along with recommendations concerning the incident.

The agency requires copies of the following be submitted with the report:

- All Extraordinary Occurrence Reports related to the alleged incident;
- All related documentation for staff, inmates, and/or witnesses;
- All relevant medical reports, to include psychiatric reports, if applicable;
- Any photographs related to the alleged incident's location or evidence;
- Any misconduct reports related to the alleged incident;
- Any other relevant reports or documents;
- An Investigative Summary;
- A copy of the applicable initial response checklists required by section 14;
- Outside hospital report including Report of Forensic Exam Kit, if applicable;
- Pennsylvania State Police report, if applicable;
- Medical Incident/Injury Report;
- Mental Health Confidentiality Disclosure Statement;
- Post Sexual Assault Interview;
- Mental Health Referral Form;
- Mental Health Contact Note;
- Report of Review of Misconduct Charge #19 – Engaging in Sexual Acts with Others or Sodomy, if relevant;
- Inmate Notification Form(s);
- Department Retaliation Monitoring Form;
- Any additional documentation that was reviewed during the investigation and could potentially enhance the review; and/or
- The complete SAIR packet shall include all documents submitted to the BII as part of the investigation.

Conclusion:

The Auditor determined the facility is conducting incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review. The Auditor reviewed the agency's policies and procedures, PREA Sexual Abuse Incident Review Form, and conducted an interview with an Incident Review Team Member and determined the facility meets the requirements of this standard.

The Auditor made a recommendation for the facility to document input from line supervisors on its PREA Sexual Abuse Incident Review Form. Although line supervisors may provide input to the Incident Review Team, their input is currently not documented in the report. The SCI – Somerset Sexual Abuse Investigator attends each Sexual Abuse Incident Review.

115.87	Data collection
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1481 663">PDOC policy requires the Prison Rape Elimination Act Compliance Division (PCD) collect accurate, uniform data for every allegation of sexual abuse at facilities under the department's direct control utilizing a standardized instrument and set of definitions. Every report, complaint, or allegation of sexual abuse and/or sexual harassment occurring within department facilities is entered into the PREA Tracking System to track all incidences of sexual abuse and sexual harassment for U.S. Department of Justice reporting purposes. The incident-based data must be aggregated annually by the PCD.</p> <p data-bbox="252 712 1485 913">Policy requires the collected data include, at a minimum, the data necessary to answer all questions from the most recent version of the United States Department of Justice's, Survey of Sexual Violence. After receiving the Survey of Sexual Violence, the PDOC is required to submit the previous calendar year's data to the U. S. Department of Justice no later than June 30th.</p> <p data-bbox="252 969 1477 1088">The Pennsylvania Department of Corrections requires private facilities make notifications and request a PREA tracking number through the BCC-Management Operations Center. The BCC PREA Captain/designee is required to enter the report into the PREA Tracking System.</p> <p data-bbox="252 1137 549 1171">Evidence Relied Upon:</p> <p data-bbox="252 1182 1158 1216">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 1-2</p> <p data-bbox="252 1227 1114 1261">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 2 pg. 2</p> <p data-bbox="252 1272 1129 1305">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 2</p> <p data-bbox="252 1317 1158 1350">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 17 pg. 1-2</p> <p data-bbox="252 1361 555 1395">PREA Tracking System</p> <p data-bbox="252 1406 456 1440">Annual Reports</p> <p data-bbox="252 1451 418 1485">BJS Surveys</p> <p data-bbox="252 1496 462 1529">Agency Website</p> <p data-bbox="252 1541 513 1574">Interviews with Staff</p> <p data-bbox="252 1619 517 1653">Analysis/Reasoning:</p> <p data-bbox="252 1664 1469 1783">The Auditor reviewed the agency's 2018 Annual Report published on the Pennsylvania Department of Corrections website. The report was easily accessible as the agency's website was simple to navigate. The data collected included definitions of the following:</p> <ul data-bbox="252 1827 874 2029" style="list-style-type: none"> • Inmate-on-inmate Nonconsensual Sexual Acts • Inmate-on-Inmate Abusive Sexual Contact • Inmate-on-Inmate Sexual Harassment • Staff-on-Inmate Sexual Misconduct • Staff-on-Inmate Sexual Harassment <p data-bbox="252 2085 1469 2163">Data in the agency's annual report was aggregated from January 1st to December 31st. The agency gives the public access to its annual report through the agency's website. The Auditor</p>

reviewed the Bureau of Justice's Survey of Sexual Victimization submitted by the agency in 2018. The report was completed by the Director of Standards, Audits and Accreditation and submitted to the U. S. Department of Justice before June 30th. The 2018 report was the most recent included on the agency's website.

