

PREA Facility Audit Report: Final

Name of Facility: SCI Mahanoy

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/05/2017

| 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: Rose Beteck, Ph.D, LGSW | Date of Signature: 01/05/2017 |

| AUDITOR INFORMATION | |
|-------------------------------------|-------------------|
| Auditor name: | Beteck, Rose |
| Address: | |
| Email: | rnekang@yahoo.com |
| Telephone number: | |
| Start Date of On-Site Audit: | 2016-10-25 |
| End Date of On-Site Audit: | 2016-10-27 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | SCI Mahanoy |
| Facility physical address: | 301 Morea Rd, Frackville, Pennsylvania - 17932 |
| Facility mailing address: | |
| The facility is: | <input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit |
| Facility Type: | <input checked="" type="radio"/> Prison <input type="radio"/> Jail |

| Primary Contact | | | |
|-----------------------|-------------------|--------------------------|--------------|
| Name: | Jeanne | Title: | MacKnight |
| Email Address: | jmacknight@pa.gov | Telephone Number: | 570-773-8025 |

| Warden/Superintendent | | | |
|-----------------------|------------------|--------------------------|----------------|
| Name: | Theresa DelBalso | Title: | Superintendent |
| Email Address: | ██████████ | Telephone Number: | 570-773-2158 |

| Facility PREA Compliance Manager | | | |
|----------------------------------|-------------------|--------------------------|--------------|
| Name: | Jeanne MacKnight | Title: | CCPM |
| Email Address: | jmacknight@pa.gov | Telephone Number: | 570-773-8025 |

| Facility Health Service Administrator | | | |
|---------------------------------------|----------------|--------------------------|--------------|
| Name: | John Steinhart | Title: | CHCA |
| Email Address: | ██████████ | Telephone Number: | 570-773-2158 |

| Facility Characteristics | | |
|--|---------------|---------------------|
| Designed facility capacity: | 1900 | |
| Current population of facility: | 2409 | |
| Age Range | Adults: 18-81 | Youthful Residents: |
| Facility security level/inmate custody levels: | level 3 | |
| Number of staff currently employed at the facility who may have contact with inmates: | | |

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

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

| Agency-Wide PREA Coordinator Information | | | |
|--|--------------------|--------------------------|------------------|
| Name: | David Radziewicz | Title: | PREA Coordinator |
| Email Address: | dradziewicz@pa.gov | Telephone Number: | 717-728-4135 |

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.

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the State Correctional Institution in Mahanoy Frackville, Pennsylvania was conducted on October 25-27, 2016 by Rose Beteck, Ph.D, LGSW (lead auditor) and Mr. Steven Cubello from Maryland, U.S. Department of Justice Certified PREA Auditors for adult jails and prisons. Both auditors work for the Maryland Department of Public Safety and Correctional Services. This audit was conducted as part of an interstate consortium consisting of Pennsylvania, Maryland, Michigan and Iowa. Audit notices were posted throughout the facility announcing the Audit on September 9, 2016, six weeks prior to the onsite visit, and the onsite visit began on October 25, 2016. The PREA Compliance Manager sent photos via email to verify the announcements posted as requested. The facility was requested and agreed to keep all notices posted for six weeks after the on-site review. The auditors received correspondence from the facility at the address on the posted announcement.

The audit was conducted using the Online Audit System (PREA OAS) developed by the PREA Resouce Center. The State Correctional Institution Mahanoy (SCI Mahanoy) staff was requested to complete the PRE-Audit Questionnaire and it was provided to the auditors along with supporting documents on the PREA Audit Online System in the weeks preceding the on-site review part of the audit. The Pre-audit preparation by the auditors included a thorough review of all documentations and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. The review prompted some quesitons that were asked of the PREA compliance manager during the on-site visit.

On October 25, 2016 both auditors, Beteck and Cubello, entered SCI Mahanoy at approximately 0930am. After the introductions and welcoming remarks by the facility Superintendent and review of the agenda a tour of the facility began. Present were Theresa DeIBalso, Superintendent, Bernadette Mason, Deputy Superintendent, Samantha Bergantine, Jeanne Macknight, Michael Vuksta, Marilou Cogar, Gerald Gavin, Traci Jacobson, Kevin Clark and the auditors. State Correctional Institution is a medium (level 3) security institution. At the request of the Auditors, an officer roster (names, shift worked, assigned areas and days off) was provided and a list of inmates that detailed, age, length of sentence, length of stay at SCI Mahanoy, Limited English Proficiency (LEP) and special needs. A list of non-custody staff was also provided which included volunteers, and contractors. Staff, contractors and volunteer Interviewees were selected based on their areas of specialization (Medical, Mental Health, Classification, Chaplain, Education, Psychology, Vocational, and other area). Inmate interviewees were selected based on their age, how long they had been in the institution, inmates who had sent in correspondence to auditors prior to site audit, special needs (physical and Mental health) and random inmates. During the two and one half days of the on-site audit, the auditors were provided a private conference room in the program and services area for which inmates had easy access and to conduct confidential interviews. Auditors conducted all the interviews in that conference room for both staff and inmates. Interviews for

inmates in Restricted Housing Unit (RHU) were conducted in the building in a private office space. Auditors did not experience any problems getting inmates to be interviewed.

On the first day of the audit after the entrance conference, the auditors were accompanied by key staff members and both toured the entire institution together. The auditors were allowed to inspect all grounds, buildings and rooms within the facility. This included outside of the fence where inmates performed work assignments and all rooms within the fenced area. The staff opened any locked doors that the auditors requested and established no areas restricted to the audit team. During the tour, Auditors freely spoke to any staff and inmate that was encountered. The tour began from the closest building to the entrance of the of the institution and continued to the housing units are away from the administrative building. The housing tours started from housing unit A and continued through housing G; the intake area where auditors spoke to inmate workers in that area and officers supervising the inmates while paying attention the cameras and blind spots. After the intake area visit, the auditors proceeded to the medical and mental health area. At the completion of the tour of the facility, the auditors starting interviews with second and third shifts officers including dietary officers. Officers names were pulled out of a roster given to Auditors with officers names, shifts, off days and assigned areas. On day two, the Auditor interviewed the first shift officers including dietary supervisors, interviews with inmates, random and specialized staff on all shifts. On day three, the Auditors interviewed the administrators, and remaining specialized staff and conducted file reviews. The exit conference was conducted in the afternoon of day three.

During the tour auditors considered such things as supervision levels, blind spots, compliance with policy, and the overall safety of the facility. As the tour progressed the auditors observed the configuration of cameras, mirrors, staff supervision of inmates, cell layout including showers, placement of posters, and PREA informational resources, security monitoring, inmate entrance and search procedures and inmate programming. Inmates in the chapel, gymnasium, barbershop and classrooms were always supervised. There were no cameras placed unnecessarily to infringe on inmate privacy. The staff was diligent about making announcements, ring a bell, when opposite gender staff entered a housing unit. There were regularly placed signs providing PREA information and reminders throughout the institution. Many of the housing units consisted of two person cells with a solid steel door with an observation window. The window provide a view of the toilet. Through interviews, auditors were made to understand that it is standard practice to allow inmates to temporarily cover the window with paper to obscure normal eye level but the window could not be completely covered. There are two units that are dormitory style, open floor plan with beds adjacent to each other with a control center by the entrance of the housing unit. The bathroom/toilet is enclosed to allow inmates privacy as they use the bathroom. Auditors noted the shower areas allow inmates to shower separately and shower stalls have opaque curtains (give privacy from the neck to the shin area) for additional privacy. Inmates have toilets in their cells but if they needed to use the toilet in the recreational/common area, the toilets are separated by a wall and have doors to allow for privacy. Officers in-charge of the tiers were required to use an electronic monitoring device to log their rounds through the housing units. Notices of the PREA audit were posted throughout the facility common areas.

The tour included the camera control room. All of the cameras in the facility could be monitored from this single location and were monitored by a designated staff member. The cameras monitored key areas on the inside and outside of the buildings in the facility. It was felt that the camera usage in the facility was excellent and contributed to inmate safety. The facility conducted a thorough camera review in 2015 which identified 342 cameras. The plan is reviewed annually and updated.

To summarize the tour, SCI Mahanoy was found to be an orderly, well run facility. The facility was in full operation during the tour with inmates engaged in a variety of work and programming opportunities . When staff was questioned about PREA, they provided appropriate responses and appeared to understand their responsibilities. The inmates readily acknowledged that they understood what PREA means and that they have received considerable information on the topic. The tour of the facility ended at approximately 1500 hrs. At the conclusion of the tour, the auditors met with the PREA Compliance Manager, and other facility staff members in preparation for the next item on the agenda, interviews with second shift personnel, and to discuss next day's activities.

Formal personal interviews were conducted with facility staff, inmates, contractors and volunteer. On the first day of the on-site review, there were 2409 inmates housed in the facility. Since this is an all male institutions, Auditors interviewed 30 male inmates including random interviews during the tour. Inmates were interviewed using the recommended Department of Justice (DOJ) protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to inmates to report abuse and harassment. Twenty-one (21) security staff members were interviewed during the on-site review. Included in the interviews were security staff representing all three shifts (1st shift 6:00am-2:00pm; 2nd shift 2:00pm-10:00pm; 3rd shift 10:00pm-6:00am). Fifteen (15) interviews of specialized staff members were conducted which included, Superintendent, PREA Compliance Manager, PREA Coordinator, Contractor, Volunteer, individual responsible for monitoring retaliation, investigator, Medical, Mental health, first responder, staff who performs screening for risk of victimization and abuse, Incident review team member, Human resources personnel, intake staff, intermediate or high-level facility staff and staff who supervise inmates in segregated housing. Staff were interviewed using the Department of Justice (DOJ) protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to inmates and staff, the reponse protocols when inmate alleges abuse, first respondent duties, data collection processes and other pertinent PREA requirements.

The two auditors conducted the interviews together using the recommended questions sets and issuing the introduction provided. No inmates or staff refused to be interviewed and most were found to be cooperative. The activity on the second day onsite primarily consisted of an intensive interview schedule. Interviews started early with first shift personnel reporting to work and continued throughout the day with inmates, specialized staff, random staff and third shift personnel reporting to work. The auditors took time to review on-site documentation and request supporting documentation as needed. Activities ended on the second day at about 2300 hrs.

The auditors arrived on October 27, 2016, the third day of the on-site audit at approximately 0730 hrs. Interviews with PREA Compliance Manager, Superintendent and Human Resources representative. After interviews were finished, auditors continued to review more documentations. Most of the documentation required for review had been uploaded on OAS, this includes directives and procedures included in the agency's PREA Procedures Manual, educational materials, training curriculum, organizational charts, brochures, copies of Memorandum of Understanding (MOU) and other related documents. The document review continued throughout the morning into mid afternoon. After a brief closeout with key staff the auditors left SCI Mahanoy at approximately 1200 hrs.

