

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility:	State Correctional Institution at Mercer		
Physical address:	801 Butler Pike, Mercer PA 16137		
Date report submitted:	September 28, 2015		
Auditor Information			
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Telephone number:	540-903-6457		
Date of facility visit:	April 13 – 15, 2015		
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager: William Cole	Title:	Corrections Classification Program Manager	
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Agency Information			
Name of agency:	Department of Corrections		
Governing authority or parent agency: <i>(if applicable)</i>			
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Agency Chief Executive Officer			

Name:	John E. Wetzel	Title:	Secretary of Corrections
[REDACTED]			
Agency-Wide PREA Coordinator			
Name:	Jennifer I. Feicht	Title:	PREA Coordinator
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AUDIT FINDINGS

NARRATIVE:

The third PREA audit in Pennsylvania Department of Corrections was conducted April 13 – 15, 2015. Prior to the audit, the auditor received the PREA questionnaire with attached documents. The auditor contacted Just Detention International (JDI); used previous interviews of the Director, Contract Manager, and PREA Coordinator; and reviewed the Pennsylvania Department of Corrections website prior to the audit. The auditor and the agency discussed additional documents required, and a tentative schedule. The night before the audit the facility provided an alpha listing of all inmates housed at the facility; lists of inmates for specific categories to be interviewed; and a lists of all staff by duty position and shifts that were used to identify inmates and staff to be interviewed (random and specific category).

The auditor conducted an opening with key facility staff to explain the process, schedule and expectations. Following the entrance meeting the auditor toured the facility. Following the tour, the auditor began the interviews, review of investigations, checking of cameras, and random checks of inmate records and staff personnel and training files in addition to what was provided during the pre-audit phase. All required facility staff and inmates interviews were conducted on-site. Interviews included 15 random staff and 23 random inmate interviews to include a minimum of one inmate from every housing area selected at random by the auditors from a list of all the inmates and staff in the facility. In addition, inmates who were identified as being in a designated group (e.g., disabled, limited English speaking ability, LGBTI, or who had reported a sexual abuse) and other identified specialized staff including the Superintendent, PREA Manager, Investigator, first responders, health care providers, and mental health professionals were interviewed. Total interviews conducted were 30 staff, two (2) volunteers, one (1) contractor, and 29 inmates. The auditor found the staff and inmates to be knowledgeable of PREA. Most inmates expressed they felt safer at SCI Mercer than they had at other facilities and jails they had served time.

The auditor reviewed two investigations of PREA allegations during the past 12 months and one outside of the audit period. Of the two allegations: one was staff sexual harassment (unsubstantiated); and the other one was inmate sexual harassment (unsubstantiated). The auditor reviewed an allegation of sexual abuse from outside the audit period. It was an allegation of sexual assault, which was investigated by the Pennsylvania State Police. While on site the auditor tested the inmate phone system for reporting allegations.

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the facility a final finding, as there were some issues needing further documentation and clarification, the auditor did give an overview of the audit and some of the findings. The auditor thanked Pennsylvania Department of Corrections and State Correctional Institution at Mercer (SCI Mercer) staff for their hard work and commitment to the Prison Rape Elimination Act.

During the interim report writing period and corrective action period, the auditor reviewed modified policies and additional documents. Mr. William Cole, Ms. Jennifer L. Feicht, and Ms. Carole Mattis were very helpful in coordinating all the additional documentation.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The State Correctional Institution at Mercer initially was established as a State Regional Correctional Facility (SRCF) on June 23, 1978. Located in Findley Township, Mercer County, SRCF Mercer opened on July 5, 1978, receiving short-term male county offenders from 14 Northwestern Pennsylvania counties. Capacity at that time was 180 minimum security inmates with a staff complement of 100. SRCF Mercer was designed as an open, campus-like setting positioned on 304 acres of land and was classified as a Level 2 (L-2) facility. In 2008, SRCF Mercer changed from a regional facility to a State Correctional Institution. On July 1, 2008, the custody level of the institution changed to a level 2-3 facility. Throughout the years there have been various construction projects undertaken.

The facility sits on 289 acres of land with a secure perimeter enclosing 37 acres and 25 buildings. There are 13 housing units with a total of 56 segregation beds. SCI Mercer is an all-male facility, classified as a minimum custody institution with a rated capacity of 1,494. The housing units are a combination of housing units with cells and open dormitory housing units. The population on the first day of the audit was 1453.

The mission of SCI Mercer is to protect the public by confining prisoners in a safe, secure facility, and provide opportunities for inmates to acquire skills and values necessary to become productive law-abiding citizens; while respecting the rights of crime victims.