The Auditor interviewed staff responsible for data obtained at the facility. All data collected is maintained at the facility by the Investigator and PCM and forwarded to the PREA Coordinator for the agency's annual report. Each facility reports its collected data to the PREA Coordinator for aggregation. Staff informed the Auditor data is collected from investigative reports. Investigative reports include supporting documents such as, Incident Reports, Discipline Reports, logbook copies and other supporting documents.

The facility inputs all information related to an incident of sexual abuse and sexual harassment into an electronic tracking system. The tracking system is maintained at the corporate level by agency personnel. Select agency staff securely maintain the data included in the tracking system. Data in the tracking system is utilized for analyzing and compiling annual data.

Conclusion:

The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed the agency's policies and procedures, website, PREA Annual Report, and interviewed staff and determined the facility meets the requirements of this standard.

115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy requires a review of collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted in an attempt to:</p> <ul style="list-style-type: none"> • Identify problem areas; • Take corrective action on an ongoing basis; and • Prepare an annual report of its findings and corrective actions for each facility, as well as the department as a whole. <p>Policy requires the data review report include the following:</p> <ul style="list-style-type: none"> • The number of allegations made at each facility; • The number of substantiated, unsubstantiated, and unfounded investigations completed as of December 31 of each year; • The number of ongoing investigations as of December 31 for each facility; • The report shall compare the rates of incidents for each facility from the preceding year to the current report year; • Any additional information that is required by the Survey of Sexual Violence required by the Department of Justice, Bureau of Justice Statistics; and • The report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide and assessment of the department’s progress in addressing sexual abuse. <p>Policy allows the PDOC to redact specific identifying information so that no individual is identifiable. In addition, the PDOC may redact specific material from the reports when publication would present a clear and specific danger to a facility but must indicate the nature of the material redacted.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 1-2</p> <p>Annual Reports</p> <p>Agency Website</p> <p>BJS Survey</p> <p>Interview with Staff</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the Pennsylvania Department of Corrections website. The agency maintains annual reports which include its findings and corrective actions for each facility and the agency as a whole. Each report is accessible through the agency website by accessing the “Prison Rape Elimination Act” link and then through the “Statistics and Reports” link. Each report is hyperlinked by year under the heading “DOC PREA Annual Reports.” The reports</p>

published on the facility's website include data collected and compared from 2013 through 2018.

A review of each PREA Annual Report reveals the agency attempts to discover problem areas within the agency based on a review of data collected by each facility. The agency's annual report includes corrective actions taken by the agency. The 2018 annual report listed no corrective actions specific to the SCI - Somerset facility. The report includes the agency's progress in prevention, detection and response to allegations of sexual abuse.

The Auditor discussed the annual reporting process with the facility investigator and the PREA Compliance Manager. The information for the annual report is derived from investigative reports and reports from the Incident Review Team. Corrective actions are enacted when needed as the Incident Review Team recommends corrective actions when warranted. Any corrective actions taken will be documented in the agency's annual report. When problem areas are discovered, facility staff recommend a solution to address the problem area and include the specifics in the annual report.

The PDOC Secretary approves the agency's annual report prior to publishing on the agency's website. The annual report is signed by the Secretary, Executive Deputy Secretary, Director of Standards, Audits, Assessments, and Compliance, Chief of Standards, Audits, Assessments, and Compliance and the PREA Coordinator. The Auditor did not observe personal information redacted from the annual report as the agency does not include personal identifying information in its annual report.

Conclusion:

The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data. The annual report addresses problem areas and corrective actions taken and is approved by the Secretary prior to publishing on the agency's website. The Auditor reviewed the agency's policies and procedures, website, PREA Annual Report and interviewed staff to determine the agency meets the requirements of this standard.