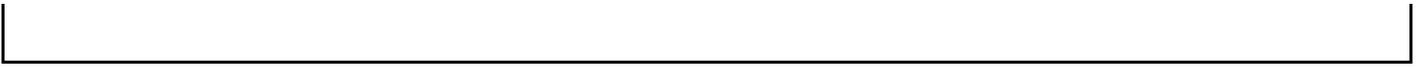
Interviews with random staff members, a group comprised of primarily correctional officers, proved to provide a consistent picture of the facility. As a group the random staff members stated they had been trained in all aspects of PREA and understood their responsibilities. When quizzed on aspects of their training, the staff correctly responded to basic questions. All of the officers had small cards that outlined

their PREA responsibilities and several of the officers referred to them during the interview. The Auditors reviewed training files for ten (10) officers to determine compliance with training mandates and background checks procedures. Ten (10) files of new inmates were reviewed to evaluate screening and intake procedures, inmate education and other general programmatic areas. The Auditors could not speak with Sexual Assault Resources Counseling Center (SARCC) who provide rape crisis intervention services to victims of sexual abuse that occurs in the facility because they are off site. However, review of documentation reveal such services are afforded to inmates. The Auditors also verified the SANE/SAFE services available at Reading Hospital. The sexual assault program at Reading Hospital have specially trained group of professionals who offer detailed physical examinations, evidence collection and expert testimony. The sexual assault coordinator at Reading Hospital is a sexual assault nurse examiner (SANE).

The Auditors interviewed a total of thirty inmates representing housing units throughout the facility. Included in this total were seven (7) inmates who sent correspondence to Auditors, Limited English Proficiency inmate, an inmate who reported sexual abuse, and inmate who disclosed victimization, an elderly inmate, an inmate in wheelchair and inmate who is in the special needs unit and one transgender inmate. There were no youth inmates to interview. There were no inmates in segregated housing to protect them from sexual victimization. Inmates were interviewed using Guide for Inmates developed by the PREA Resource Center. No inmates refused to be interviewed by auditors. The inmates confirmed that they have been instructed regarding PREA. When asked if female officers announce their presence in a housing unit, most confirmed that they did. When asked about certain aspects of PREA training, all could come up with at least one method that they could report a problem. Inmates confirmed screening upon arrival at the institution. When asked if they feel safe in this institution, most inmates stated they did. They also stated that they beleived that the facility was committed to making sure the inmates were safe from sexual abuse.

Follow-up work consisted of reading the documentations provided and comparing that information to the tour observation and interview contend. Since there were two auditors participating in the audit, the team members discussed their individual findings and compared their impressions of the faility. The auditors examined agency website , read the past reports, and researched the agency and facility to make sure no discrepancies could be found. enerally, the facility was found to be very organized in its presentation of its PREA efforts. It should be noted that the agency designed a PREA Procedures Manual that contained language that was nearly identical to the standards. This made policy review easy when evaluating content.

The Auditors conducted an exit conference with the agency officials in the afternoon of Thursday, October 27, 2016. Also in attendance via telephone was the State PREA Coordinator and his assistance and they thanked the Auditors for their work.



Facility Characteristics:

The auditor's description of the audited facility should include details about the type of the facility, 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.

DESCRIPTION OF FACILITY CHARACTERISTICS

The State Correctional Institution (SCI) Mahanoy is located at 301 Morea Road, Frackville, PA 17932 in Schuylkill County. Frackville is on the Eastern part of the State and sits on 222 Acres outside perimeter and 67 Acres inside perimeter. The institution consists of thirty-five (35) operational structures and eleven (10) housing units (9 cell housing units and 1 dormitory housing) and one Restricted Housing Unit (RHU). The Restricted Housing Unit houses up to 120 inmates. The land was purchased in 1991 from two separate owners, J.M.B limited and Eileen M. DiCasimirro for the purpose of building a 1,000 bed medium security institution of a prototypical design. The institution was purchased by the Schuylkill County Redevelopment Authority for less than a million dollars. Over the period of 1991 to 1993, the construction was constructed for approximately eighty-four million dollars. SCI Mahanoy was opened in July 1993 as a medium security level male institution.

The State Correctional Institution (SCI) comprises of eleven (11) include a special housing unit. There is a manager and two counselors assigned to each housing unit. Housing Units A and F have special needs inmates assigned to the unit. Some of the inmates are identified through the intake screening, physical or mental disability. There are programs and services offered on the unit such as therapeutic groups, on-going counseling with a psychologist and treatment programs. The Restricted Housing Unit is managed by a Lieutenant, two psychologists and a counselor.

SCI Mahanoy provides a variety of programs and services to inmates housed in their facility. Educational programs include, adult basic education, general equivalency diploma (GED) preparation classes, adult literacy, English as a Second Language, PRo literacy of America turtoting Reading to your children, and Act 14 and money smart. The vocational programs are auto technology, business education, electronics, warehouse operations and specialized carpentry and 12 chair barber school. All the above-mentioned programs issue certificates that are industry recognized and can assist inmates with employment upon reentry in society. Refrigeration, mechanics and shoe repairs are approved apprenticeship programs at SCI Mahanoy. The library provides collections of reading materials which meet recreational, educational and legal reference needs of inmates. Inmates have access to inter-library loan services. All these programs and services are designed to foster rehabilitation of the inmate population and provide opportunities that meet their needs, including substance abuse treatment, institutional employment, psychological services, religious worship and recreational services.

The programs are secure buildings with controlled key access. The facility utilizes over three hundred (342 according to records) cameras located all throughout the interior of facility buildings and on the exterior grounds, recreation areas and the walkways. The Auditors observed the placement of cameras on the walk-through of the buildings on the complex. No cameras were located in the shower/toilet areas or in sleeping rooms which are wet cells. The Auditors observed the video feed in the facility control room. The monitoring room is restricted to facility leadership and security staff that are authorized in the area.

The facility has admitted 978 inmates in the past 12 months. The age range of the inmates is age 18 -81.

The facility's current census typically ranges from 1900 to 2407. The average length of stay for inmates is 3 to 6 years. The facility has approximately 562 staff members and additionally, there are 9 contractors and volunteers who have contact with inmates.

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.

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| Number of standards exceeded: | 4 |
| Number of standards met: | 41 |
| Number of standards not met: | 0 |

SUMMARY OF AUDIT FINDINGS

During the past 12 months, SCI Mahanoy reported fifty (50) allegations of sexual abuse in their responses on the PAQ. The Auditors reviewed the administrative investigation of these incidents to check for sufficiently and compliance with the PREA standards.

Overall, the interviews of inmates reflects that they are aware of and understand the PREA protections and the agency's zero tolerance policy. Inmates receive written materials at intake (i.e. Inmate handbook) that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, inmates are provided more comprehensive education on PREA that includes personal instruction in addition to watching the PREA orientation video. Inmates indicated they understand the various ways to report sexual abuse or harassment to Pennsylvania State Police (PSP). Inmates were able to articulate to the Auditors what they would do and who they would tell if they were sexually abused. Inmates consistently indicated to the Auditors that they felt safe in the facility which is a most significant indicator of a positive and sexually safe culture in the facility.

The facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for inmates and staff to use report sexual abuse or sexual harassment. Overall, most staff demonstrated they were trained on PREA first responder's protocol for any PREA related allegation and they could clearly articulate the appropriate steps they would follow if they were the first responder to an incident. Staff periodically get refresher training on PREA protocols.

In summary, after reviewing all pertinent information and after conducting the on-site review, inmate interviews, staff interviews, the Auditors found that agency leadership and staff have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of inmates on all the key aspect of PREA. Discussions with agency leadership and facility management reinforced the agency's commitment to ensuring the sexual safety of inmates and staff in the facility. It was further evident that staff and inmates were invested in PREA demonstrated through their knowledge and understanding of the protections and requirements. The positive culture of sexual safety in this facility is evident in the overall operations of this facility and the level of PREA compliance noted by these Auditors. Because of all the areas of compliance are met, the facility has reached full compliance.

The final status of standards that were exceeded, met and not met or not applicable is detailed below. There are a total of 45 standards. Most standards have between 1-10 subsections. To achieve compliance on any given standard, the facility must achieve 100% compliance with each and every subsection within the standard.

Number of Standards Exceeded: 4

- . 115.17;
- . 115.18;
- . 115.32;
- . 115. 41;

Number of Standards Met: 39

- . 115.11; 115. 12; 115.13 115.14; 115.15; 115.16; 115.21; 115.22; 115.31; 115.33; 115.34;
- 115.35; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64;
- 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81;
- 115.82; 115.83; 115.86; 115.87; 115.88; and 115.89.

Number of Standards nor Met: 0

Non-Applicable:

| Standards |
|--|
| <p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) |
| <p>Auditor Discussion Instructions</p> <p>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.</p> |

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| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. The Commonwealth of Pennsylvania Department of Corrections Prison Rape Elimination Act (PREA) Policy (DC-ADM 008) and Facility Policy (DC-ADM 008 MAH section 02 Sexual Abuse sexual Harassment/Prevention and Training section 07 Discipline related to Sexual Abuse/Sexual Harassment and Retaliation 3. Department of Correction (DOC) organizational chart and Facility Organizational Chart. 4. Interviews with PREA Compliance Manager PREA Coordinator <p>Subsection (a) The Commonwealth of Pennsylvania Department of Correction has a comprehensive policy on sexual abuse and sexual harassment contained in section 02 of their PREA policy and procedure manual. The policy clearly mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policy details definitions that are compliant with PREA definitions. Further, the agency policy outlines its approach to preventing, detecting, and responding to sexual harassment. Section 07 also provides detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse or sexual harassment.</p> <p>Subsection (b) The agency has designated an upper level PREA Coordinator, David Radziewicz. Mr. Radziewicz has a staff of five who work to coordinate the PREA efforts throughout the agency. He reports that he has sufficient time to perform his PREA duties to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. Mr. Radziewicz reports to the Executive Deputy Secretary, Carol Mattis.</p> <p>Subsection (c) State Correctional Institution (SCI) Mahanoy has designated Jeanne MacKnight as the PREA Compliance Manager (PCM). Mrs. MacKnight is also the Correctional Classification Programs Manager (CCPM) and PCM. She reports to Deputy Superintendent for Centralized Services (DSCS), Bernadette Mason. She has the authority to coordinate the facility's efforts to comply with the PREA standards. Jeanne MacKnight has sufficient time and specific authority to attend to the oversight of PREA compliance at SCI Mahanoy. She is very knowledgeable of PREA standards, understands the intent of the standards and works to improve the facilities program to develop a safe environment. Inmates and staff were interviewed during site review and there was indication that staff and inmates were aware that Ms. MacKnight is the PCM.</p> <p>Corrective Actions: None</p> |

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. SCI Mahanoy Pre-Audit Questionnaire 2. Agency contracts Memorandum of Understanding (MOU 2015) 3. DC-ADM 008 section 02 4. Interviews with the following: Agency's Contract Administrator Agency Assistant Director <p>Subsection (a) The agency contracts with forty-five (45) other agencies to provide additional confinement of its inmates and has included the entity's obligation to comply with PAREA standards in any new contracts or contract renewals signed on or after August 20, 2012. All the contracts require the provider to adhere to federal laws which include PREA. All but seven (7) contracts further contain explicit and specific clauses that require PREA compliance. It is recommended in the MOU that all contracts have the explicit PREA requirement in addition to general requirements to follow federal law.</p> <p>Subsection (b) New contracts or contract renewals signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. During site review, Auditors reviewed the documents (MOU) that require the contractors to comply with PREA standards.</p> <p>Corrective Action: None</p> |

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| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. SCI Mahanoy completed Pre-Audit Questionnaire 2. Facility Security Procedure Manual <p>Section 15 - Correctional Officer Staffing System</p> <ol style="list-style-type: none"> 3. DC-ADM 008 section 02 4. SCI Mahanoy Population 5. Staffing Plan Manpower requests memo 6. Annual PREA Staffing and Facility upgrade committee meeting 9/16/2016 7. Managerial Visits inspections 8. PREA Tour Scheduled Tour and Form 9. Interviews with the following: Facility Superintendent PREA Compliance Manager Intermediate or higher level Facility Staff 10. On-site review of housing areas and programs and documents <p>Subsection (a) The agency (The Pennsylvania Department of Correction (DOC) develops a staffing plan and each facility adapts it based on their inmate population ratio to staff. Auditor reviewed the facility (SCI Mahanoy) staffing plan and there is indication that it provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse and sexual harassment. The staffing plan briefly discusses all ten (10) required elements in this standard. The facility ensures that each facility staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the levels for video monitoring. The facility ensures that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring. The facility ensures that its staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring. The facility ensures that the staffing plan takes into consideration any findings of inadequacy from internal and external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring. The facility ensures that the staffing plan takes into consideration all components of the facility physical plant (including "blind spots" or area where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring. The facility ensures that each its staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring. The facility ensures that the staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring. The facility ensures that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels determining the need for video monitoring. The facility ensures that the staffing plan takes into consideration any applicable State, or local laws, regulations, or standards in calculating unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for</p> |

video monitoring.

The Facility Security Procedure Manual outlines a detailed process on agency staffing plan. State Correctional Institution (SCI) Mahanoy has developed a staffing plan and makes its best efforts to comply with the plan. The current staffing is based on the average daily population of 2409. The facility has 342 cameras with recording capabilities. The camera deployment was supplemented by some fixed posts that require staff to patrol areas on a regular basis to cover areas with no cameras. Annual PREA staffing and Facility upgrade committee meeting on 9/16/2016 noted twelve (12) security vacancies including correctional officer one (COI), Sergeants, Lieutenants and Captains exists; four (4) psychology vacancies also exist; medical has ongoing nursing vacancies.

Subsection (b) SCI Mahanoy does deviate from staffing plan. There are correctional officers who are out on leave (annual, sick, personal and other reasons). To remediate staff shortage, the facility hires correctional staff to work overtime and the facility documents and justifies all deviations from the plan on the daily Correctional Officers Post Assignment and Position Work Sheet.

Subsection (c) Every three years an agency team conducts an on-site review of the staffing plan. The last agency staffing plan was effective in 2015 and the next annual review has yet occurred. The PREA Compliance Manager is an integral member of the staffing plan committee at the facility.

Subsection (d) The facility reports on the Pre-Audit Questionnaire they conduct unannounced rounds on all shifts. Facility has a policy exist that prohibits staff from alerting other staff of these rounds. PREA Compliance Manager sent a follow up memorandum to reinforce adherence to the policy. The facility policy requires the PREA Compliance Manager to collect all documentation monthly and review for compliance. Auditors reviewed housing unit logs and interviewed staff to verify supervisor (custody and non custody staff) unannounced occur. Supervisors make unannounced housing unit rounds on all shifts and it is logged in each area. The supervisors use a red pen to enter date and time they performed the unannounced rounds. In addition, PREA Compliance Manager verified the unannounced rounds conducted.

Corrective Action: None

| 115.14 | Youthful inmates |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This standard is not applicable to the Institution/ facility because it does not house youthful offenders. Based on interviews of staff and review of documents, there are no inmates under the age of 18 housed at SCI Mahanoy.</p> |

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (document, interviews, site review):</p> <ol style="list-style-type: none"> 1. PREA Pre-Audit Questionnaire 2. 06.03.01. Section 30 Searches 3. DC-ADM 008 Section 02 4. Cross -gender strip Memo 5. Orientation Packet 6. Inmate Channel postings 7. Female Announcement 8. DC-ADM 008 section 09 working with transgender and intersex inmates 9. Contraband and Searches training slides. 10. Interviews with the following: Random staff Random inmates <p>Subsection(a) This institution does not house female inmates. The Facility Security Procedures Manual section 30 addresses inmate searches. Cross-gender searches (pat downs, visual body cavity, strip Searches) are explicitly prohibited by section 30 subsection F.</p> <p>Subsection (b) The policy doesn't allow for exigent circumstances to justify cross-gender searches of any kind. There are certain posts that are "gender post" such as in Housing Units G and K (dormitory style), intake area and camera control area. There are no female officers/staff assigned to areas designed as "gender post." The policy implemented demonstrate that transgender and intersex inmates can and are allowed to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia, or buttocks. This was also verified through interviews with inmates and staff during on-site review.</p> <p>Subsection (c) Facility Security Procedures Manual section 30 allows for searches, pat downs and strip searches by same gender staff member consistent with gender of inmates housed at the facility. The policy requires body cavity searches are conducted by a medical practitioner. In response to Pre-Audit Questionnaire, the facility reports that no cross-gender searches of inmates has occurred in the last twelve (12) months prior to this audit.</p> <p>Subsection (d) SCI Mahanoy policy DC-ADM 008 section 09 allows for cross-gender inmates to shower, perform bodily functions, and change clothing without non medical staff of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. This limitation not only applies to in-person viewing but also all forms of remote viewing as well. Each female staff member, regardless of position, entering a housing unit area announces her presence by ringing a bell. When inmates hear the bell, they know a female has entered the unit. This was verified through inmate and staff interviews and Auditors used this method to announce presence in the Unit.</p> |

Subsection (e) Facility Security Procedures Manual section 30 prohibits searches or physical examinations of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews with staff indicates they have been trained and are knowledgeable on this policy and they do not conduct these searches.

Subsection (f) D.C-ADM 008 section 02 outlines training for officers on how to conduct searches of transgender and intersex inmates. Through interviews and review of training records, officers confirmed they are trained on how to search transgender and intersex inmates.

Corrective Action: None

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (document, interviews, site reviews) :</p> <ol style="list-style-type: none"> 1. DC-ADM 006, Reasonable Accommodations for Inmates with Disabilities Manual Section 1. 2. General Procedure, Reasonable Accommodation for inmates with disabilities Manual Section 2- Accommodations, DC-ADM 818. 3. Automated Inmate Telephone System, 008 ROC 001, and 4. DC-ADM 006 Reasonable Accommodation for inmates with Disabilities Manual Section 3-Specific Disabilities. 5. Posters, PREA handouts, and inmates handbooks. 6. Interviews with the following: Inmate (LEP) PREA Compliance Manager <p>Subsection (a) DC-ADM 006 sections 01 and 06 respectively outlined the agency's approach to allowing inmates who are deaf/hard of hearing or those that are blind or visually impaired have access to all aspects of facility's PREA protection. SCI Mahanoy has entered an agreement with a vendor to provide interpreting services, (Propio Language Services LLC).</p> <p>Subsection (b) The facility takes the following steps to ensure meaningful access to all aspects to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP) : PREA handouts, posters and inmate handbooks are both in English and Spanish and interpretive services. The agency entered an agreement with a vendor to provide interpreting services effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary for LEP inmates. The agreement provides interpreting services as needed and requires the vendor to provide documentation verifying the inmate received the education or orientation information. The services was verified by auditors by interviewing an inmate who is LEP and using the interpretive services to conduct the interview.</p> <p>Subsection (c) Section 02 (DC-ADM 008) prohibits the use of inmate reader, interpreter or other type of inmate assistance except in limited circumstances as authorized in this standard. In the Pre-Audit Questionnaire, PCM indicate inmates have not been used for interpretation. Interviews with staff and random inmates revealed staff could articulate why using inmate interpreters is not considered best practice. During on-site review, auditors were able to interview an inmate (LEP) by using the Language line for interpretive/translation services. TDD phone is available for inmates who are deaf.</p> <p>Corrective Actions: None</p> |

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| 115.17 | Hiring and promotion decisions |
| | <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Centralized Clearance Procedure Manual Section 4- centralized clearance check procedure 2. Human Resources and Labor Relations Procedures Section 38- Recruitment selection and placement for non civil service positions Section 40- Conducting Pre-employment background investigations Section 41- Employment of job applicants having prior adverse contacts with criminal justice agencies. 3. Interviews with the following: Random staff-human resource employee Agency head <p>Subsection (a) The Commonwealth of Pennsylvania Department of Correction has a systematic process for hiring and promoting staff. Currently, the agency asks pertinent questions to determine if there has been any prohibited conduct by a prospect for employment. During interview, auditors were provided with sample question forms for every new hire. All new hires and existing employees are subject to background checks.</p> <p>Subsection (b) New hires have to complete an informational form, centralized clearance check information request form, authorizing the agency to conduct a background check and also contact prior employers as a condition for employment. The Centralized Clearance Unit (CCU) is responsible for conducting the background checks and notifying the candidates of the outcome.</p> <p>Subsection (c) In review of personnel records, prior employment records of new employees and contractors are requested to ensure they do not hire or promote anyone who may have been engaged in sexual abuse of inmates in a prison or other confinement setting or engaged in sexual activity in the community facilities 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 been involved or engaged in sexual activity in the community facilitated by force, coercion or if the victim did not consent. This was verified through record reviews and interview with Human Resource representative.</p> <p>Subsection (d) The agency performs a criminal background before enlisting the services of any contractor who have may have contact with inmates. This procedure is described in detail in the Centralized Clearances Procedures Manual, section 4.A.</p> <p>Subsection (e) the agency uses a system, JNet, that constantly monitors arrest data to determine if employees of the agency are arrests, thereby providing a constant criminal history, rather than a five year check. The facility supplied copies of notifications generated.</p> <p>Subsection (f) The Agency asks all applicants and employees who may have contact with inmates directly about previous misconduct in written applications or interview for hiring or</p> |

promotions. The agency asks all applicants and employees who may have contact with inmates directly about previous misconduct in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency imposes upon employees a continuing affirmative duty to disclose any such misconduct.

Subsection (g) The agency considers such omissions regarding such misconduct, or the provision of materially false information as grounds for termination. The Commonwealth of Pennsylvania Department of Corrections application for Employment contains language that specifically supports the standard and must be signed by the applicant. Auditors was provided a copy of the document for review.

Subsection (h) The Agency provides 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. The interview with the Human Resources representative confirmed that such information would be released.

Corrective Action: None

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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (document, interviews, site reviews):</p> <ol style="list-style-type: none"> 1. SCI Mahanoy Pre-Audit Questionnaire 2. Site Review and Tour of buildings and structures 3. Interviews with the following: Facility Superintendent PREA Compliance Manager <p>Subsection (a) SCI Mahanoy has not made any substantial Facility upgrades.</p> <p>Subsection (b) Each housing unit, tier and common areas, with the exception of showers and inmate cells, are monitored by cameras. Per conversation with PREA Compliance Manager and newly appointed Superintendent, the plan to install cameras took into account the use of, installing and modifications of monitoring technology upon the facilities ability to protect inmates from sexual abuse. The PREA Compliance Manager meets with a team "camera committee" once every six months to review and discuss concerns or ways, if any, to improve on monitoring technology. The monitoring room is gender restricted, since it is a male institution, only males monitor the cameras. Auditors were provided with documentation to verify this information and practice.</p> <p>Corrective Action: None</p> |

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site reviews):</p> <ol style="list-style-type: none"> 1. DC-ADM 008 <p>Section 04 - Responding to reports of sexual Abuse</p> <p>Section 05 - Investigating Allegations of Sexual Abuse and or Sexual Harassment</p> <ol style="list-style-type: none"> 2. Rape Crisis MOU 3. Pennsylvania State Police MOU 4. Reading Hospital MOU 5. Interview with the following: <ul style="list-style-type: none"> Random staff Facility Investigative staff PREA Compliance Manager <p>Subsection (a) SCI Mahanoy conducts administrative investigation on all allegations of sexual abuse. The Office of Special Investigation and Intelligence (OSII) conducts sexual misconduct committed by staff that are not considered criminal. The cases can be referred to institutional/facility investigator for administrative investigations. The agency follows a uniform evidence protocols and trains first responders. Auditors review the policy manual to verify the information.</p> <p>Subsection (b)The protocol was adapted from the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. In the Pre-Audit Questionnaire, PCM reports four (4) forensic medical examinations have been conducted in the past 12 months.</p> <p>Subsection (c) According to DC-ADM 008 sections 04 and 05, a victim of sexual abuse at the facility will receive SANE/SAFE services at Reading Hospital. The facility's coordinated institutional response plan provides that the medical department will arrange for SANE/SAFE services through Reading Hospital. According to the signed documents between DOC and Reading Hospital, the Forensic team uses the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescent and the Common Wealth of Pennsylvania Department of Correction, DC-ADM 008 section Evidence Collection Protocol.</p> <p>Subsection (d) SCI Mahanoy has an MOU with Pennsylvania State Police (PSP) to conduct all criminal investigations. The Pennsylvania Department of Corrections asked the Pennsylvania State Police to follow all PREA investigative and training requirements. There is a Memorandum of Understanding (MOU) between the State Police and Department of Corrections that outlines the responsibilities of conducting the criminal investigations of allegations of sexual crimes and to keep the Department of Corrections informed of the investigations.</p> <p>Subsection (e) SCI Mahanoy has an MOU with Reading Hospital to conduct forensic exams using a SANE/SAFE staff. The services are provided to victims at no cost. SCI Mahanoy has an MOU with Sexual Assault Resource Counseling Center (SARCC) to provide a victim</p> |

advocate services to the victim. SARCC also provides support, crisis intervention, information and referrals to the victim.

Subsection (f) The Agency itself is not responsible for investigating allegations of sexual abuse, and had requested that the investigating entity follow the requirements (a) through (e) of this section.

Subsection (g) Auditor is not required to audit this provision.

Subsection (h) The facility uses the services of Sexual Assault Resource Counseling Center (SARCC).

Corrective Action: None

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. DC-ADM 008 Section 05-Investigating Allegations of Sexual Abuse/ Sexual Harassment 2. PSP referral <p>Subsection (a) According to DC-ADM 008 section 05 requires staff to administratively investigate promptly, thoroughly and objectively all allegations of sexual abuse, sexual harassment and retaliation. All conducts that may be criminal are referred to the Pennsylvania State Police (PSP) according to the MOU which outlines each agency's responsibilities. All sexual abuse and sexual harassment must also report to the Office of Special Investigation and Intelligence (OSII).</p> <p>SCI Mahanoy reports they have had 78 allegations in the past 12 months and 8 open cases with PSP that have not been concluded. The Auditors confirmed the process through interview with investigation Captain and review of policies, documentations and MOUs.</p> <p>Subsection (b) The agency has a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The Pennsylvania State Police conducts these investigations. The Agency publishes its investigation policy on its website (www.cor.pa.gov).</p> <p>Subsection (c) The Pennsylvania State Police (PSP) is responsible for conducting criminal investigations, and the website describes the responsibilities of both the agency and PSP.</p> <p>Subsection (d) Auditor is not required to audit this provision.</p> <p>Subsection (e) Auditor is not required to audit this provision.</p> <p>Corrective Action: None</p> |

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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (Documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. DC-ADM 008 Section 02 2. PREA Basic Training Guide 3. PREA Course Lesson Plan 4. Interviews random staff <p>Subsection (a) SCI submitted their PREA staff training curriculum that is used in their training Academy. The curriculum covers 9 key concepts of PREA and very comprehensive. The curriculum is trained by a trainer in person and an exam is given at the end of the training to ensure comprehension. In the past 12 months, 562 staff members who may have contact with inmates were trained on the PREA requirements listed above. A number of records were provided for review, showing that staff understood the training they received related to PREA and signed an acknowledgement form. Auditors reviewed the documents verifying that staff and officers completed the training. DC-ADM 008, Section 2, requires that all staff who have contact with inmates receive training on PREA. A review of the lesson plans and slides identified training such as: agency zero tolerance policy for sexual abuse and sexual harassment, staff responsibilities under agency sexual abuse and sexual harassment, prevention, detection, reporting and response policies and procedures. inmates' rights to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threats and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates including lesbian, gay, bi-sexual, transgender, intersex or gender nonconforming inmates.</p> <p>Subsection (b) SCI Mahanoy's training is tailored to the gender (males only) of the inmates at the facility. DC-ADM section 02 subsection E requires that staff development and training shall be tailored to the gender of the inmates at the employee's facility. Also, the employee shall receive additional training if the employee is reassigned to a facility that houses only male inmates to a facility that houses only female inmates or vice versa. Staff interviews revealed everyone is well aware of the agency's zero tolerance policy and what their roles and responsibilities are under the PREA standards.</p> <p>Subsection (c) All current employees who have contact with inmates have received such training. The Agency provides each employee with refresher training every year to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. This year training record indicates that 562 staff members who may have contact with inmates have been trained.</p> <p>Subsection (d) The Agency documents, through employee signature and electronic verification, that employees understand the training they have received. Samples of</p> |

attendance sheets and logs were provided as evidence.

Corrective Action: None

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review): 1.DC-ADM 008 Section 02- subsection 2-G Contractors and Volunteers PREA Training curriculum Contractors and Volunteers PREA Training Verification</p> <p>Subsection (a) SCI Mahanoy DC-ADM 008 requires all Contractors and Volunteers who have contact with inmates to be trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The agency has developed a PREA Procedures Manual that clearly articulates in Section 2-G each facility's training responsibilities as they pertain to contractors and volunteers. The manual contains policy regarding the information to be included in the training, the individuals to be trained, and the frequency of such training. SCI Mahanoy report in the Pre-Audit Questionnaire that they have trained 58 volunteers and contractors who have contact with inmates. A sample of documents were reviewed showing that contractors and volunteers have been trained and they acknowledged the training by signing a PREA Training and Understanding Verification Form.</p> <p>Subsection (b) All volunteers and contractors receive training based on their level of contact with inmates. These individuals receive an abbreviated training based upon the general staff training. Specifically, they are trained on PREA Zero Tolerance policy and PREA reporting procedures. Interviews and review of volunteers and contractors confirmed the information.</p> <p>Subsection (c) SCI Mahanoy maintains documentation confirming that volunteers and contractors understand the training they have received. All volunteers and contractors are required to sign a form indicating they have received and understand the SCI Mahanoy zero tolerance policy regarding sexual abuse and sexual harassment and further understand their reporting responsibilities under PREA. During site review, auditors were able to interview one volunteer. The volunteer was able to describe the training that they received and was well aware of the agency's PREA zero tolerance policy regarding sexual abuse and sexual harassment and their reporting responsibilities.</p> <p>Corrective Action: None.</p> |

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| 115.33 | Inmate education |
| | <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="248 329 991 365">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="248 371 1337 663" style="list-style-type: none"> <li data-bbox="248 371 624 407">1. Inmate Orientation packet <li data-bbox="248 414 459 450">2. DC-ADM 008 Section 02 <li data-bbox="248 501 643 573">3. Interview with the following: intake staff Random inmates <li data-bbox="248 627 1337 663">4. Tour of Program areas and housing units (posters, brochures and audit notices.) <p data-bbox="248 712 1477 1256">Subsection (a) DC-ADM 008 section 02 requires that all inmates admitted to the facility shall receive a verbal facility orientation within two (2) working days of admission including agency's zero tolerance policy regarding sexual abuse and sexual harassment. They also receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment. The Pre-Audit Questionnaire reported that 982 received at the institution but 950 inmates have been trained at orientation in the past 12 months. SCI Mahanoy began their PREA training for inmates in October 20, 2014 and the entire standing population was trained by December 13, 2014. SCI Mahanoy utilizes PREA orientation video that is in both English and Spanish version. The video is approximately an hour long and it covers the required PREA material. Inmates are given inmate orientation handbook at orientation. Inmates are afforded an opportunity to ask questions of staff. After review of the handbook, the inmates sign a form acknowledging their understanding. A copy of the form is placed in the inmate records.</p> <p data-bbox="248 1312 1477 1603">subsection (b) within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video regarding. The training either in person or through video will include the rights to be free from retaliation for reporting incidents of sexual abuse or sexual harassment and a staff member must be present at all times during inmate education. SCI Mahanoy policy is in accordance with the National PREA Resources Center Inmate Education Facilitator's Guide PREA; What You Need to Know (Attachment 2-1) and to answer questions." This information was verified through inmate interviews.</p> <p data-bbox="248 1659 1477 1816">Subsection (c) All inmates at SCI Mahanoy have received PREA training. According to Agency policy, all inmates transferring to the institution from different facilities are trained on PREA. Compliance verification forms are on files and inmate interviews confirmed training upon arrival to the facility.</p> <p data-bbox="248 1872 1477 2074">Subsection (d) DC-ADM 008 section 02 requires the facility to ensure the inmate education is accessible in formats as needed for Limited English Proficiency (LEP), deaf, visually impaired or otherwise disabled resident. For situations that need other languages, SCI Mahanoy has a contract with a vendor for translation services, and braille is available at another institution (SCI Camp Hill) and TTD for inmates who are deaf.</p> <p data-bbox="248 2130 1477 2166">Subsection (e) The Agency maintain documentation of inmate participation in these education</p> |

sessions. The facility was able to provide verification sheets for randomly selected inmates to support the standard.

Subsection (f) SCI Mahanoy ensures the educational materials are continuously and readily available and visible to inmates about PREA. All housing units and programming areas have PREA informational posters and Auditors observed these throughout the facility as well as the education building. Inmates have access to PREA information in the common areas of the unit and the phone numbers to the crisis hotline are clearly displayed above the phones in the day rooms in both Spanish and English. During the tour and scheduled interviews, inmates knew that the facility had a zero tolerance policy. All inmates were well aware of PREA and how to get help if they were sexual abused or harassed. They also confirmed PREA training when they were first admitted or during their time at the institution.

Corrective Action: None

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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. DC-ADM 008 Section 02 2. Specialized Investigator Training PowerPoint 3. Interview the following: Investigative Staff <p>Subsection (a) SCI Mahanoy investigators received specialized training in September 2016, developed by The Moss Group, Inc. from the PREA Resource Center website to supplement prior investigator training received. In the Pre-Audit Questionnaire, SCI Mahanoy reports four (4) Department Security staff trained investigators and four (4) additional management level staff trained to help with the investigations. The facility presented curriculum documentation that indicated that the agency performed training related to investigating sexual assaults in a confinement. The attendees are required to submit a verification form which Auditors reviewed the files.</p> <p>Subsection (b) The specialized investigators training provided by The Moss Group, Inc. covers all the required components in this subsection including the use of Garrity warnings for compelled staff interviews.</p> <p>Subsection (c) During site review, lesson plans, power point slides and sign in sheets were reviewed and interview of investigators demonstrated they understood what their roles and responsibilities are. From the review of training documents, training included interview techniques for sexual abuse victims, proper use of Miranda and Garrity warnings, collection of sexual abuse evidence in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Subsection (d) Agents and Investigators must be trained in conducting investigations in confinement setting as per 115.34 (b) above. SCI Mahanoy maintains documentation in personnel files of all training received by staff members. Sign-in sheets are maintained for all trainings.</p> <p>Corrective Action: None</p> |

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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 Section 02 3. Medical/Mental health training curriculum 4. Handout -sexual abuse and sexual harassment 5. Participant Guide 6. Interview with the following: Medical staff Mental health staff <p>Subsection (a) DC-ABM 008 section 02 policy requires all volunteers, and contractors to have orientation training on PREA. Policy also requires training beyond the orientation shall be based on the specific activities in which the volunteers or contractors will be involved. The facility medical and mental health staff are contractors that work for Health Care Services and Mental Health Management, respectively. Facility ensures all the part- and full-time medical and mental health care practitioners who work regularly with inmates have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment. Through the interviews, review of training records and questionnaire, it was determined that medical and mental health care staff (84) have received the basic PREA training that all staff and contractors receive as applicable. In addition to the specialized medical and mental health care training the staff receives, they are also trained on how to detect and assess for signs of sexual abuse and sexual harassment, how to preserve physical evidence of victims of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how to report and to whom to report allegations of suspicions of sexual abuse and sexual harassment.</p> <p>Subsection (b) Medical staff at the facility are not trained to conduct and do not perform any forensic examination.</p> <p>Subsection (c) The facility maintains documentation verifying that medical and mental health practitioners have received the training referenced in this standard. During site review, Auditors randomly checked additional training records of medical and mental health staff for PREA training provided to all staff. Auditors interviewed medical and mental health practitioners and they confirmed they have been trained. Training logs and verification forms were provided as evidence.</p> <p>Subsection (d) Medical and mental health care practitioners employed by the agency also receive training mandated for employees by standard 115.31. Training logs and sign sheets were provided and interview with staff support this standards.</p> <p>Corrective Action: None</p> |

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| 115.41 | Screening for risk of victimization and abusiveness |
| | <p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 371 676 618" style="list-style-type: none"> 1. Completed Pre-Questionnaire 2. DC-ADM 008 Section 02 3. PREA Assessment Tool (PRAT) 4. PRAT re-assessment sample 5. Interviews with the following <p data-bbox="252 629 735 786">Random inmates Staff responsible for PRAT screening PREA Coordinator PREA Compliance Manager</p> <p data-bbox="252 842 1469 1424">Subsection (a). The DC-ADM 008 section 02 policy exceeds the requirement of this standard. During onsite visit, Auditor was provided with copies of PRAT (PREA Assessment Tool) and a review of the instrument reveals that all the required questions are addressed and the instrument is objective. The screening is conducted at intake upon inmate arrival by a registered nurse utilizing PRAT screening tool which indicates each item stipulated in this standard. All inmates transferred into the institution are screened within 72 hours of arrival by staff for risk of being a sexual abuser or being abused. During the interview of staff responsible for completing screening, it was apparent that staff was knowledgeable of the process and the importance of PREA screening. Through interviews and supporting documentation, it was confirmed that follow-ups occur within seven (7) working days and Mental Health staff tracks the information on a spreadsheet alone. Inmates were randomly interviewed and they verified being asked the questions on PRAT. During onsite interview with staff, it was confirmed that dissemination of the screening tool information is considered sensitive and is maintained in a confidential manner.</p> <p data-bbox="252 1480 1469 1637">Subsection (b) SCI Mahanoy screens inmates within 72 hours of arrival in the institution. The facility has inmate management software that indicates the date that the inmates arrive and the date of the screening. Auditors were able to review the information to confirm the process is followed as outlined in the policy.</p> <p data-bbox="252 1693 1485 1805">Subsection (c) PREA Assessment Tool (PRAT) attempts to ascertain information about all ten (10) enumerated items in this subsection. DC-ADM 008 section 02 subsection 2-E requires the PRAT to contain all required elements of this subsection.</p> <p data-bbox="252 1861 1469 2018">Subsection (d) DC-ADM 008 section 02 requires intake screening considers at a minimum all ten (10) elements enumerated items in this subsection. The screening staff confirmed that the screening tool was being used and inmates, during interviews, verified that they were asked questions on the PRAT.</p> <p data-bbox="252 2074 1461 2152">Subsection (e) In assessing inmates for risk of being sexually abusive, the initial PRAT considers, when known to the agency, prior acts of sexual abuse; prior convictions for violent</p> |

offenses; and history of poor institutional violence or sexual abuse. Policy (subsection 2-E) confirms the consideration of these factors. These factors appear on the hard copy of the tool which auditors reviewed and random interviews with inmates confirmed that they have been asked the questions on the screening tool (PRAT).

Subsection (f) Within 30 days of inmate arrival at the institution, inmate is re-assessed for risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The policy and procedure manual subsection 2-E requires, " A re-assessment shall be conducted between day 20 and 30 of every inmate's arrival in the system or receipt into another facility utilizing PRAT. The counselor will re-assess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility staff since the intake screening." A review of inmates' files and interviews with counselor supports this subsection.

Subsection (g) SCI Mahanoy re-assesses an inmate's risk level when warranted due to a: referral, request, an incident or sexual abuse, or a receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Facility provided to Auditors copies of inmates records supporting re-assessment was completed within policy required timeframe.

Subsection (h) At SCI Mahanoy, inmates are not 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 subsection. According to section 02 subsection 2-E, inmates shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions regarding prior victimization, disabilities, their perception of vulnerability, or their sexual orientation. PRAT contains language which advises the inmate that no penalty will occur for not answering questions.

Subsection (i) Interview with PCM reveals that information is kept confidential and only accessible by limited individuals. Files are kept securely. Only medical and mental health care staff in addition to supervisor has access. If any other staff request access, there must be a business need and supervisor approval. There is a system in place to ensure appropriate controls on the dissemination of sensitive information is in place.

Corrective Action: None

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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 Section 02 Section 09-working with Transgender - Intersex inmates 3. Interviews with the following: Random inmates Staff responsible for PRAT screening PREA Compliance Manager Staff who supervise inmates in RHU(Restricted Housing Unit) <p>Subsection (a) SCI-Mahanoy DC-ADM 008 Prison Rape Elimination Act (PREA) policy require that the information obtained in the screening/intake process is used to make housing and other assignments. Interviews with staff indicate the information is used to make decision on inmate housing, bed, programming, education and work assignments. The facility provided a printout for Auditors to review out of their inmate management system that clearly indicates when an inmate presents a concern under this subsection.</p> <p>Subsection (b) The agency makes individualized determinations about how to ensure the safety of each inmate. This is supported by DC-ADM 008 section 02 policy and procedures manual. PCM provided printouts from its inmate tracking management system that indicates how inmates are tracked for purpose of compliance with this subsection. SCI Mahanoy uses screening information to determine housing, bed, work, education and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risk of being abusers. Inmates who are vulnerable to sexual assault are coded, (code H-for single cell) and tracked through the institutional system. Auditors were able to review the computer system and interviewed an inmate who had an "H" code, and he was well aware of why he was in a single cell.</p> <p>Subsection (c) Section 09 of policy and procedure provide that transgender and intersex inmates are not to be assigned specific units based solely on such identification. The facility considers on a case by case basis whether a placement would ensure the inmate's health safety or whether a placement would present management or security problems. Interviews with inmates and PCM support this subsection.</p> <p>Subsection (d) Interview with staff and PCM indicates that placement and programming assignments for each transgender or intersex inmates is re-assessed at least twice each year to review any threats to safety experienced by the inmate. According to section 09 (DC-ADM 008) the unit Manager and PCM meet with the identified transgender or intersex inmates during semi-annual and annual review. During this meeting, the PCM shall complete the Gender Review assessment Checklist. According to completed PAQ, PCM reports one identified transgender inmate and Auditors were able to interview him.</p> |

Subsection (e) SCI Mahanoy's policy (section 09) requires that transgender and intersex inmate's views regarding safety shall be given serious consideration. Interviews with staff and one transgender inmate corroborate that this is the practice.

Subsection (f) Section 09 (DC-ADM 008) requires transgender and intersex inmates be given the opportunity to shower separately from other inmates. On-site interview with transgender inmate indicated he showers separately.

Subsection (g) The agency refrains from placing lesbian, gay and bisexual inmates up dedicated facilities, units, or wings solely on the basis of such identification or status. According to the agency policy and procedure, (DC-ADM 008 section 09), " transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification, or status unless the placement is in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates." Interviews with staff and PCM indicate that there are no dedicated housing unit specifically for LGBTI inmates.

Corrective Action: None

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site reviews):</p> <ol style="list-style-type: none"> 1. completed PAQ 2. DC-ADM 008 section 02 subsection 4-B 3. Policy and Procedure- DC-ADM 802 Placement in administrative custody subsections 01, 01, 03 and 04 4. Interviews with the following: Random Staff PREA Compliance Manager <p>Subsection (a) SCI Mahanoy always refrains 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 are no available alternatives means of segregation from likely abusers, If the facility can not conduct such an assessment immediately. Staff interviews confirmed awareness that inmates at high risk for sexual victimization should not be placed in Restricted Housing Unit (RHU) involuntarily unless there is no alternative placement for the inmate. Review of protective custody status are completed every 7 days for the first two months and every 30 days thereafter.</p> <p>Subsection (b) Inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to programs, education, work opportunities to the extent possible. The facility documents all restricted access to programs, education and work and the duration of the limitation. Section One of the Pennsylvania Department of Corrections' Prison Rape Elimination Act (PREA) policy states "the Shift Commander, PREA Compliance Manager (PCM) and on-call Administrator will determine placement for an alleged victim if alternative placement is not available." There have been no cases in the last twelve months where involuntary protective custody has been an option.</p> <p>Subsection (c) The facility assigns inmates of high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. This standard is supported by agency policy which states, "Facility may assign inmates to involuntary segregation only until an alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed 30 days." Interview with PREA Compliance Manager confirms that the agency complies with the policy if the situation arises. There have not been any cases reported in this facility in the last 12 months.</p> <p>Subsection (d) SCI Mahanoy would clearly document reason why any involuntary segregated housing assignment is made and why no alternative means of separation can be arranged. The DC-ADM 802 (subsection 01 and 03 respectively) Policy and Procedure clearly states, "If any involuntary assignment is made, the shift Commander shall clearly document on the DC-141, part 1 report responding to the following questions: (1) the basis for the staff member's concern for the inmate's safety; (2) the other alternative means of separation that were explored; and (3) the reason why no alternative means of separation can be arranged." This</p> |

information was confirmed through interviews and review of documents (sample forms/reports).

Subsection (e) In the case of each inmate who is placed in involuntary segregation because he is at high risk of sexual victimization the facility affords a review to determine whether there is a continuing need for separation from the general population every 30 days. This is supported by DC-ADM 802 subsection 01, "The Program Review Committee shall ensure each inmate is reviewed to determine whether there is a continuing need for separation from the general population." There have been no cases reported in the last 12 months.

Corretive Action: None

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 <p>Section 03</p> <p>Subsection (a) SCI Mahanoy policy DC-ADM 008 section 03 provides multiple internal ways for inmates to privately PREA related incidents. These includes verbal reporting to staff, written reports or calling the crisis hotline on the phone or third party reporting. The policy clearly indicates PREA reporting requirements to include staff responsibilities and inmate reporting protocols. Interviews with inmates and staff further evidenced this internal reporting mechanisms are available and utilized.</p> <p>Subsection (b) The agency also provides 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. DC-ADM section 03 clearly states reports of sexual abuse or sexual harassment can be made unanimously to the Pennsylvania State Police, an independent agency. That private entity or office is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials. The private entity or office allows the inmate to remain anonymous upon request. There are no inmates detained solely for civil immigration purposes at SCI Mahanoy. Interviews with staff and PCM confirmed this is the practice of the facility</p> <p>Subsection (c) DC-ADM 008 section 03 requires staff to accept reports made verbally, in writing, anonymously and from third parties. Staff is required to document all reports received. Interviews with staff indicate this is the practice of the facility.</p> <p>subsection (d) The agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. Section 03 (DC-ADM 008) of policy manual clearly outlines reporting procedures for staff including for making report. Auditors were able to review training records to demonstrate staff is aware of reporting methods. Interviews with staff and inmates confirmed that they were aware of the multiple reporting procedures that were available.</p> <p>Corrective Action: None</p> |

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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <p>1. DC-ADM 008 section 03 804 section 01</p> <p>Subsection (a) The Commonwealth of Pennsylvania Department of Corrections does not have an administrative procedure to address an inmate's grievance regarding sexual abuse. If an inmates inadvertently uses the grievance system, the complaint is diverted to the PREA Complaint procedure. DC-ADM 008 section 03 stipulates that inmates shall not utilize the grievance system to report sexual abuse or sexual harassment. If they do use the grievance system, the Facility Grievance Coordinator shall reject the grievance and forward it to the facility Security Office and PREA Compliance manager for tracking and investigation and inmate shall be notified.</p> <p>In accordance with this section of the Standard, the SCI Mahanoy is exempt from this Standard.</p> <p>Corrective Action: None</p> |

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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 section 04 3. PREA Brochure 4. Rape Crisis Center MOU 5. Rape Crisis Services Information 6. Interviewed the following: Random inmates PCM Facility Superintendent <p>Subsection (a) SCI Mahanoy has an MOU with the Sexual Assault Resource and Counseling Center (SARCC). The MOU covers victim advocacy services during forensic exams. It also includes crisis intervention counseling and referrals to services for victims. The facility provides inmates access to SARCC by giving mailing address and telephone numbers including toll-free hotline numbers. During on-site review, Auditors noticed the toll free numbers and SARCC information was clearly visible in the housing units for inmates. The facility enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Auditors were able to review brochures in both English and Spanish that inform inmates of SARCC contact information.</p> <p>Subsection (b) SCI Mahanoy informs 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. DC-ADM 008 section 04 requires PCM to inform inmates of the extent to which the communication will be monitored prior to giving access. Interviews with inmates and PCM indicated that this is the practice at SCI Mahanoy.</p> <p>Subsection (c) SCI Mahanoy has executed a Memorandum of Understanding between SARCC and SCI Mahanoy and maintains copies of agreement.</p> <p>Corrective Action: None</p> |

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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 section 03 3. Posters <p>Subsection (a) SCI Mahanoy has on its website has established methods to receive third party reports of sexual abuse and sexual harassment. Auditors were able to verify that there is a website for parents and third party about PREA and how to report sexual abuse and sexual harassment on the behalf of inmates. SCI provided Auditors with a link (www.tipsubmit.com) to verify PREA information and how to report sexual abuse and sexual harassment is accessible to third party. Inmates are aware of the website through posters and informational brochures. At the time of this audit, SCI Mahanoy has not received any third party reports. Interviews with staff and inmates reveal that they are aware of third party reporting options available.</p> <p>Corrective Action: None</p> |

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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 section 03 3. Interview the following: Superintendent PREA Coordinator Medical and Mental health Practitioners <p>Subsection (a) DC-ADM 008 section 03 require staff to report immediately all the information delineated to this subsection (i.e., sexual abuse, sexual harassment, retaliation, staff neglect, and violations of staff responsibilities). interviews with staff indicates they understand their reporting obligations.</p> <p>Subsection (b) Section 03 of Policy and Procedure Manual prohibits staff from revealing confidential information related to a report of sexual abuse except for the extent necessary to make treatment, investigation, and/or other security management decisions. Interviews with staff indicate their understanding of the confidential provision.</p> <p>Subsection (c) Medical and Mental health practitioners are required to inform inmates of the practitioners mandatory reporting obligations and the limitations of confidentiality at the initiation of services. Interviews with medical and mental health practitioners reveal their understanding of the provision.</p> <p>Subsection (d) DC-ADM 008 section 03 requires facility to report all allegations of vulnerable adults or victims under age 18 to designated State or local Department of Social Services agency under mandatory reporting laws. Inmates are cleared and assigned security levels through another facility before being sent to SCI Mahanoy, therefore, inmates under the age of 18 are not sent there. Interview with the superintendent confirmed that this is the practice.</p> <p>Subsection (e) All allegations of sexual abuse and sexual harassment are reported to the facility designated investigators. The staff member or supervisor who completes the incident report forwards it to the PREA Compliance Manager who then distributes via email to all parties involved, including investigator charged with initiating the investigation. Interview with Superintendent confirmed that all reports of abuse are investigated by appropriate staff.</p> <p>Corrective Action: None</p> |

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 section 02 section 04 3. interviewed the following: random staff contractors and volunteers <p>Subsection (a) DC-ADM 008 sections 02 and 03 respectively require staff, volunteers and contractors to take immediate action to protect any inmate they learn is the subject of being at risk of sexual abuse. Interviews with staff, volunteers and contractors demonstrated they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security/Custody staff take immediate actions to separate and protect the inmate while information is passed onto the investigator and PREA Compliance Manager.</p> <p>Corrective Action: None</p> |

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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 section 03-A Notification of sexual abuse to another facility 3. Interview with the following: Superintendent PCM <p>Subsection (a) SCI Mahanoy reports in the PAQ that in the past 12 months they have received one allegation that an inmate was abused while confined at another facility. Section 03 subsection A (DC-ADM 008) requires the Superintendent to provide the required notifications under this section regarding the inmate's abuse while confined at other facilities. Interviews with PCM and superintendent indicate they are knowledgeable about the requirement of this section and that this notification occur when any allegations are received.</p> <p>Subsection (b) Section 03 (subsection A) requires notification within 72 hours as required by this standard. The notification form us used by the facility contains the date of the report and the date of the notification. Interviews with PCM and Superintendent indicate they are knowledgeable about the requirements of this standard and that they would adhere to this mandatory timeframe.</p> <p>Subsection (c) DC-ADM 008 section 03 (subsection A) requires the facility to document when all such notifications are made, provided and to whom. Interviews with Superintendent and PCM indicate that they are knowledgeable about the requirement of this section and that they would comply with requirement should they receive any allegations.</p> <p>Subsection (d) DC-ADM section 03 (subsection A) requires al allegations are investigated in accordance with this standard. Interviews with PCM and Superintendent indicate that they are knowledgeable of this process and requirements of this standard and would adhere to this investigation requirement for any allegation that they may receive.</p> <p>Corrective Action: None</p> |

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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 section 04 3. Interviewed the following: random staff security staff and non security staff <p>Subsection (a) DC-ADM section 04 details the first responder duties for a security staff member or a non-security staff (i.e. not a certified officer) in accordance with this subsection. SCI Mahanoy completed PAQ reports that they have 50 allegations that inmates were sexual abuse in the past twelve months. These allegations did not involve a situation that would require the collection of physical/forensic evidence. PAQ reflects that there have been four (4) allegations in the past 12 months that would require the collection of physical evidence. These victims were taken to the hospital.</p> <p>Upon learning of the allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence: request that alleged victim not shower, brush teeth, change clothes, urinate, defecate, smoke, drink or eat, if the abuse occurred within a time period that still allows for the collection of physical evidence. Interview with staff indicate that they are knowledgeable of the requirements of this subsection of the standard.</p> <p>Subsection (b) SCI Mahanoy policy details the first responders duties of non-security staff member in accordance with this subsection. SCI Mahanoy completed PAQ indicates that non-security staff have been first responders in ten (10) alleged cases of inmates being sexually assaulted. The policy requires immediate notification to Shift Commander. Interview with security and non-security staff indicate that they are knowledgeable of the requirements of this standards and would adhere to the policy when encountered with a situation.</p> <p>Corrective Action: None</p> |

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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. MAH PREA Policy 3. Interview with the following: Superintendent <p>Subsection (a) The DC-ADM 008 MAH is the written institutional Prison Rape Elimination Act (PREA policy) plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators and facility leadership in response to an incident of sexual abuse. The policy outlines the response of all staff to ensure proper steps are followed to protect from sexual abuse or harassment. Through interviews with non security and security staff confirmed that they are knowledgeable about the PREA steps and the coordinated duties. The facility has a Coordinated Response Plan outlined in their policy.</p> <p>Corrective Action: None</p> |

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. AFSCME Documents (master agreement and first level supervisors) 3. Interview with the following: Superintendent <p>Subsection (a) The agency has multiple contracts and has undergone considerable research to determine if they are in compliance with the standard. Pennsylvania Department of Corrections operates within the confines of eight (8) collective bargaining agreements which allows the Department certain rights. Secretary Wetzel on January 12, 2015 revised and re-issued current procedures for suspensions pending investigation. The original procedures were issued in March of 2012. The procedures were revised to incorporate new direction as a result of language issued in the November 2014 H-1 interest arbitration award which auditors reviewed during site visit. The amended language in section 05 of the award provides that the Commonwealth shall have no requirement to furnish 24 hours advance written notification of inmate charges in accordance with this Section when an allegation falls within the purview of the Prison Rape Elimination Act (PREA). These updated procedures are also being incorporated into policy 4.1.1 Human Resources and Labor Relations Section 7 Standardization of Pre-Disciplinary Conferences.</p> <p>Subsection (b) Auditor is not required to audit this provision.</p> <p>Corrective Action: None</p> |

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site reviews):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 section 02 section 03 3. MAH PCM report (8/2016) 4. Interview with the following PCM Deputy Superintendent <p>Subsection (a) The facility has designated Ms. J. MacKnight, PREA Compliance Manager (PCM) and Deputy Superintendent are responsible for monitoring retaliation and should an incident of sexual abuse occur will conduct status checks with inmates who have been victimized or reported victimization every 30 days and up to 90 days or longer if need be to make sure the inmate has not been subjected to retaliation. In PAQ, it is reported that there were four incidents of retaliation reported in the past 12 months. During onsite visit, documentation was provided demonstrating PCM reviews every programming, housing, infractions and staff work reassignments for all inmates and or staff who have reported sexual abuse or sexual harassment or who have cooperated with sexual abuse or sexual harassment investigations.</p> <p>Subsection (b) Interview with PCM indicate that multiple strategies are utilized to protect individuals from retaliation. DC-ADM 008 section 02 provides multiple measures to protect inmates from retaliation including housing changes, reassessments and reassignment of alleged perpetrators.</p> <p>Subsection (c) Section 02 requires the monitoring of inmates or staff who report sexual abuse to see if there is any retaliation occurring. Policy requires the PCM and Deputy Superintendent to conduct the monitoring. During site visit, Auditor was able to review the MAH report which shows how the information is being tracked.</p> <p>Subsection (d) In the case of inmates, monitoring also includes periodic status checks. This was verified by the PREA Compliance Manager and documented on a form designed for this purpose.</p> <p>Subsection (e) Inmates and staff are protected against retaliation. There were no cases to review. Interviews with Deputy Superintendent and PCM confirmed that such action would be taken.</p> <p>Subsection (f) Auditor is not required to audit this provision</p> <p>Corrective Action: None</p> |

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 Section 02 3. Interview with the following: Superintendent Inmate in segregation <p>Subsection (a) SCI Mahanoy completed PAQ reports that they have not had any inmate alleged to have suffered sexual abuse who was placed in segregation. Section 02 of the PREA policy and procedure allows for inmates who are determined to be at risk for abuse or sexual victimization to be protectively isolated/Restricted Housing Unit (RHU) as a last resort when less restrictive measures are inadequate to ensure safety. Auditors observes several inmates in segregation that were behavioral seclusion temporarily but no inmates in isolation who were victims of sexual abuse. Interviews with random inmates confirmed that they were not housed because of allegations of sexual abuse or sexual victimization. Interview with the Superintendent indicated that they are aware of the requirements of this subsection of the standard.</p> <p>Corrective Action: None</p> |

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| 115.71 | Criminal and administrative agency investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. DC-ADM 008 Section 05 2. Interview with the following: Superintendent PCM Investigative staff <p>Subsection (a) SCI Mahanoy conducts its own investigations into allegations of sexual abuse, sexual harassment including third party and anonymous reports but the criminal investigations are conducted by the Pennsylvania State Police. Section 05 of the PREA policy and procedure requires that in administrative investigations, staff will investigate promptly, thoroughly, and objectively all allegations of sexual abuse, sexual harassment, and retaliation.</p> <p>Subsection (b) The policy and procedure requires all investigative staff shall be trained in conducting sexual abuse investigations in confinement settings. all investigators have received specialized training in sexual abuse investigations involving adult victims. Interview with investigative Captain confirmed they have received investigative training.</p> <p>Subsection (c) SCI Mahanoy investigators do not collect physical DNA evidence; PSP is responsible for all forensic evidence collection. Facility investigators interview the alleged victims, suspected perpetrators and witnesses and review prior reports and complaints of sexual abuse involving the suspected perpetrator. Interview with investigator confirm that this is practice at SCI Mahanoy.</p> <p>Subsection (d) When quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle to subsequent criminal prosecution. while there were no substantiated criminal complaints involving sexual abuse occurring over the past twelve months, investigative staff report that PSP conducts criminal investigation in the facility.</p> <p>Subsection (e) The DC-ADM 008 section 05 requires the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. The department shall NOT require an inmate who alleges unwanted or forced sexual abuse to submit to a polygraph examination or other truth telling device as a condition of proceeding with the investigation of such an allegation. Interview with investigation staff confirms that this is the practice at SCI Mahanoy.</p> <p>Subsection (f) Administrative investigations include an effort to determine whether staff actions or failures are documented in written reports that include a description of the physical evidence and testimonial evidence. Interview with investigative supervisor confirmed that reports are always submitted when investigations are initiated.</p> |

Subsection (g) There were four cases being investigated by PSP during the period of this Audit. The PSP had not concluded the case at time of this report. PSP was involved in the investigation of criminal complaints. Interview with investigative staff confirmed that PSP enter facility to conduct a criminal investigation and the facility investigators work closely with them. Security Office at the facility in collaboration with the Office of Special Intelligence and Investigations(OSII) conduct administrative. During onsite interview, it was confirmed that the Pennsylvania State Police would keep the PCM and facility investigator informed of the progress of the investigation being conducted.

Subsection (h) All substantiated allegations of conduct that appears to be criminal are referred for prosecution. The OSII works closely with PSP and conducts an administrative investigation at the conclusion of the criminal investigation. Interview with investigative staff confirms the process is practice at SCI Mahanoy.

Subsection (i) Section 02 requires each facility and the Office of Special Investigations and Intelligence (OSII) shall be responsible to securely maintain such files and the Department shall retain all criminal and administrative agency investigative reports for as long as the alleged abuser is incarcerated or employed plus five additional years. Through interviews, the facility adheres to the policy and it would be followed if circumstance required it.

Subsection (j) The departure of the alleged victim or abuser from the employment or control of the facility or Department shall not provide a basis for terminating an investigation. The investigative Captain confirms the policy and states that it would be followed if circumstance required it.

Subsection (k) Auditor is not required to audit this provision.

Subsection (l) The PREA Policy and Procedure requires SCI Mahanoy investigative staff to fully cooperate in the investigation conducted by the PSP or other applicable outside law enforcement agency. Interviews with investigative staff confirmed that this is the practice.

Corrective Action: None

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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Review (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. DC-ADM 008 section 05 2. interview the following: Investigative staff <p>subsection (a) DC-ADM 008 section 05 prohibits SCI Mahanoy from imposing a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment have occurred. Interviews with investigators indicated that the standard used is preponderance of the evidence.</p> <p>Corrective Action: None</p> |

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| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. DC-ADM 008 Section 05 Section 08 2. Interview with the following: Superintendent Investigative <p>Subsection (a) DC-ADM 008 section 05 requires inmate notification following an investigation into an allegation of sexual abuse. Through interview, the facility investigator indicates that practice is to notify the inmate as required by this subsection.</p> <p>Subsection (b) SCI reports in the PAQ that there have been no investigations of alleged inmates sexual abuse in the facility that were completed by an outside agency in the last 12 months, therefore there have been no notifications to inmates. It is worth noting that PSPS had not concluded the cases under investigation during the time of this Audit. Notifications are documented with a form designed for such purpose.</p> <p>Subsection (c) PREA policy and procedure manual requires facility notification pursuant to this subsection of the PREA standards to comply with this standard.</p> <p>Subsection (d) The facility is required to notify an inmate, who alleges that he has been sexually abuse or sexually harassed by another inmate, if the alleged abuser has been indicted on a charge related to sexual abuse within the facility. Section 08 of PREA Policy and Procedure Manual reflects these provision. At SCI Mahanoy, inmates are notified in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. A signature is obtained from the inmate to document the offender's acknowledgement of receipt of the letter.</p> <p>Subsection (e) The facility document all such notifications or attempted notifications. The facility produced signed forms to indicate compliance.</p> <p>Subsection (f) Auditor is not required to audit this provision</p> <p>Corrective Action: None</p> |

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| 115.76 | <p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 <p>Section 07</p> <p>Subsection (a) Section 07 (DC-ADM 008) provides that employees shall be subject to disciplinary sanction up to and including termination for violating facility sexual abuse, sexual harassment and retaliation policies.</p> <p>Subsection (b) Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. This is confirmed and reiterated in Human Resources and Labor Relations Policy (Bulletin 4.1.1).</p> <p>Subsection (c) Section 07 provided that discipline is given based upon the requirements of this subsection and is commensurate with the nature and circumstances of the conduct, the staff member's disciplinary history, and sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicates there have been no staff members in the past 12 months disciplined, short of determination, for violations of policy.</p> <p>Subsection (d) Section 07 provides that all conduct that could be criminal is reported to local law enforcement (PSP) and for investigation. The PAQ indicates there have been no staff in the past 12 months reported to PSP for possible criminal conduct.</p> <p>Corrective Action: None</p> |
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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 08 Section 07 <p>Subsection (a) DC-ADM 008, section 07 requires any contractor, volunteer, or intern who engages in sexual abuse shall be prohibited from contact with inmates. Potentially criminal conduct must be reported to PSP. Reports are also made to the University that the intern attends as well as any relevant licensing bodies. SCI Mahanoy reports in the PAQ that during the past 12 months there have no contractors or volunteers that have been reported to law enforcement or relevant licensing bodies. Interview with Superintendent indicated that all requirements related to this standard would be followed.</p> <p>Subsection (b) DC-ADM 008 section 07 requires the facility to take appropriate remedial measures and to consider whether to prohibit further contact with inmates based on the conduct as required by this subsection. Section 07 of the policy and procedure provides supporting policy and Auditors interview with Superintendent who indicated this is the practice of the facility.</p> <p>Corrective Action: None</p> |

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| 115.78 | Disciplinary sanctions for inmates |
| | <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="248 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="248 371 643 663" style="list-style-type: none"> <li data-bbox="248 371 459 405">1. DC-ADM 008 Section 801 Section 07 <li data-bbox="248 499 496 533">2. Completed PAQ <li data-bbox="248 544 643 663">3. Interview with the following: Superintendent Medical and Mental Health practitioners <p data-bbox="248 712 1477 1043">subsection (a) PREA policy and procedure manual (DC-ADM 008 section 07) provides inmate be subject to disciplinary sanctions only pursuant to a formal disciplinary process when there is an administrative and/or criminal finding that the inmate engaged in inmate on inmate sexual abuse. SCI Mahanoy reports in the PAQ that there has been no administrative finding of resident sexual abuse that occurred in the facility in the past 12 months. PCM, mental health and medical practitioners were interviewed and they confirmed that there have not been any administrative or criminal findings involving inmate sexual misconduct in the past twelve months.</p> <p data-bbox="248 1099 1437 1391">Subsection (b) Per DC- ADM 008 Prison Rape Elimination Act Procedures Manual and DC-ADM 801(Inmate Discipline), the sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process considers whether an inmates mental disabilities or illness contributed to their behavior. Auditor interviewed the Superintendent who confirmed there were no cases to review but this is the practice at the facility.</p> <p data-bbox="248 1447 1453 1603">Subsection (c) Section 07 provides that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. There were no cases reported for review.</p> <p data-bbox="248 1659 1453 1984">Subsection (d) Section 07 addresses the requirements of this subsection regarding offering inmates therapy, counseling or other interventions as part of discipline. Policy (section 07) require when an inmate is found guilty of a Class one misconduct related to sexual abuse, the Unit Manager shall refer the inmate to the Sex Offender Treatment Program for evaluation to determine whether or not the inmate is appropriate for the program, and if the inmate will be required to complete the program as part of the sanctions or as a condition to access programming or other benefits. interviews with medical staff and mental health practitioners indicate the practice is compliant with this subsection.</p> <p data-bbox="248 2040 1477 2152">Subsection (e) Policy and procedure manual section 07 permits an inmate to be disciplined for sexual contact with a staff member only if it is substantiated that the staff member did not consent to such contact.</p> |

Subsection (f) Section 07 provides that a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Subsection (g) PREA Policy and Procedure Manual, section 07, prohibits all sexual activity between inmates in the facility and allows the facility to discipline violators in accordance with the inmate discipline plan. The facility shall not deem such activity to constitute sexual abuse, if the Department, through investigative process, determines that the activity is not coerced or forced. The facility provided the policy to support the standard and conversation with facility staff indicated that the policy is known and would be supported if circumstances warranted.

Corrective Action: None

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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 <p>Section 02</p> <ol style="list-style-type: none"> 3. Risking Tracking in Unit Management 4. Informed consent 5. Interview with the following: <p>Medical staff Mental Health practitioners</p> <p>Subsection (a) SCI Mahanoy policy section 02 requires that if an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or community, staff shall ensure that the inmate is offered follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening or sooner, if clinically indicated. SCI Mahanoy reports in the PAQ that in the past 12 months, there have been eighty (80) reported cases of prior victimization. The facility provided further documentation of compliance in the form of printout and interview form used to initiate the required services. Interviews with medical who perform screening at intake confirmed the practice. Interview with mental health practitioner who track, monitor and provide follow-up services also confirmed the practice.</p> <p>Subsection (b) Section 02. Requires offering inmate follow-up services with medical or mental health practitioners within 14 days if an inmate discloses at the intake screening process that the inmate has previously perpetrated sexual abuse. IN addition when information becomes available relating to perpetration of inmate-inmates sexual abuse history, a mental health evaluation shall be conducted on these abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. SCI Mahanoy reports in the PAQ that in the past 12 months, there have been thirteen (13) screenings that have indicated an inmate has previously perpetrated sexual use. Interviews with medical and mental practitioners staff indicate facility practice would be for the nurse to see an inmate almost immediately and when the screening process indicates the inmate has previously perpetrated sexual abuse, the case is referred for follow-up services, tracking, and monitoring the progress.</p> <p>Subsection (c) SCI Mahanoy is a prison.</p> <p>Subsection (d) Section 02 Policy and Procedure requires that any information related to sexual victimization or abusiveness occurring in an institution setting shall be strictly limited to medical and medical health practitioners and other staff, as necessary, to inform treatment plans, security and management decisions, including housing and bed placement, work, education and program assignment, or otherwise required by Federal, State, or local law. The confidential details of the screening report, known as PREA Assessment Tool (PRAT) are generally not available to staff outside of the medical department. Screening is done by medical practitioner and is treated with the security of other health records. Interview with</p> |

Medical practitioners and PCM confirmed that is the practice at this facility.

Subsection (e) Section 02 requires medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The DC-484, mental health informed consent form shall be used for this purpose in accordance with Department policy. If the inmate refuses to sign, it shall be noted on the DC-484 signed by the witness and maintained in the medical record. Auditors were able to review a copy of the form.

Corrective action: None

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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 Section 04 3. Interview with the following: Medical and Mental Health practitioners Random staff <p>Subsection (a) DC-ADM 008 section 04 requires all alleged inmate victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such service is determined by medical and mental health practitioners according to their professional judgment. The alleged victims are removed to a community hospital for treatment. Interviews with medical and mental health practitioners indicated they would follow the policy when the situation arises.</p> <p>Subsection (b) Interviews with first responders indicate the practice of the facility is compliant wh this subsection. The victim will be protected as will the crime scene. Until the police and necessary medical staff member arrive on site or until the victim is transported. Interview with staff confirmed that they are aware of the process.</p> <p>Subsection (c) Section 04 (DC-ADM 008) provides that a victim will be offered timely access to medical treatment, such as contraception, and testing (sexually transmitted infections prophylaxis) in accordance with professionally accepted standards of care where medically appropriate to include emergency contraception. Staff interviews confirm this is practice at SCI Mahanoy.</p> <p>Subsection (d) Section 04 (DC-ADM 008) provides that treatment services are provided to the victim without financial cost to the victim or the contracting county. Also, treatment services are provided regardless of whether the victim names the abuser or cooperates with the investigation.</p> <p>Corrective Action: None</p> |

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 Section 02 Section 04 3. Interview the following: Medical and Mental health staff member <p>Subsection (a) Section 04 requires the 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. Interview with medical practitioneres confirmed their commitment and knowledge of this standard.</p> <p>Subsection (b). Section 04 requires the facility evaluation and treatment of alleged victims shall include, as appropriate , follow-up services, treatment plans and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or release from custody. Auditors interviewed medical staff, it was confirmed that the services provided are consistent with the community level of care.</p> <p>Subsection (c) Section 04 (DC-ADM 008) policy and procedure manual requires facility provide alleged victims of sexual assault with medical and mental health services consistent with community level of care. Primary care for sexual assault victims is conducted at a local hospital which provides these services to the community at large. Interview with medical staff confirmed their commitment and knowledge of this standard.</p> <p>Subsection (d) SCI Mahanoy is a male only Correctional Facility</p> <p>Subsection (e) SCI Mahanoy is a male only Correctional Facility</p> <p>Subsection (f) Section 04 (DC-ADM 008) policy and procedure manual provides that regardless of when an allegation of vaginal/oral/anal penetration ocured, the facility physician shall ensure that testing of the alleged victim for sexually transmitted infections is completed. At a minimum, the testing shall include HIV, Gonorrhoea, Hepatitis C, Hepatitis B, Chlamydia trachomatis, Syphilis, Bacterial Vaginosis and Trichomoniasis and other diseases as per he physiann order. Medical and mental health staff confirmed that they are aware and practice the requirements of this standard.</p> <p>Subsection (g) Section 04 (DC-ADM 008) provides that treatment services are provided to the victim without financial cost to the victim and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident. Interview with medical staff confirmed this practice.</p> <p>Subsection (h) Section 02 provides that facility shall attempt to conduct a mental health</p> |

evaluation of an inmate within 60 days of learning of abuse history and offer treatment when deemed appropriate by mental health practitioners. Interviews with mental health staff confirm this would be practice if this situation occurred.

Corrective Action: None

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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 Section 06 3. Interviews with the following: Superintendent PCM <p>Subsection (a) DC-ADM 008 section 06 requires each facility shall conduct a Sexual Abuse Incident Review (SAIR) 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. The review shall occur within 15 working days of the receipt of the notification from Office of Special Investigations and Intelligence (OSII) that the investigation was deemed satisfactory. PCM provided a copy of its evaluation form that is used to track the review of each case.</p> <p>Subsection (b) The standard requires the review ordinarily occur within 30 days of the conclusion of the investigation, however, section 06 policy and procedure manual requires the review occurs within fifteen (15) working days of the receipt of the notification from OSII. Facility adheres to the requirements of this standard.</p> <p>Subsection (c) Section 06 details the composition of the review team which include PREA Compliance Manager (PCM), chair of the team, Deputy Superintendent for Centralized Services (DSCS), Deputy Superintendent for Facilities Management (DSFM), Licensed Psychology Manager, (LPM), Correctional Health Care Administrator, Security Office Representative, Unit Management, and major of the Guard. Staff interviews supported compliance with the standard.</p> <p>Subsection (d) Section 06 details all items that the review team must consider when conducting the review. The facility policy is compliant with the standard requirements. Interviews with facility administrators indicate that this is the practice of the facility to consider and analyze the factors listed in this subsection and to prepare a report of the findings and any needed recommendations. Policy and practice require the report to be submitted to the Deputy Superintendent and PREA Compliance Manager (PCM).</p> <p>Subsection (e) Section 06 requires the facility to implement the recommendations for improvement or shall document its reasons for not doing so on the PREA Sexual Abuse Incident Review Plan of Action. A copy of a completed review was provided. The facility review is approved by the agency upon its completion. The required staff interviews were conducted and uniform confirmation of agency procedures was provided.</p> <p>Corrective Action: None</p> |

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| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 section 01 3. PREA annual Report 4. Interview with the following: PCM <p>Subsection (a) Section 01 (DC-ADM 008) requires the facility to collect accurate and uniform data for every allegation of sexual abuse that occurs in SCI Mahanoy. The facility provided a copy of PREA Annual Report (2015) as supporting documentation.</p> <p>Subsection (b) Section 01 (DC-ADM 008) requires SCI Mahanoy to aggregate annually all sexual abuse incident data. An automated tracking system containing incident data was also demonstrated to auditors for review.</p> <p>Subsection (c) Section 01 details the type of data to be collected and it is, at a minimum, the data necessary to complete the Survey of Sexual Violence (SSV) conducted by the Department of Justice and the Bureau of Justice Statistics.</p> <p>Subsection (d) Section 01 states the facility shall maintain, review and collect data as required by this subsection.</p> <p>Subsection (e) Section 01 requires the agency to collect all incident-based and aggregated data from all private facilities to which the Department contracts with for the confinement of its inmates.</p> <p>Subsection (f) The facility is required to provide all data from the previous calendar year to the Department of Justice no later than June 30th, of each year. SCI Mahanoy provided a copy of the SSV for 2015 as support for the standard.</p> <p>Correction Action: None</p> |

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidenc Review (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 <p>Section 01 PREA Annual Report</p> <ol style="list-style-type: none"> 3. Interview with the following: PCM Superintendent <p>Subsection (a) Section 01 requires the agency to review data collected and aggregated as detailed in this subsection. Interviews with facility leadership support that the policy is compliant with the standard.</p> <p>Subsection (b) The policy and Procedure Manual section 01 requires the annual report must include a comparison of the current year's data and the corrective actions with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. The facility presented the 2015 report to support this subsection.</p> <p>Subsection (c) The policy requires the Annual Report to be approved by the facility Superintendent and made available to the public on the department's website. The agency website was examined and the previous reports (2013, 2014 and 2015) were made available as evidence of compliance with the standard.</p> <p>Subsection (d) Section 01 authorizes the agency to redact certain information as authorized by the standard. A copy of previous years report was provided as evidence of compliance.</p> <p>Corrective Action: None</p> |

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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Completed PAQ 2. DC-ADM 008 Section 01 3. Annual Report <p>Subsection (a) Section 01 requires all sexual abuse and harassment data collected shall be securely retained by SCI Mahanoy. The PCM provided documentation to support compliance with this standard.</p> <p>Subsection (b) DC-ADM 008 section 01 requires SCI Mahanoy to annually make all aggregated sexual abuse data from the facility and private contracted facilities readily available to the public through the department 's website. Agency website was examined and found to comply with the standard.</p> <p>Subsection (c) Section 01 requires the facility to remove all personal identifiers on the data before making the aggregated sexual abuse publicly available. A review of the reports available on the website contained no personal data.</p> <p>Subsection (d) The Policy and Procedure Manual requires the agency to maintain sexual abuse data collected for at least ten (10) years after the date of its initial collection. The facility policy and procedure is in compliance with the standard.</p> <p>Corrective Action: None</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Commonwealth of Pennsylvania Department of Corrections has thirty-nine (39) facilities that are required to be audited under PREA standards. While the agency did not audit one-third of its facilities in each of the years of the first audit cycle, it did complete all of the audits within the three-year period. The reports appear on the agency's website located at http://www.cor.pa.gov/General%20information/PrisonRapeEliminationAct(PREA)/Pages/DOC-Audits. The audit team was permitted to enter all areas within the facility without restriction and the staff freely opened any locked areas when requested. The staff at the facility provided copies of any documents requested. Private interviews were conducted with every inmate or staff person requested. The auditors conducted a total of sixty-six (66) interviews. During the onsite tour, the auditor noticed the six-week notices were posted in areas where inmates had access. PREA Compliance Manager sent a copy of the notice to the auditor. Inmates sent letters about concerns they had prior to the onsite audit. During the audit, the auditor had access to all areas of the institution and was able to interview inmates and staff in a location where their confidentiality was protected. During interviews, inmates did not have negative things to say and verbalized that the institution is a safe environment and they had no complaints regarding its response to PREA.</p> <p>Corrective Action: none</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>SCI Mahanoy was audited in 2015 and the finding of the audit is published on the The Pennsylvania Department of Corrections website: Http://www.cor.pa.gov/General%20Information/PrisonRapeEliminationAct(PREA)/Pages/DOC-Audits</p> |

Appendix: Provision Findings

| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
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| | 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 | |
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| | 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 | |
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| | 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 | |
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| | 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 | |
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| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) | yes |

| 115.13 (a) | Supervision and monitoring | |
|------------|---|-----|
| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into | yes |

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| | consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? | |
| | Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ? | yes |

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| 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 |

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| 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 | |
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| | 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 | |
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| | 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? | no |

| 115.15 (b) | Limits to cross-gender viewing and searches | |
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| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) | no |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.) | na |

| 115.15 (c) | Limits to cross-gender viewing and searches | |
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| | 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? | no |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| 115.35 (a) | Specialized training: Medical and mental health care | |
|------------|--|-----|
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? | yes |

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

| | | |
|-------------------|---|-----|
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? | yes |

| | | |
|-------------------|---|-----|
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| 115.43 (b) | Protective Custody | |
|------------|---|-----|
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? | yes |

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

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

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

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

| 115.51 (b) | Inmate reporting | |
|------------|--|-----|
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? | no |

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

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

| 115.52 (a) | Exhaustion of administrative remedies | |
|------------|--|-----|
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | 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.) | no |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | 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? | no |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |

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

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

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

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

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

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

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

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

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

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

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

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|-------------------|--|-----|
| 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 residents 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 |

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

| | | |
|-------------------|--|-----|
| 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 a 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 posted within the inmate's unit? | yes |
| | Following a 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 a 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 a 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 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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|-------------------|--|----|
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | na |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| 115.401 (a) | Frequency and scope of audits | |
| | During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.) | yes |

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|--------------------|---|-----|
| 115.401 (b) | Frequency and scope of audits | |
| | During each one-year period starting on August 20, 2013, 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? | yes |

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

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

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

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

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| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) | yes |