SUMMARY OF AUDIT FINDINGS:

At the end of the audit seven standards were "does not meet standard". During the interim report period, the agency and SCI Mercer provided documentation to demonstrate compliance with three standards. During the corrective action period four standards had corrective actions to be completed. On July 24, 2015 SCI Mercer was found to have met all applicable standards. Mr. Cole, Ms. Feicht, and Ms. Mattis were very helpful in coordinating all the additional documentation. The final results of SCI Mercer PREA audit is listed below:

Number of standards exceeded: 2
Number of standards met: 40
Number of standards not met: 0
Non-applicable: 1

§115.11 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

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

The Pennsylvania Department Corrections has a written policy, DC-ADM-008 Prison Rape Elimination Act (PREA) Procedures Manual (dated June 30, 2014), mandating zero tolerance towards all forms of sexual abuse and sexual harassment. Previous PREA manual was dated July 25, 2008. Policy does not completely cover every standard, but agency policies and procedures outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Other agency policies such as 4.1.1 Human Resources and Labor Relations, 13.2.1 Access to Health Care Procedures Manual, 1.6.2 Sexual Harassment; 6.3.1 Facility Security Manual; DC-ADM 801 Inmate Discipline; DC-ADM 006 Reasonable Accommodations for Inmates with Discipline; and DC-ADM 802 Administrative Custody Procedures, supplement the main PREA policies. SCI Mercer local policy is dated April 1, 2015. During the corrective action period, bulletins (DC-ADM-008-1 and 4.1.1-1) updating agency policies were published. A new DC-ADM 008 Prison Rape Elimination Act (PREA) was published on June 25, 2015, with an effective date of August 7, 2015, that incorporated all the bulletins.

Ms. Jennifer L. Feicht is the full time PREA Coordinator. Previously she worked for Pennsylvania Coalition Against Rape (PCAR). She served as Prison Project Consultant and Contract Monitor at PCAR. This experience gives her a good background to implement PREA. She claimed to have enough time to perform her PREA duties to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Ms. Feicht works directly for the Deputy Secretary of Corrections. Though she has no staff under her, she is assisted by Ms. Carole Mattis. Ms. Feicht has 27 compliance managers reporting to her, and she is very active in assisting them implement PREA policy and procedures.

Mr. William Cole is the PREA Compliance Manager. In Pennsylvania Department of Corrections the Corrections Classification Program Manager also serves as the PREA Compliance Manager. He has the authority to coordinate the facility's efforts to comply with the PREA standards. He claimed to have enough time to perform his PREA duties. He was very knowledgeable of PREA standards, understands the intent of the standards and is constantly looking at establishing better procedures to implement the standards and make the facility a safer facility from sexual abuse and harassment. He had been recently assigned as the PREA Compliance Manager, and per the Superintendent and PREA Coordinator was very active in implementing PREA procedures and improvements. He coordinates and conducts training, provides info to staff and inmates, contacts PREA Coordinator for clarification and coordinates with facility leadership. Inmates and staff

know he is the PREA Compliance Manager. During the audit and post-audit phases, he was very active in working corrective actions and developing long term procedures.

§115.12 - Contracting with other Entities for the Confinement of Inmates

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

Pennsylvania Department of Corrections has renewed eight (8) contracted facility contracts. Those renewed does include the contractors obligation to adapt and comply with PREA standards. By policy new contracts and contract renewals shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. Contracts did include a statement of general monitoring. Latest renewal included monitoring of contracted facility for PREA compliance. Jails they contract with have begun to contract for PREA audits (auditor conducted one of the audits in May 2015 (Indiana County Jail)).

§115.13 – Supervision and Monitoring

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

Pennsylvania Department of Corrections ensures all facilities develop and document a staffing plan that is supplemented by video monitoring to protect inmates against sexual abuse. SCI Mercer has developed a staffing plan and makes its best efforts to comply with the plan. The staffing plan is reviewed annually by the facility. Additionally, every three years an agency team conducts an on-site review of the staffing plan. The agency team was scheduled for a review in late April following the audit. A memorandum was provided documenting the review and how the review was done. SCI Mercer could not produce a document that demonstrated the staffing plan was reviewed using the criteria in 115.13(a) 1 – 11; and the staffing plan was not reviewed with the PREA Coordinator. Though the policy requires consultation and approval of the PREA Coordinator, none of the annual reviews of the staffing plans were coordinated with the PREA Coordinator. The facility had no deviations to the staffing plan. Per Superintendent and PREA Compliance Manager all positions are covered with overtime and part time positions.

At the time of the audit there were 208 cameras with various recording capabilities. The camera plan was reviewed and signed by the Superintendent on April 9, 2015. It was a very thorough review and analysis of the current location, number and type of cameras; along with monitors and recording capability. It noted historically SCI Mercer had relied heavily on Pan, Tilt, Zoom (PTZ) cameras. It noted that the cameras were set to tour, which continually moved through the area, which resulted in limited recording of an event because the camera was continually moving and not fixed on an event unless the staff monitoring the cameras stopped the camera. Thus they were recommending more fixed mounted cameras. They also identified five areas where inmates worked that had no camera coverage, and requested fixed cameras for each of those locations.

Unannounced rounds are documented in logs, and are done randomly on all shifts. The agency has a policy that prohibits staff from alerting other staff members that supervisory staff rounds are occurring. Staff and inmate interviews confirmed the unannounced rounds by supervisors.

The corrective action for this standard was for SCI Mercer to document it took into consideration: generally accepted 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; composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors. This was to be conducted following the upcoming agency team review and recommendations and in coordination with the PREA Coordinator.

Following the audit, the facility and Pennsylvania Department of Corrections reviewed the staffing plan, consideration was given to: generally accepted 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; composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors. The review also considered the facility's deployment of video monitoring systems; and the resources the facility has available to commit to ensure adherence to the staffing plan. The PREA Coordinator participated in the review in April and reviewed the completed project that was completed in July 2015.

§115.14 – Youthful Inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Pennsylvania Department of Corrections makes its best efforts for youthful inmates to 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 a shared dayroom or other common space, shower area, or sleeping quarters; and avoids placing youthful inmates in isolation to comply with PREA standard 115.14 through designating specific facilities to confine youthful offenders. This auditor has audited one of those facilities (SCI Muncy) that meets the standards. SCI Mercer does not confine youthful inmates, and if discovered during inprocessing or prior to arrival, they are immediately transported to SCI Pine Grove.

§115.15 – Limits to Cross-Gender Viewing and Searches

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

Through review of policy (DC-ADM – 008 and 6.3.1) and documentation, interviews and observation SCI Mercer does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners; nor does the staff search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Though it would document cross-gender strip searches and cross-gender visual body cavity searches, it has not done any during the audit cycle.

Policy and procedures are implemented to enable inmates to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks. This was verified through observation during the on-site audit and through interviews with inmates and staff. The facility did have two housing units where the bathrooms did not meet the standard. Opposite gender staff when making checks could observe inmates genitalia when performing bodily functions in the bathrooms. Wooden stalls previously lowered for observation of smoking violations were modified to block staff view of inmates genitalia while performing bodily functions and yet maintaining observation for security. The modifications were observed by the auditor initially during the audit and with pictures for those completed during the interim report writing period. Policy also covers video viewing, and the auditor checked all the cameras and none viewed inmate's buttocks or genitalia.

DC-ADM – 008 requires staff of the opposite gender to announce their presence when entering an inmate housing unit. The auditor observed and inmate interviews confirmed staff announces presence when they enter the housing unit. SCI Mercer is a male facility and thus is non-applicable to standard 115.15 (b) and (c) reference cross-gender pat-down searches of female inmates, absent exigent circumstances.

Through interviews of staff and reviewing training records it was determined staff was trained to conduct cross-gender pat-down searches, but not how to conduct pat-down searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. There was no lesson plan, slides, or training roster demonstrating training was done (115.15 (f)).

During the corrective action period, the Pennsylvania Department of Corrections developed training material on conducting pat down searches of transgender and intersex inmates. SCI Mercer immediately trained all staff on how to conduct pat down searches of transgender and intersex inmates. Training began in April and was completed in May. The auditor reviewed training records that the training was conducted. Policies were established through a bulletin (DC-ADM-008-01) and implemented during the corrective action period.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

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

Reviewed Pennsylvania Department of Corrections contracts, policies DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities Manual Section 1-General Procedures, DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities Manual Section 2- Accommodations, DC-ADM 818 Automated Inmate Telephone System, 008 ROC 001, and DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities Manual Section 3- Specific Disabilities, posters, PREA handouts, and inmate handbooks. The policies outline the agencies approach to providing services to inmates with disabilities. The agency takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks are available in English and Spanish. The contracted language interpretation agency (Language Service Associates) was used during a previous audit for a Spanish speaking inmate interview, but was not used during this audit. Language Service Associates is contacted using a toll free line. Staff who speak a foreign language or who signs has been identified. Both inmates and staff stated inmates are not used as interpreters, especially if it is an issue with sexual abuse and sexual harassment. Staff on shift during interviews knew which staff members could speak Spanish. Spanish speaking inmates said information is provided and understood. SCI Mercer had no blind or deaf inmates at the time of the audit. TDD phone is available for deaf inmates.

§115.17 – Hiring and Promotion Decisions

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

Through review of personnel records and interviews it was determined Pennsylvania Department of Corrections has established a system of conducting criminal background checks for new employees and contractors who may have contact with inmates to ensure they do not hire or promote anyone who had engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent or refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent.

Initial background checks use a number of systems to include NCIC files and local police checks. The agency uses a continuous system of background checks for employees that provides a notice whenever an employee is involved with law enforcement using National Crime Information Center (NCIC)/Commonwealth Law Enforcement Assistance Network (CLEAN)/and Pennsylvania Justice Network (JNET) systems in lieu of doing background checks every five years. Contractors go through background checks every five years. The auditors verified background checks through information provided in the pre-audit questionnaire, reviewed three random staff personnel records to include background check information on-site. The auditor also reviewed random volunteer and contractor security check documentation on-site.

Policy, personnel records, and interviews verified that the agency considers incidents of sexual harassment in hiring of staff. Before hiring new employees who may have contact with inmates, the Pennsylvania Department of Corrections perform criminal background records checks; and makes it best effort 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. This was verified by examples of requests and interviews. The agency imposes upon employees a continuing affirmative duty to disclose any misconduct to include sexual abuse or sexual harassment. Human Resource staff acknowledged employees report before they receive the notice of law enforcement involvement is forwarded to the facility. SCI Mercer provided a copy of the response to a future employer of one of its past employees requesting information reference PREA.

Pennsylvania Department of Corrections policy does require the agency to 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 (115.17(h)). This was a recently implemented policy during the corrective action period of other Pennsylvania Department of Corrections PREA audit. There had not been any requests for information on substantiated

allegations of sexual abuse or sexual harassment involving a former employee by a correctional agency/facility since the implementation of the policy. Per interview of the Human Resource staff the information would be provided.

At the time of the audit, SCI Mercer had not requested employees who may have contact with inmates directly about previous misconduct described in standard 115.17(a) in interviews or written self-evaluations conducted as part of reviews of current employees 115.17(f). Pennsylvania Department of Corrections had previously started corrective action in their policies to address this. Corrective action for standard 115.17(f) includes updating Pennsylvania Department of Corrections and/or SCI Mercer policy to include the requirements of the standard; and SCI Mercer needs to start documenting employees confirming no previous misconduct during written self evaluations. SCI Mercer was to provide the auditor examples over a two month period. During the corrective action period, the Pennsylvania Department of Corrections policy was updated to have employees asked about previous misconduct during their annual evaluations through use of a form. The form does include the requirements for employees to affirm each year during their written evaluations they have not engaged in any sexual abuse in a facility; engaged or attempted to engage in sexual activity by force; and has been administratively or civilly adjudicated of such activities. SCI Mercer provided 16 sets of forms (evaluations over two consecutive months during the corrective action period) for personnel who had monthly evaluations conducted during the corrective action period used to confirm no previous misconduct during written self evaluations.

§115.18 – Upgrades to Facilities and Technology

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

By policy and interviews of the Pennsylvania Secretary of Corrections and PREA Coordinator; the agency considers the effect of the design, acquisition, expansion, or modification, and use of, installing, and modifications of monitoring technology upon the agency's ability to protect inmates from sexual abuse. There has not been any new facility designed or built in the last year. There have been a number of upgrades in cameras at Pennsylvania Department of Corrections facilities this auditor has audited.

Per conversation with the Superintendent and the PREA Compliance Manager the camera plan took into account the use of, installing, and modifications of monitoring technology upon the facilities ability to protect inmates from sexual abuse. SCI Mercer meets monthly to discuss security items and issues to include cameras. The camera plan was done April 9, 2015 and was a very thorough review and analysis of the current location, number and type of cameras; along with monitors and recording capability. It noted historically SCI Mercer had relied heavily on Pan, Tilt, Zoom (PTZ) cameras. It noted that the cameras were set to tour, which continually moved through the area,

which resulted in limited recording of an event because the camera was continually moving and not fixed on an event unless the staff monitoring the cameras stopped the camera. Thus they were recommending more fixed mounted cameras. They also identified five areas where inmates worked that had no camera coverage, and requested fixed cameras for each of those locations.

§115.21 – Evidence Protocol and Forensic Medical Examinations

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

Policy and procedures outline evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, and requirements for forensic medical exams. The Pennsylvania State Police conducts all criminal investigations. Pennsylvania Department of Corrections requested the Pennsylvania State Police to follow all PREA investigation and training requirements. There is a Memorandum of Understanding (MOU) between Pennsylvania State Police and the Pennsylvania Department of Corrections (September 2013) that outlines responsibilities for conducting criminal investigations of allegations of sexual crimes, which includes Pennsylvania State Police responsibility to keep the Pennsylvania Department of Corrections informed of the investigations. Office of Special Investigations and Intelligence (OSII) conducts investigations of allegations of misconduct by correctional staff not considered criminal, though they can refer back to the facility investigator. The facility is responsible for all administrative investigations.

The Pennsylvania Department of Corrections protocols were reviewed and found to be in line with DoJ's National Protocol for Sexual Assault Medical Forensic Examinations. SCI Mercer has an MOU with the University of Pennsylvania Medical Center Horizon to conduct forensic exams using SANE/SAFE staff. Services are provided at no costs to the inmate when requested, Crime Victim Compensation fund pays for the forensic exam. SCI Mercer has an MOU with the AWARE Inc. to provide a victim advocate to provide victim advocate services to the victim. AWARE Inc. also provides emotional support, crisis intervention, information, and referrals to the victim.

Reviewed one allegation of sexual abuse from outside the audit period. Inmate was transported to a hospital for a forensic exam.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Through review of policies, documentations, MOUs, and interviews (staff and inmates), the Pennsylvania Department of Corrections and SCI Mercer: ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment; and that all 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. The Pennsylvania Department of Corrections policy and MOU with the Pennsylvania State Police describes the responsibilities of both agencies. There were two allegations of sexual harassment during the rating period; both were investigated by the facility investigator.

Reviewed one allegation of sexual abuse from outside the audit period. It was an allegation of sexual assault, which was investigated by the Pennsylvania State Police.

§115.31 – Employee Training

X Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

All SCI Mercer staff had received training on PREA. Review of the lesson plans and slides identified the training included: the agency zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 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 related to mandatory reporting of sexual abuse to outside authorities. Interviews of staff demonstrated they understand the zero tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the reporting requirements and procedures. On site the auditor randomly checked additional training records of correctional officers, medical and investigators for PREA training provided to all staff and for specialized training for medical, mental health and investigators. All training had occurred. PREA training for all staff included a quiz.

Pennsylvania Department of Corrections female facilities tailor the training for staff. Staff receive additional training if the staff member is reassigned from a facility that

houses only male inmates to a facility that houses only female inmates, or vice versa as this auditor has also audited a Pennsylvania Department of Corrections female facility.

Staff acknowledges receiving training prior to 2014; random training records did document PREA training in 2013 and 2014. For 2014, training was documented with the employee signature that employees understand the PREA training they received. Training academy provides the PREA training for the new recruits. The training officer and the PREA Compliance Manager were reviewing ways to conduct training in 2015.

§115.32– Volunteer and Contractor Training

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

All contractors and volunteers 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.

Interviews of contractors and volunteers demonstrated their knowledge of PREA and their responsibilities and agency zero tolerance policy. The auditor reviewed contractor and volunteer training records, each have to sign a PREA Training Acknowledgement form.

§115.33 – Inmate Education

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

During intake, inmates are provided information through a PREA pamphlet and inmate rule book (both available in English and Spanish) that explains the agencies zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents. During facility orientation they receive additional training which consists of a video and additional information which expands on the previous information provided in the pamphlet and handbook. The inmates sign an acknowledgement of having received the training. Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates. Information provided included:

inmate rights; how to report; what to expect after you report; and how to protect yourself against sexual assault.

During the tour and interviews most inmates acknowledged the information being provided upon arrival, during orientation, and posted throughout the facility (program and service areas). They definitely knew the agency zero tolerance policy; how to report; and that they have the right to be free from retaliation for reporting such incidents.

§115.34 – Specialized Training: Investigations

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

SCI Mercer investigators received PREA investigator training in July 2014, developed by the MOSS Group from National PREA Resource Center website to supplement previous investigator training received. The training was documented for each investigator. SCI Mercer investigators also attend the general PREA training required of all employees, signing that they understood the training. The lesson plans, slides and sign in sheets were reviewed and interview of investigators demonstrated they understood the how to conduct a sexual abuse investigation in a confinement setting and what their roles were. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews of investigators verified their knowledge of conducting investigations. On site, the auditor randomly checked additional training records of investigators for PREA training provided to all staff and for specialized training for investigators. Investigators have received training on PREA at least in 2013 and 2014.

§115.35 – Specialized training: Medical and Mental Health Care

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

Through review of the questionnaire, training records, and interviews, it was determined the medical and mental health care staff (33) received the basic PREA training all staff or contractors receive as applicable, and the specialized medical and mental health training that included: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews of medical and mental health staff demonstrated they were knowledgeable of how to detect and assess signs of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical staff at the facility do not perform nor are trained to conduct forensic examinations. On site the auditor randomly checked additional training records of medical and mental health staff for PREA training provided to all staff and for specialized training for medical and mental health staff. All medical and mental health staff has received training on PREA at least in 2013 and 2014 depending on their hiring date.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

The auditors reviewed policy, randomly selected screening forms, and interviewed inmates screened, and staff who conduct the screens. All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. The screening is completed within 72 hours of arrival by policy, observation of screening and check of inmate records. Between 20 – 30 days the facility reassesses the inmates' risks of victimization or abusiveness and by policy the inmates risks level is reassessed again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The auditor reviewed random screening forms to include those that were reassessments between 20 – 30 days. The auditor also had staff screeners conduct a screen of the auditor as if he was the inmate. The inmate population remembers being asked the questions and being screened upon arrival. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. The screening instrument is objective in determining if inmate is at risks for victimization or abusiveness. Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other inmates.

§115.42 – Use of Screening Information

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

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. These decisions are made on a case by case basis using information from the screen, assigned PREA classification, and good correctional judgment. By agency policy, a "Z" code is given to inmates who are vulnerable to include vulnerable to sexual assault and is given a single cell. Other vulnerable reason includes danger to self, danger to others, mental health problems, medical problems. Long term inmates can also get single cell if space is available. By policy lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates are not housed in dedicated facilities or housing units; transgender or intersex inmates are reassessed twice each year and their own views with respect to his or her own safety are given serious consideration; and they have the opportunity to shower separately. Agency policy ensure facility assignments, and programming for transgender and intersex inmates would be done on a case by case basis by the Transgender Review Personnel based on safety/security needs, housing availability, inmate opinion, gender identity, and genitalia. The facility claimed there were no transgender or intersex inmates at the time of the audit.

§115.43 – Protective Custody

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

Agency policy (DC-ADM 802 Administrative Custody Procedures) states inmates at high risks for sexual victimization shall not be placed 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. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after the first two months by policy. There were no inmates in protective custody who were high risks for sexual victimization to interview. Staff interviews verified inmates at high risks of sexual victimization are not placed in involuntary segregation unless other measures have been assessed, and that none had been placed in involuntary segregation.

Agency policy also states inmates placed in segregated housing involuntarily for protection from sexual abuse would have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities were restricted, the facility would document: what was limited, duration of limitation, and reasons for limitation. Per interviews with staff, if inmates were placed in segregated housing for involuntary protection they would have access to programs, privileges, education, and work opportunities.

§115.51 – Inmate Reporting

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

Through interviews of inmates, staff and review of policies, inmate handbooks and posters SCI Mercer demonstrated multiple internal and external ways for inmates to report sexual abuse and sexual harassment. Inmates can report verbally and in writing to staff; and Pennsylvania website provides for third party reporting. At the time of the audit inmates could report to outside agencies such as Pennsylvania Crime Stoppers Tip Line, Pennsylvania Coalition Against Rape (PCAR), or Bureau of Criminal Investigations (BCI) to include anonymously. The Pennsylvania Crime Stoppers Tip Line phone system had been stopped per request of the tipline due to abuse. Inmates could still write to the Pennsylvania Crime Stoppers Tip Line. Though this standard was not a deficiency, Pennsylvania Department of Corrections changed the reporting mechanism for inmates to write to the Pennsylvania State Police following the audit. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are promptly document any verbal reports. During interviews most inmates stated they felt comfortable reporting sexual abuse and harassment, and retaliation for reporting sexual abuse and harassment to the SCI Mercer staff. Staff can report privately by calling, emailing or writing the Pennsylvania Crime Stoppers or reporting to the PREA Coordinator or Compliance Manager.

Two cases in audit cycle; one inmate used the hotline to report; one inmate reported to staff. The one case reviewed outside the audit cycle had reported both through the hotline and to staff.

§115.52 – Exhaustion of Administrative Remedies

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

X Non-applicable

Per agency grievance policy, inmates cannot file a grievance for sexual abuse and assault. If it is filed, it is sent straight to the investigator for investigation and processing in accordance with investigation policies. Inmates can file a grievance for sexual harassment.

§115.53 – Inmate Access to Outside Confidential Support Services

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

SCI Mercer has an agreement with the AWARE Inc. to provide inmates with access to the outside victim advocate for emotional support services related to sexual abuse by giving inmates mailing addresses and a phone number. The facility enables reasonable communication between inmates and the AWARE Inc. A sign posted next to the phone informs inmates all calls are monitored. Inmates during interviews knew very little in reference to outside confidential support services. Recommend more specific information be provided and posted. SCI Mercer did post additional information in the housing units.

§115.54 – Third-Party Reporting

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

Pennsylvania Department of Corrections web site has a PREA section on their home page, and the PREA section is easily accessible. The PREA section has five sublinks, one of which is how to make a third party report. Third party reports can go to the agency or to the tips hotline phone number or link. Posters at the facility provide the inmates a telephone number and link family friends can report sexual misconduct to include retaliation as a third party. Discussion with inmates demonstrated they knew how third party reporting could be accomplished.

§115.61 – Staff and Agency Reporting Duties

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

Pennsylvania Department of Corrections policy and fliers require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. The policy and fliers do not cover reporting any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policy was updated to include reporting retaliation. During staff interviews, staff knew their requirements to report all allegations of sexual abuse, sexual harassment, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews of medical and mental health staff identified they are required to report sexual abuse.

Review of investigative files; and interviews of staff and inmates verified staff immediately report to the facility's designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility's designated investigator.

Pennsylvania Department of Corrections policy does state to report any alleged sexual abuse with an alleged victim under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, to the designated State or local services agency.

§115.62 – Agency Protection Duties

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

Pennsylvania Department of Corrections policy requires staff to take immediate action to protect any inmate they learn is subject to substantial risks of imminent sexual abuse. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as separating and protecting the inmate, passing the information to the investigator and PREA Compliance Manager.

§115.63 – Reporting to Other Confinement Facilities

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

Pennsylvania Department of Corrections policy requires when an allegation is made that an inmate was sexually abused while confined at another facility, the Superintendent that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours after receiving the allegation. Reviewed two cases. One was not documented who sent the information, and another documented was sent six days after the allegation was received during an initial reception committee interview by the superintendent to the superintendent where the alleged incident occurred.

From April 15 – 24 July there were no allegation of sexual abuse or harassment from inmates while confined at another facility. Interviews of the Superintendent and PREA Compliance Manager demonstrated they knew the policy was for the Superintendent to notify the other facility Superintendent within 72 hours of receiving the allegation. The agency provided a memorandum stating it would be initially phoned followed up by the information provided in writing.

§115.64 – Staff First Responder Duties

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

Pennsylvania Department of Corrections policies specify procedures to respond to an allegation of sexual abuse for both security and non-security staff. Random interviews with staff confirmed both security and non-security staff knew upon learning of an allegation that an inmate was sexually abused they should: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. SCI Mercer staff had a response card that was provided to each staff member listing the steps to take as a first responder.

§115.65 – Coordinated Response

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

SCI Mercer written institutional plan dated April 2015 described the actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership; along with other policy and procedures to prevent sexual abuse and harassment. Actions taken by the first responders, medical, mental health, and leadership was very detailed. Interviews with staff confirmed they were very knowledgeable about their responsibilities and the coordinated duties and collaborative responsibilities.

§115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers

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

Reviewed the current collective bargaining agreement. Neither the collective bargaining agreement nor the agency policy restrict facility administrators from suspending staff pending investigations, removing staff from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

§115.67 – Agency Protection Against Retaliation

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

Pennsylvania Department of Corrections has 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, and has designate which staff members or departments are charged with monitoring retaliation for inmates. The PREA Compliance Manager by policy monitors inmates and during his interview knew the steps he would take. SCI Mercer PREA Compliance Manager would employ 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 who fear retaliation for reporting sexual abuse or for cooperating with investigations. He would also conduct periodic status checks of inmates. By policy and confirmed through interviews of monitors, SCI Mercer would monitor for at least 90 days, and if continuing need dictates beyond 90 days. Interviews of the Superintendent and the PREA Compliance Manager (monitors for retaliation) demonstrated they knew the requirements and procedures that would be used. No documentation was provided of monitoring, all cases were sexual harassment.

§115.68 – Post-Allegation Protective Custody

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

Administrative Custody Procedures states inmates who have suffered sexual abuse shall not be placed 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 abusers. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after the first two months by policy. There were no inmates in protective custody who had suffered sexual abuse. Staff interviews verified inmates who had suffered sexual abuse are not placed in involuntary segregation unless other measures have been assessed, and that none had been placed in involuntary segregation. There were no inmates in segregation involuntarily for sexual victimization at the time of the audit.

Pennsylvania Department of Corrections policy also states inmates placed in segregated housing involuntarily for protection from sexual abuse would have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities were restricted, the facility would document: what was limited, duration of limitation, and reasons for limitation.

Per interview with the Superintendent, PREA Compliance Manager, staff, and inmates there was no instances of using segregation housing to protect an inmate who had alleged to have been sexually abused. Alternate protective measures are used in lieu of protective custody. Alternatives included separating in different housing units, placing the victim closer to the correctional officer desk, single cell, or place in the residential treatment unit.

§115.71 – Criminal and Administrative Agency Investigations

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

Based on review of the investigations, policies, and interviews of investigators and inmates it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly, and objectively for all allegations. All investigators used have received special training in sexual abuse investigations. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. Pennsylvania Department of Corrections does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. SCI Mercer only had two sexual harassment cases in last 12 months.

All investigations are started the same day as the allegation. By policy, investigations must be completed within 30 days. If an allegation appears to be criminal in nature, the investigator will call Pennsylvania State P who conducts all criminal investigations. An MOU between Pennsylvania State Police and the Pennsylvania Department of Corrections for investigations of allegations of sexual crimes was signed in September 2013. The MOU includes responsibilities of each agency to include Pennsylvania State Police responsibilities to meet standards in 115.21 and 115.71. The MOU includes Pennsylvania State Police responsibility to keep Pennsylvania Department of Corrections Office of Special Investigations and Intelligence (OSII) informed of the status of the investigation to include referral for prosecution to appropriate prosecutorial agency. OSII staff provides technical assistance and support to the facility investigator for administrative investigations, and normally review all allegations against staff.

The auditor reviewed two investigations of PREA allegations. Of the two allegations: one was staff sexual harassment (unsubstantiated); and the other one was inmate sexual harassment (unsubstantiated).

Pennsylvania Department of Corrections policy does address the requirement to retain all administrative and investigative written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years (115.71(i)); and the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation (115.71(j)). The investigator knew to retain the reports and that an investigation of sexual abuse did not terminate when the alleged abuser or victim departed from employment or confinement

§115.72 – Evidentiary Standard for Administrative Investigations

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

Review of the agency policies, interview of investigators and review of investigations demonstrate SCI Mercer does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

§115.73 – Reporting to Inmate

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

Agency policy requires the inmate be notified: following an investigation into an inmate's allegation that he or she suffered sexual abuse whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded; subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit or employed at the facility; staff member has been indicted on a charge or convicted on a charge related to sexual abuse within the facility; and if sexually abused by another inmate subsequently inform the alleged victim whenever the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. SCI Mercer had no sexual abuse allegations in the last year, thus have not had to notify inmates of the results of the investigation.

§115.76 – Disciplinary Sanctions for Staff

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

Per agency policies, bulletins, posters, and interviews with staff: staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in

sexual abuse; and disciplinary sanctions for violations of agency policies relating 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. No staff have been terminated or disciplined during this audit period, all cases were unsubstantiated sexual harassment.

§115.77 – Corrective Action for Contractors and Volunteers

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

Agency policies prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates. Interviews with the PREA Compliance Manager and Superintendent confirmed there have been no founded allegations of sexual abuse by contractors or volunteers during the audit cycle; and that sexual abuse by contractors and volunteers would be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

§115.78 – Disciplinary Sanctions for Inmates

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

Per Pennsylvania Department of Corrections policies and interviews with staff, inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are 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; considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior; and prohibits all sexual contact between inmates. Interviews with the Superintendent further verified sanctions are commensurate with the nature and circumstances of the abuse committed; and SCI Mercer considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior. There was no disciplinary action during the audit cycle.

§115.81 – Medical and Mental Health Screenings; History of Sexual Abuse

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

During the audit it was determined agency policies (DC-ADM – 008 and 13.2.1 Access to Health Care Procedures Manual) required medical and mental health follow-up meeting within 14 days for those inmates who experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community. Interviews of medical and mental health staff confirmed follow-up meetings would be scheduled and conducted. Interview of two inmates who disclosed sexual victimization during risks screening were offered opportunity to meet with medical and mental health staff. One inmate declined to meet with medical and mental health staff; the other met with mental health staff immediately and continues to see the Psychologist

§115.82 – Access to Emergency Medical and Mental Health Services

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

Review of Pennsylvania Department of Corrections DC-ADM 008 PREA Procedures Manual states Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. The manual also states the inmate victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Review of SCI Mercer posters and interviews with staff confirm inmate victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services; and offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. Treatment is provided to the victim at no costs and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. No inmates have alleged sexual abuse in the last year.

§115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

Pennsylvania Department of Corrections policies, interviews with staff demonstrate inmates would receive on-going medical and mental health care for sexual abuse victims and abusers, to include tests for sexually transmitted infections as medically appropriate. Treatment would be at no costs to the inmates and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were no sexual abuse victims or abusers during the audit cycle. SCI Mercer is an all male institution, therefore, PREA Standard 115.83 (d)-1 and 115.83 (e) - 1 are not applicable.

§115.86 – Sexual Abuse Incident Reviews

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

Pennsylvania Department of Corrections policy identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews. Incident reviews by policy are to be done within 15 days of the investigation being completed. One review from outside of the audit cycle was provided for the auditor to review. It was done timely; included medical and mental health staff on the review teams; and reviewed factors that may have led to the assault by reviewing, physical plant, technology, policies and practices to better prevent, detect, or respond to sexual abuse. It was a very good review; procedures and practice are in place.

§115.87 – Data Collection

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

Pennsylvania Department of Corrections collects uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DoJ). The DoJ Survey of Sexual Violence was provided during audit. The 2011, 2012, and 2013 DoJ Survey of Sexual Violence was provided during audit and is posted on the website. The agency aggregates the data annually each year.

§115.88 – Data Review for Corrective Action

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

The Pennsylvania Department of Corrections policy requires the agency to review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. Per the interview with the PREA Coordinator, she reviews the data collected to assess and make recommendations how to improve the effectiveness of its sexual abuse and sexual harassment program. This was the first annual report. The report included comparison of agency wide statistics from 2012 and 2013; allegations and findings by facility; and improvements in implementing PREA policies. The agency statistics showed a large increase in reported allegations. The increase in reported allegations could be due to improved reporting systems and understanding of PREA. There was an overall increase in allegations, but very few cases were substantiated. In 2013 annual report, SCI Mercer had three inmate on inmate sexual abuse or harassment allegations (two unsubstantiated, one unfounded) and one staff on inmate sexual abuse or harassment allegations (substantiated). The report is posted on the Pennsylvania Department of Corrections website. The home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, frequently asked questions, PREA resource links, DoJ Surveys and annual report. At the time of the audit the 2014 report was being written.

Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. In addition, the Department may redact specific material from the reports when publication would present a clear and specific danger to a facility, but must indicate the nature of the material redacted.

Through various staff interviews, it was determined that sexual abuse data is submitted to the agency monthly. If a problem or trend is noticed, a plan of action would be drafted to rectify the problem. Data is retained on secure servers that are backed up. Staff acknowledged their 2013 report did not include any corrective action; however, they are currently working on their 2014 report, and this report will include corrective action. Annual reports are typically broad and are intended to capture statistical numbers. Inmate's names and specific information related to the allegations are redacted.

During the final report writing, the Pennsylvania Department of Corrections 2014 PREA annual report was published and posted on the Pennsylvania Department of Corrections website.

§§115.89 – Data Storage, Publication, and Destruction

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

The agency ensures that data collected pursuant to § 115.87 are securely retained. The agency website has recent DoJ Survey of Sexual Violence reports that have the aggregated sexual abuse data for its facilities under its direct control, private facility data was not provided, but is scheduled to be provided in 2015 data. Recently PREA policies were updated requiring the sexual abuse data collected be maintained for at least 10 years after the date of the initial collection and private facility data would be collected and aggregated in future data posted on the web site. The agency had maintained its sexual abuse data collected pursuant to § 115.87 to date, which had not been ten years. Website does have a PREA section with a lot of good information to include aggregated sexual abuse data, from facilities under its direct control. The 2013 Annual report with aggregated sexual abuse data posted on website December 19th, 2014, which provides additional agency aggregate data and data by facility not found in the DoJ Survey of Sexual Violence reports.

AUDITOR CERTIFICATION:

I certify that

- The contents of the report are accurate to the best of my knowledge
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review
- I have not included in the final report any personally identifiable information about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Signature

26 Sept 2015

Date