115.89	Data storage, publication, and destruction
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1485 701">The agency’s policy requires sexual abuse data is securely retained. Policy requires all aggregated sexual abuse data from facilities is readily available to the public at least annually on its website. The PDOC requires sexual abuse data is maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise. The data is maintained on the Department’s secure servers. Specific identifying information collected for reporting shall be redacted so that no individual is identifiable. The agency shall redact specific material from the reports when publication would present a clear and specific danger to a facility but must indicate the nature of the material redacted.</p> <p data-bbox="252 757 549 790">Evidence Relied Upon:</p> <p data-bbox="252 797 1129 831">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 2</p> <p data-bbox="252 842 464 875">Agency Website</p> <p data-bbox="252 887 443 920">Annual Report</p> <p data-bbox="252 931 499 965">Interview with Staff</p> <p data-bbox="252 976 427 1010">Observations</p> <p data-bbox="252 1055 517 1088">Analysis/Reasoning:</p> <p data-bbox="252 1099 1461 1301">The Auditor conducted a formal interview with the facility’s Sexual Abuse Investigator. Information for the agency’s annual report is maintained by the facility investigator and PCM and is derived from investigative files. The staff member informed the collected data is maintained electronically in a computer database and in written form in the investigator’s and PCM’s office.</p> <p data-bbox="252 1357 1485 1648">The Auditor reviewed the agency’s website. The website included annual sexual abuse data collection in an annual report published on its website. Data published on the agency website begins in the year 2013. The Auditor reviewed the sexual abuse data published on the website and found no personal identifiers within. The Auditor was informed sexual abuse and sexual harassment data is maintained by the PCM and facility investigator for a minimum of 10 years after collection. A username and password are required to gain access to the computers utilized by the facility investigator.</p> <p data-bbox="252 1697 405 1731">Conclusion:</p> <p data-bbox="252 1742 1485 1821">The Auditor reviewed the facility’s website, collected data, made observations, and interviewed staff and determined the agency meets the requirements of this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 502 358">Auditor Discussion:</p> <p data-bbox="252 369 1484 526">Each facility under the direct control of the Pennsylvania Department of Corrections had been audited at least once during the three-year audit cycle. During the three-year audit cycle, the Pennsylvania Department of Corrections ensured at least one-third of its facilities were audited each year.</p> <p data-bbox="252 582 550 616">Evidence Relied Upon:</p> <p data-bbox="252 627 622 660">Previous PREA Audit Report</p> <p data-bbox="252 672 414 705">Facility Tour</p> <p data-bbox="252 716 534 750">Interactions with Staff</p> <p data-bbox="252 795 518 828">Analysis/Reasoning:</p> <p data-bbox="252 840 1444 1041">The agency has scheduled one third of its facilities to be audited during this first year of the audit cycle. The agency has six final audit reports published on its website for audits conducted during the current cycle. The Auditor asked the PREA Administrative Officer 2 about the scheduling of audits during the current year of the audit cycle. The agency has ensured it has scheduled audits to comply with this standard.</p> <p data-bbox="252 1097 1460 1299">The Auditor was provided and reviewed all relevant agency policies, procedures, documents, reports, internal and external audits, and accreditation reports to assist with rendering a decision on the agency’s level of compliance with relevant standards. Of the documents the Auditor reviewed a relevant sampling of the previous 12-month period. The facility provided the Auditor with a detailed tour of the facility in its entirety.</p> <p data-bbox="252 1355 1484 1556">During the audit the Auditor requested and was provided copies of additional documents to aid in a determination of the agency’s level of compliance. The Auditor conducted formal and informal interviews of staff and inmates as previously listed in this report. A random selection of video footage was selected by the Auditor; facility staff allowed the Auditor to review the footage. Inmates were allowed to correspond with the Auditor prior to and while on site.</p> <p data-bbox="252 1612 1460 1814">The Auditor reviewed the SCI-Somerset facility’s previous PREA report and observed the facility complied with all standards without corrective action. The facility was found to exceed PREA standards 115.11 and 115.13. The previous Auditor was allowed access to all facility areas, interviewed staff and inmates, was provided with facility documents and inmates could communicate confidentially with the Auditor through written correspondence.</p> <p data-bbox="252 1870 1460 1937">The Auditor communicated with the SANE and community-based victim advocates regarding relevant conditions in the facility during the audit.</p> <p data-bbox="252 1993 1468 2150">On December 6, 2019 the Auditor sent a letter to be posted in all inmate living areas that included the Auditor’s address. The Auditor sent the facility an English and Spanish version of the notice. The Auditor received 2 correspondences from inmates prior to arriving on site for the audit. The Auditor observed the confidential correspondence notices posted in each</p>

inmate living unit. The facility's PREA Compliance Manager posted the notices in all living units on December 10, 2019. The notices were posted 41 days in advance of the Auditor's arrival.

The Department of Justice did not send a recommendation to the Pennsylvania Department of Corrections for an expedited audit of any PDOC facility or referral to resources for assistance during this audit cycle.

Conclusion:

The Auditor determined the State Correctional Institution - Somerset meets the requirements of this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion: The agency has published its previous PREA Audit reports on its website.</p> <p>Evidence Relied Upon: Agency Website Previous PREA Audit Reports</p> <p>Analysis/Reasoning: The Auditor reviewed the agency's website which includes a link for its previous PREA Audit reports. The Agency has published all final reports from each audit cycle to date. There are 6 reports published for the current year of the audit cycle.</p> <p>Conclusion: The Auditor determined the agency meets the requirements of this standard.</p>

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes

115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	yes

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

	through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
--	---	--

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

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

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

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

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

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

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

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

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

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

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

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

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

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

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.)	na
	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.)	na

115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na

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

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

115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

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

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

115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

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

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	no

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

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

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

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

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

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

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

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

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

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

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

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

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

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

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

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

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes