

PREA Facility Audit Report: Final

Name of Facility: State Correctional Institution Laurel Highlands

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/17/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Paul Perry	Date of Signature: 10/17/2022

AUDITOR INFORMATION	
Auditor name:	Perry, Paul
Email:	paul.perry@carolinedf.org
Start Date of On-Site Audit:	09/26/2022
End Date of On-Site Audit:	09/28/2022

FACILITY INFORMATION	
Facility name:	State Correctional Institution Laurel Highlands
Facility physical address:	5706 Glades Pike, Somerset, Pennsylvania - 15501
Facility mailing address:	

Primary Contact	
Name:	Melanie Pyle
Email Address:	mpyle@pa.gov
Telephone Number:	8144456501 x1237

Warden/Jail Administrator/Sheriff/Director	
Name:	Melissa Hainsworth
Email Address:	mhainswort@pa.gov
Telephone Number:	8144456501 x1255

Facility PREA Compliance Manager	
Name:	Melanie Pyle
Email Address:	mpyle@pa.gov
Telephone Number:	O: (814) 443-8251
Name:	Joni Hufford
Email Address:	johufford@pa.gov
Telephone Number:	O: (814) 445-6501

Facility Health Service Administrator On-site	
Name:	Jeniffer Schrock
Email Address:	jeschrock@pa.gov
Telephone Number:	8144456501 x1456

Facility Characteristics	
Designed facility capacity:	1656
Current population of facility:	1144
Average daily population for the past 12 months:	1035
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	19-89
Facility security levels/inmate custody levels:	1, 2, 3, 4, 5
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	507
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	217
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	19

AGENCY INFORMATION	
Name of agency:	Pennsylvania Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	1921 Technology Parkway, Mechanicsburg, Pennsylvania - 17050
Mailing Address:	
Telephone number:	7177282573

Agency Chief Executive Officer Information:	
Name:	George Little
Email Address:	██████████@pa.gov
Telephone Number:	717-728-2573

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-09-26
2. End date of the onsite portion of the audit:	2022-09-28

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Victim Services, Inc.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1571
15. Average daily population for the past 12 months:	1035
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1217
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	95
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	8
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	12

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	13
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	8
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	5
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	10
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	7
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	536
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	19
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	217
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I selected the inmates utilizing the facility roster in conjunction with the characteristics of the population.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	17
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	4

62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	6
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	9
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	7
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor reviewed facility records, toured the area, interviewed staff and interviewed inmates to confirm no inmates were housed in involuntarily segregation for the protection from sexual abuse.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19
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76. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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a. Explain why it was not possible to interview the Agency Head:	The Agency Head is scheduled for an interview with another Auditor.
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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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78. Were you able to interview the PREA Coordinator?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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<p>a. Explain why it was not possible to interview the PREA Coordinator:</p>	<p>The PREA Coordinator is scheduled for an interview with another Auditor.</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) </p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other </p>
<p>If "Other," provide additional specialized staff roles interviewed:</p>	<p>Staff who conduct inmate orientations.</p>

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of **SEXUAL ABUSE** allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	5	5	5
Staff-on-inmate sexual abuse	6	2	6	2
Total	11	7	11	7

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	8	0	8	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	9	0	9	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	0	1	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	3	0	1	1
Staff-on-inmate sexual abuse	3	2	1	0
Total	6	2	2	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	3	1	4	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	3	1	5	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	10
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify the name of the third-party auditing entity</p>	<p>PREA Auditors of America</p>

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11

Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The Pennsylvania Department of Corrections (PDOC) has established a policy that prohibits any form of sexual abuse and/or sexual harassment of any individual under the supervision of the agency. The policy stipulates the department will take appropriate actions to ensure the zero tolerance towards all forms of sexual abuse and sexual harassment in order to promote the safety of inmates. The Pennsylvania Department of Corrections policy includes definitions of the following:

- Sexual Abuse;
- Sexual Coercion;
- Sexual Contact;
- Sexual Harassment; and
- Voyeurism by a Staff Member, Contractor or Volunteer.

The PDOC’s policy includes prevention, detection and response steps to assist in its efforts towards creating a zero-tolerance culture. The policy includes, but is not limited to, the following prevention, detection and response techniques:

- Inmate Training;
- Employee, Contractor and Volunteer Training;
- Background Screenings;
- Inmate Assessments and Screenings;
- Written Response Plans and Forms;
- First Responder Duties;
- Unannounced Rounds;
- Committee Meetings;
- Retaliation Monitoring;
- Victim Support Services;
- Forensic Evidence Collection;
- Data Tracking;
- Incident Reviews;
- Staff, Volunteer, Contractor and Inmate Discipline Measures;
- Investigations; and
- Reporting to Offenders.

The PDOC has outlined the duties of the PREA Coordinator in its policy. The sole responsibility of the PREA Coordinator is to develop, implement, and oversee department efforts to comply with the federal PREA standards in all department facilities. The PREA Coordinator is responsible for overseeing the PREA Compliance Division and all PREA Compliance Managers at each facility. The agency has developed a written position description for the PREA Coordinator position.

The State Correctional Institution – Laurel Highlands has designated the Classification and Program Manager as the PREA Compliance Manager. The facility has developed a written position description for the PREA Compliance Manager. The facility PREA Compliance Manager is responsible for maintaining PREA compliance at the facility level. The PREA Compliance Manager reports to the facility Deputy Superintendent of Centralized Services and the PREA Coordinator for PREA related issues. The PREA Coordinator reports to the Bureau Chief for Standards, Audits, Assessments and Compliance.

Evidence Relied Upon:

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

Policy – DC-ADM 008 Glossary of Terms

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

Policy – DC-ADM 801 Attachment 1 Rule Violations

Policy – 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 7 pg. 6,8-9

PREA Coordinator Position Description

Classification and Program Manager Position Description

PADOC Areas of Responsibility

PADOC Organizational Chart

Institution Organizational Chart

Staff Interviews

Inmate Interviews

Analysis/Reasoning:

The Auditor conducted a review of the Pennsylvania Department of Correction's PREA policy. The policy includes the agency's prevention, detection, and response approaches towards sexual abuse and sexual harassment of inmates. The policy includes definitions of prohibited acts and outlines disciplinary measures for violations of the policy. The agency policy stipulates its zero-tolerance towards all forms of sexual abuse and sexual harassment.

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

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

The PREA Compliance Manager explained her ability to develop, implement, and oversee the facility's PREA efforts. The facility employs an Administrative Officer to assist the PREA Compliance Manager in facility compliance efforts. The Auditor determined the PCM has enough time and authority to ensure PREA efforts are appropriately developed and implemented. The Auditor observed evidence of such prior to and during the onsite visit. The PREA Compliance Manager responded to the Auditor's questions, concerns, and recommendations in a timely manner. The PREA Compliance Manager and PREA Coordinator are both knowledgeable with the requirements of the Prison Rape Elimination Act standards.

The Auditor conducted both formal and informal interviews with random and specifically targeted inmates. The Auditor was able to determine the SCI - Laurel Highlands has successfully created a zero-tolerance culture towards sexual abuse and sexual harassment. The population is aware of the facility's sexual abuse and sexual harassment prevention, detection and response policies and practices. Most inmates informed the Auditor they feel safe in the facility. The inmate population has been provided information and has been appropriately educated upon arrival. Inmates informed the Auditor they watched a PREA video during intake into the facility, were provided information in writing, observed posters on the walls and have seen a PREA video being played routinely in the living units. Some inmates informed the Auditor they have seen the PREA video multiple times. Most inmates informed the Auditor staff are responsive to them and appropriately respond to issues in the facility. Most inmates interviewed stated staff take issues of sexual abuse and sexual harassment seriously and do not tolerate such.

The Auditor asked inmates if they feel confident in staff's ability to keep them safe. Most inmates informed the Auditor they are confident in staff's abilities and would report an incident directly to a staff member. Most inmates informed the Auditor facility staff takes sexual abuse and sexual harassment seriously and had confidence in staff's abilities to maintain confidentiality. Each inmate interviewed, excluding one, who had submitted an allegation stated an investigator had met with them after making an allegation. The Auditor informed the PREA Compliance Manager of the one inmate who stated he has not met with an investigator.

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

Command staff maintains an “open door” policy at the facility. Staff feel comfortable in approaching command staff about PREA related concerns, comments, recommendations, allegations, etc. The Auditor asked random staff if they feel comfortable reporting an allegation of sexual abuse to a command staff member if that need arises. Each staff member stated they do feel comfortable in doing such. During interviews the Auditor asked staff how they would privately report an allegation of sexual abuse against a staff member or inmate. Staff informed the Auditor they would report through the PREA Compliance Manager, Investigator, Security Office, or contact the Agency PREA Coordinator.

The Auditor conducted interviews with several command staff members, including the Deputy Superintendent. Command staff maintain an open-door policy and appear responsive to staff. Support of staff is provided throughout the chain of command, including from the Superintendent through lower level supervisors to ensure the facility responds appropriately to incidents of sexual abuse and sexual harassment. The Deputy Superintendent informed the Auditor the command staff have weekly meetings to discuss concerns and ideas for facility improvement. The PREA Compliance Manager explained when she makes recommendations for improvement they are seriously considered and implemented by the Superintendent.

Conclusion:

The Auditor conducted a review of agency policies, procedures, Organizational Charts, Position Descriptions, and interviewed staff and inmates. The Auditor determined the agency has developed an appropriate zero tolerance policy that includes prevention, detection and response techniques to all allegations of sexual abuse and sexual harassment. Interviews with the population reveal staff takes incidents of sexual abuse seriously and are not tolerated. An appropriate staff member has been designated to develop, implement, and oversee the agency and facility’s PREA efforts. The facility has an assigned staff member to assist the PREA Compliance Manager with her PREA duties. The Auditor determine the facility has successfully created a zero-tolerance culture within the facility. The Auditor determined the facility exceeds the requirements of this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The Pennsylvania Department of Corrections has a policy that requires contracts with other agencies for the confinement of inmates include obligations for the contractor to adopt and comply with PREA standards. The policy requires these obligations for any private entity or other entity, including government agencies whom the agency contracts for the confinement of its inmates. The Agency's policy allows for the PDOC to enter a contract with a private agency or other entity who may not be PREA compliant only in emergency circumstances and after reasonable attempts to find a PREA compliant private agency or other entity have failed. The policy requires all unsuccessful attempts to locate an agency or entity in compliance with PREA standards be documented.

The agency's policy requires the PREA Compliance Division, in consultation with the Bureau of Community Corrections Contract Facility Coordinator, provide for contract monitoring to ensure contract service providers are complying with the PREA standards with any new contract or contract renewal. Monitoring activities are required to be documented on the PREA Contract Compliance Monitoring Report. Policy dictates contract monitoring is conducted between August 20 and October 31 of each audit year.

Evidence Relied Upon:

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

Statement of Work Residential Housing and Treatment Invitation to Qualify (ITQ) Contract

2019 Contract Renewals

2021 Contracts

PREA Contract Compliance Monitoring Reports

Analysis/Reasoning:

The Pennsylvania Department of Corrections contracts for confinement of its inmates with Community Education Centers, INC., Firetree, LTD, Keystone Correctional Services, INC., Renewal, INC., Self Help Movement, INC., The Kintock Group, INC., Tomorrows Hope, LLC., Transitional Living Centers, INC., Treatment Trends, INC., Catholic Social Services of the Diocese of Scranton, INC., Gateway Rehabilitation Centers, Gaudenzia, Inc. and Gaudenzia DRC, INC. The effective date of each contract is February 1, 2019 and expires January 31, 2024. The Auditor reviewed the PREA Contract Compliance Monitoring Report of each entity. Each contract monitoring activity was conducted within the dates required by agency policy. The monitoring reports include information informing each entity had been audited by a Department of Justice certified Prison Rape Elimination Act Auditor. Each facility was in compliance with the PREA standards.

In 2021 the agency entered contracts with the Counties of Butler and Columbia. Each agreement is for short term custody of technical parole violators and parole violators under the jurisdiction of the Commonwealth of Pennsylvania. Each agreement provides the offender will leave the custody of the County by 8:30 A.M. the day after they arrive. Each agreement stipulates the County may hold the offender for no longer than 72 hours in the event of an emergency. Both agreements allow the PDOC to conduct inspections and requires each County facility to comply with the PREA standards.

The Auditor reviewed the agency's contract for confinement of inmates. The contract includes provisions for the entity to adopt and comply with standards of the Prison Rape Elimination Act and applicable PDOC policies. The contract includes a section for inspections, with or without notice, by PDOC personnel. Each entity is subject to inspections by the PDOC throughout the term of the contract.

The Auditor did not interview the contract monitor as he has been interviewed during previous PDOC PREA audits. The Contract Monitor is fully aware of the requirements in the PDOC policy to monitor contract compliance. Contract monitoring is performed by the Chief of Accreditation and the PREA Coordinator.

The Auditor reviewed PREA Contract Compliance Monitoring Reports, including the facilities in the 2021 contracts. Reports reveal the agency is conducting monitoring of service providers to ensure they comply with PREA standards. The report requires the monitor to list documents reviewed during the monitoring visit. The report requires the monitor document a review of the service provider's policies, changes to PREA policies and procedures, review of the website, response preparedness, U.S. Department of Justice Audit Review, and list any overall comments associated with the review. The Auditor observed comments requiring the service provider take corrective actions with findings during the review.

Conclusion:

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

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1484 396">The Pennsylvania Department of Corrections has a policy that requires each facility in the agency to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect inmates against sexual abuse. Agency policy requires the following considerations when determining staffing levels and video monitoring needs:</p> <ul data-bbox="284 450 1484 813" style="list-style-type: none"> • Generally accepted detention and correctional practices; • Any judicial findings of inadequacy; • Any findings of inadequacy from Federal investigative agencies; • Any findings of inadequacy from internal or external oversight bodies; • All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); • The composition of the inmate population; • The number and placement of supervisory staff; • Facility programs occurring on a particular shift; • Any applicable State or local laws, regulations, or standards; • The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and • Any other relevant factors. <p data-bbox="240 842 1477 1001">The agency’s Prison Rape Elimination Act policy requires the Facility Manager or designee document, in writing, and justify all deviations from the staffing plan when circumstances of non-compliance exist. The documentation is required to be forwarded to the Executive Deputy Secretary, Executive Deputy Secretary for Institutional Operations Regional Deputy Secretary, PREA Coordinator, Central Office/Bureau of Community Corrections Security Major, BCC Regional Director, and Pennsylvania Board of Probation and Parole Regional Director.</p> <p data-bbox="240 1032 1477 1158">The facility, in consultation with the PREA Coordinator and facility PREA Compliance Manager, is required by policy to assess, determine, and document whether adjustments are needed to the staffing plan whenever necessary, but no less frequently than once each year. Policy requires the facility conduct the review to determine if adjustments are needed to the following:</p> <ul data-bbox="284 1211 1461 1373" style="list-style-type: none"> • The established staffing plan; • The facility’s deployment of video monitoring systems and other monitoring technologies; • The resources the facility has available to commit to ensure adherence to the staffing plan; and • Community Corrections Centers and Lockups shall assess whether adjustments are necessary to prevailing staffing patterns within the facility. <p data-bbox="240 1402 1489 1429">Policy requires the following rounds be conducted to identify and deter staff sexual abuse and sexual harassment of inmates:</p> <ul data-bbox="284 1482 1434 1644" style="list-style-type: none"> • Secretary, Executive Secretary, and Deputy Secretary for Administration – once each year • Each Regional Deputy Secretary and/or Supervisory Facility Manager – once per quarter • Facility Manager, DSCS, DSFM/DSIS, Majors, Intelligence Gathering Captain or Security Lieutenant, Corrections • Superintendent’s Assistant, and Corrections Classification Program manager – once per week • Shift Commander or Alternate Shift Commander – daily <p data-bbox="240 1673 1484 1832">Policy requires all unannounced rounds be documented on the PREA Administrative Tour Documentation Form. Tours are required to be conducted in all areas of the facility where there could be potential for inmates to become a victim of sexual abuse. Staff are required to pay particular attention to the staff and video monitoring of the facility to detect areas that may need enhanced to ensure the sexual safety of the facility. Inspecting staff are required to talk with staff and inquire about any perceived areas of concern related to PREA or relating to any problem inmates relating to PREA.</p> <p data-bbox="240 1863 1468 1924">Policy prohibits staff from informing anyone that supervisory rounds are occurring and stipulates any staff member found to be alerting other staff or inmates to the unannounced visits will be subject to disciplinary action.</p> <p data-bbox="240 1955 488 1982">Evidence Relied Upon:</p> <p data-bbox="240 2013 954 2040">Policy – 6.3.1 Facility Security Procedures Manual, Section 15 pg. 1-12</p> <p data-bbox="240 2072 1043 2098">Policy – 6.3.1 Facility Security Procedures Manual, Section 15, Attachment 15-B</p> <p data-bbox="240 2130 1070 2157">Policy – 6.3.1 Facility Security Procedures Manual, Section 15 Attachment 15-A 16</p>

Policy – 6.3.1 Facility Security Procedures Manual, Section 19 pg. 1-5

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 3 pg. 1-2

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 1 pg. 4-6

Supervision and Monitoring Worksheet

SCI Laurel Highlands Facility Narrative

Tour Logbooks

Overtime Tracking and Justification

Staffing Survey

Staffing Plan Review

Shift Rosters

PREA Administrative Tour Documentation Forms

PIDS Camera Committee Meeting Minutes

Camera List

Interviews with Staff

Interviews with Inmates

Observations

Analysis/Reasoning:

The Auditor reviewed the facility's staffing survey. The staffing survey requires 305 total security staff to man security posts. The facility's staffing plan requires 590 total staff, including provisions for administrative, support, and security positions on all shifts in all facility areas. There are 387 security and 203 non-security positions authorized. The staffing plan was predicated utilizing the facility's operational capacity (1571) as the basis for the staffing plan. The SCI - Laurel Highlands staffing plan ensures there is sufficient staffing to safely manage the offender population in all facility areas. At the time of the audit the facility had 54 vacant positions. There are 25 vacant security and 29 vacant non-security positions. Vacant positions are documented on daily rosters and overtime is used to fill the vacancies. The Shift Commander documents overtime utilizing the Overtime Mandate List and Daily Duty Rosters.

The Auditor determined the staff to offender ratio based on the designed capacity (1571) and total authorized positions (590):

- one staff member for every 2.7 offenders

The following denotes the staff to offender ratio utilizing the current number of offenders (1217) and current number of staff (536):

- one staff member for every 2.3 offenders

The following denotes the staff to offender ratio utilizing the authorized security positions (387) and the current number of offenders (1217):

- one staff member for every 3.1 offenders

The following denotes the staff to offender ratio utilizing the authorized security positions (387) and designed capacity (1571):

- one staff member for every 4.1 offenders

The following denotes the staff to offender ratio utilizing the current number of security personnel (362) and current number of inmates (1217):

- one staff member for every 3.4 offenders

The facility reported the average daily population for the previous 12 months is 1035. The Auditor calculated the staff to offender ratio using the average daily population. The following was determined:

- one staff member for every 1.8 offenders utilizing the total authorized positions
- one staff member for every 1.9 offenders utilizing the current number of staff
- one staff member for every 2.7 offenders utilizing the authorized security positions
- one staff member for every 2.9 offenders utilizing the current number of security staff

At the time of the audit the facility was operating at 9% below its staffing level. The facility was operating at 6% below capacity with security personnel.

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

The Auditor reviewed the facility's annual staffing plan review. The Superintendent and PREA Compliance Manager participated in the annual review. A copy of the staffing plan review was sent to the PREA Coordinator. The most recent staffing plan review was performed in July 2022 and finalized with the EDSI/Regional Deputy Secretary's review.

The facility's annual staffing plan review included a review of the topics as listed above. The Auditor observed evidence the review team considers video monitoring capability and needs. The team identified two potential blind spot areas and addressed the issue with the installation of mirrors. The report noted the facility is currently planning an upgrade to the video monitoring system. The review team discussed and documented the review of a previous unsubstantiated and substantiated incidents of sexual abuse. There were no substantiated incidents during the review period. The annual staffing plan review notated the current staffing plan is adequate and no adjustments were needed. The facility uses a formatted PREA Supervision and Monitoring Worksheet (annual review) that includes 18 questions for the the review to consider. All bulleted items listed above are documented in the annual staffing plan review.

The agency requires upper-level staff to conduct unannounced rounds through all facility areas. Staff conducting the tour document their tour on the PREA Administrative Documentation Form. The PREA Compliance Manager establishes and assigns command personnel various areas in the facility to conduct unannounced rounds. The Auditor reviewed a sampling of forms from the previous 12 months. Forms reveal all areas of the facility were visited at least monthly (unannounced) by upper-level staff. The staff conducting the tour is required to document the time and date of the unannounced round. The form includes a section for staff to document any areas of concern and follow-up actions required to correct any area of concern. A copy of completed reports are forwarded to the PREA Compliance Manager, Facility Manager and PREA Coordinator.

While touring the facility the Auditor observed supervisors making rounds throughout facility living units. Supervisors document their unannounced security rounds in the unit's logbook. The Auditor reviewed active housing unit logbooks during the facility tour. Notations of facility supervisors' unannounced rounds were observed by the Auditor.

The facility maintains a list of all employees who are utilized to fill vacant positions. If staff are absent from duty the facility fills vacant posts with staff volunteers or a staff member who is mandated by the Shift Commander. Shift rosters reviewed by the Auditor included notations the staff member was assigned to work overtime. Supervisors attempt to fill vacant positions with staff who volunteer to work overtime. If positions are vacant after accepting volunteers the supervisor will mandate a staff member to fill the vacant post. The facility makes its best efforts to fill all vacant positions daily. The Auditor observed the facility is filling vacant positions with overtime. Overtime usage is tracked on the Overtime Tracking and Justification.

The facility's staffing plan appears adequate to provide protection to inmates from sexual abuse. During a tour of the facility the Auditor observed staff making security rounds in living units and support areas of the facility. Staff were present in all areas toured by the Auditor. Each housing unit has a security staff member assigned on a 24/7 basis. Security, medical and contract staff were observed interacting with the inmate population. The Auditor observed camera and mirror placements throughout the facility. Cameras and mirrors are strategically placed to assist in the prevention, detection, and response to incidents of sexual abuse.

The Auditor conducted formal and informal interviews with staff and supervisors from each shift. Staff was asked if supervisors conduct unannounced rounds throughout the facility. Each staff stated supervisors do make unannounced security rounds. Supervisors informed the Auditor they make daily unannounced rounds throughout their assigned areas in the facility. Higher level supervisors are required to make monthly unannounced rounds throughout the facility. The Auditor asked supervisors how they prevent staff from alerting other staff when they are making unannounced rounds. Supervisors do not announce to staff when they begin rounds. Supervisors stated rounds are conducted at irregular intervals and the route taken by the supervisor varies for each round conducted. The Auditor was informed they do not conduct rounds in a

discernible pattern.

The Auditor asked supervisors what actions they take if they caught a staff member alerting other staff of their unannounced rounds. The Auditor was informed they would verbally counsel staff after the first incident. If the staff member was caught a second time supervisors would recommend formal discipline procedures. The Auditor asked staff if they notify others of supervisory rounds. Staff is aware the PDOC has a policy prohibiting them from alerting other staff of supervisory rounds. The Auditor conducted formal and informal interviews with inmates. Inmates were asked if they see supervisors in housing units. Inmates informed The Auditor they see supervisors of all levels touring the housing units. The Auditor asked inmates if they feel safe in the facility. Most inmates informed the Auditor they do feel safe in the facility. Most inmates informed the Auditor staff are responsive and respectful to the population.

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

Conclusion:

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

115.14	Youthful inmates
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 432">The agency has a policy that requires youthful inmates will not be placed in a housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through use of shared dayroom or other common space, shower area, or sleeping quarters. The policy requires staff maintain sight and sound separation between youthful inmates and adult inmates or provide direct security staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact in areas outside of housing units.</p> <p data-bbox="242 463 1485 555">The Pennsylvania Department of Corrections policy requires youthful inmates enter an expedited classification process and be transferred to a facility designated to house youthful inmates. Male youthful inmates are transferred to the SCI - Camp Hill within 24 hours of reception. Female youthful inmates are immediately placed into the Youthful Inmate Unit at SCI - Muncy.</p> <p data-bbox="242 586 488 616">Evidence Relied Upon:</p> <p data-bbox="242 645 938 674">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 7, pg. 1-2</p> <p data-bbox="242 703 892 732">Policy - 11.02.01 Reception and Classification, Section 8, pg. 1-2</p> <p data-bbox="242 761 437 790">Population Reports</p> <p data-bbox="242 819 442 848">Interviews with staff</p> <p data-bbox="242 878 477 907">Interviews with inmates</p> <p data-bbox="242 936 467 965">Analysis/Reasoning:</p> <p data-bbox="242 994 1442 1052">The Auditor reviewed facility population reports from the previous 12 months. Population reports reviewed by the Auditor revealed the facility did not house a youthful inmate in the previous 12 months.</p> <p data-bbox="242 1081 1477 1209">The Auditor conducted formal and informal interviews with staff. Staff informed the Auditor they do not incarcerate youthful offenders at the SCI - Laurel Highlands. The Auditor asked staff if they have housed an inmate under the age of 18 who had been certified and tried as an adult. Staff were not aware of any inmate housed as such. The Auditor asked inmates during formal interviews if they were aware of a youthful offender being housed in the facility. No inmate was aware of such.</p> <p data-bbox="242 1238 1490 1433">The Auditor was informed all youthful offenders are transported to a facility designated to house youthful offenders. Classification personnel informed the Auditor they screen all new arrivals to ensure a youthful offender is not brought to the facility. Staff stated in the event a youthful offender was brought to the facility the offender would not be left alone and would immediately be transferred to the youthful offender facility. The Auditor was informed all offenders enter the agency through a diagnostic facility. Once identified at the diagnostic facility, youthful offenders are transported to an agency facility designated to house youthful offenders.</p> <p data-bbox="242 1462 1477 1559">The Auditor interviewed staff who supervise inmates in the segregation housing area. The Auditor asked if a youthful inmate has ever been housed in the segregation housing unit. The Auditor was informed the facility has never housed a youthful inmate in the segregation housing unit. The Auditor was informed the facility does not house youthful offenders.</p> <p data-bbox="242 1588 376 1617">Conclusion:</p> <p data-bbox="242 1646 1477 1742">The Auditor reviewed agency policies, procedures, population reports, interviewed staff and inmates to determine the facility meets the requirements of this standard. The Auditor determined the SCI - Laurel Highlands meets the requirements of this standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 499">The PDOC has a policy that prohibits cross-gender strip searches except in exigent circumstances. The policy stipulates cavity searches shall only be conducted in State Correctional Institutions when performed by a physician. Agency staff are prohibited from conducting cavity searches in Community Corrections Centers, County Correctional Facilities, and Lockups. Policy prohibits cross-gender pat-down searches of female inmates by male security staff except in exigent circumstances. Facilities may not restrict female inmates access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The agency’s policy includes opposite gender viewing and stipulates the following areas of consideration, search teams, work supervisors, staff that monitor 24-hour cameras, and transportation staff.</p> <p data-bbox="240 528 1441 622">Policy requires all cross-gender pat searches of female inmates be documented on the Cross-Gender Search Validation Form after conducting a cross-gender pat-down search of a female inmate. The PDOC permits female security staff to conduct cross-gender pat-down searches of male inmates.</p> <p data-bbox="240 651 1485 880">The PDOC policy requires facilities to allow inmates the opportunity to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks or security rounds. Policy prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If staff cannot determine an inmate’s genital status, they are to determine by conversing with the inmate, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p data-bbox="240 909 1453 972">PDOC policy requires staff of the opposite gender to announce their presence when entering an inmate housing unit. The facility policy refers staff to agency policy DC-ADM 008 Prison Rape Elimination Act.</p> <p data-bbox="240 1001 489 1028">Evidence Relied Upon:</p> <p data-bbox="240 1057 971 1084">Policy – 6.3.1 Facility Security Procedures Manual, Section 15 pg. 2, 3, 8</p> <p data-bbox="240 1113 984 1140">Policy – 6.3.1 Facility Security Procedures Manual, Section 30 pg. 12 – 24</p> <p data-bbox="240 1169 919 1196">Policy – 6.3.1 Facility Security Procedures Manual, Section 47 pg. 1</p> <p data-bbox="240 1225 932 1252">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 8 pg. 1-3</p> <p data-bbox="240 1281 970 1308">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 19 pg. 2, 8-9</p> <p data-bbox="240 1337 365 1364">Post Orders</p> <p data-bbox="240 1393 536 1420">Gender Specific Posts Memo</p> <p data-bbox="240 1449 628 1476">Cross-Gender Search Validation Form</p> <p data-bbox="240 1505 668 1532">Opposite Gender Announcement Postings</p> <p data-bbox="240 1561 483 1588">Opposite Gender Alarm</p> <p data-bbox="240 1617 373 1644">Shift Rosters</p> <p data-bbox="240 1673 494 1700">Training Instructor Guide</p> <p data-bbox="240 1729 442 1756">Training Curriculum</p> <p data-bbox="240 1785 411 1812">Training Rosters</p> <p data-bbox="240 1841 480 1868">Interviews with Inmates</p> <p data-bbox="240 1897 446 1924">Interviews with Staff</p> <p data-bbox="240 1953 378 1980">Observations</p> <p data-bbox="240 2009 467 2036">Analysis/Reasoning:</p> <p data-bbox="240 2065 1469 2128">The Auditor reviewed shift rosters. Each shift maintains a balance of male and female staff to ensure inmates are searched by a staff member of the same gender. The SCI - Laurel Highlands is a male only facility and does not house female</p>

inmates. The Auditor verified no females were housed in the facility by reviewing population reports, speaking to staff, inmates, and reviewing rosters and records. The Auditor conducted formal and informal interviews with inmates from each of the facility's living units. The Auditor conducted formal and informal interviews with male and female staff members from each shift. The Auditor discovered no evidence the facility housed a female offender.

Interviews with inmates reveal they can shower, perform bodily functions, and change clothing without security staff of the opposite gender seeing them do so, unless incidental to a routine cell check. No inmate stated they had been fully naked in the presence of a female staff security staff member, unless incidental to a routine security check. Most inmates stated staff of the opposite gender announce their presence when entering living units. Inmates stated the announcements are made by the PREA alert. Several inmates informed the Auditor they do not hear announcements being made. Upon further inquiry, the Auditor discovered those inmates are housed in a living unit where female staff are stationed 24/7. The status quo of the unit rarely changes as female medical staff are always present in the unit. Each inmate informed the Auditor they are aware female staff do enter housing units at various times. One inmate informed the Auditor he had not seen a female in his housing unit.

The facility has installed an alert system for staff to announce opposite gender entry into housing units. Upon entry, the housing officer pushes a button where a distinct alert is played through the housing unit intercom. Prior to relying on the alert, the facility posted a memorandum in each housing unit that explains the purpose of the alert. The facility included the alert system into its orientation information so inmates are educated upon entry. Each inmate interviewed by the Auditor understood the purpose of the alert. The Auditor observed the alert system in operation while entering each housing unit during a tour of the facility.

The Auditor conducted a formal interview with one inmate who was identified as deaf. The Auditor communicated with the inmate utilizing pen and paper. The inmate was asked if female staff announce their presence when entering his housing unit. The inmate is unaware of opposite gender announcements or the alert system. The inmate has been informed in written documentation that female staff enter and exit the housing units at anytime. The inmate is able to take a shower, change clothes and use the restroom without female security staff seeing him fully naked.

Inmates were asked if female staff conduct strip-searches in the facility. No inmate interviewed by the Auditor had been strip searched by a female staff member and none had seen or heard of a female staff member conducting strip-searches. The Auditor asked if female staff had ever been present when strip searches were being performed. The Auditor was informed female staff are not in the immediate area during strip searches. Inmates informed the Auditor they have been pat searched by female staff.

Interviews with male and female staff members reveal female staff are not permitted to perform cross-gender strip-searches, absent exigent circumstances. The facility utilizes a body scanner in the visitation area. Male staff operate the body scanner. Body cavity searches may only be performed by a medical professional. The Auditor asked each staff member if inmates are able to shower, perform bodily functions, and change clothes without them seeing the inmate fully naked. Staff informed the Auditor inmates are able to do so. The Auditor asked each female staff member if they announce their presence when entering housing units. Each female staff member stated their presence is announced through the alert system when entering housing units. Male staff were asked if female staff members announce their presence when entering male living units. They informed the Auditor females announcements are made when entering male living units. The Auditor observed signs posted at the entrance of each living unit informing female staff members to announce their presence before entering the living unit.

The Auditor reviewed Corrections Officer 1 post orders. The post order requires, "The Housing Unit Officer on duty will sound the tone alarm anytime a female enters the Housing Unit. If the unit is not equipped with the tone alarm or if the tone alarm is not operational, the officer will announce, 'Female on the Unit', when a female enters the unit."

The Auditor questioned randomly chosen staff about searching transgender and intersex inmates. Staff were asked if they had been trained how to conduct cross-gender searches. The Auditor determined staff had been trained how to do so. The Auditor determined the PREA training provided to staff was effective as staff are knowledgeable with the facility's policies and procedures in such. Each randomly selected staff member was asked if they would perform a strip search of a transgender or intersex inmate for the sole purpose of determining their gender. None of the staff interviewed stated they would conduct such a search. Staff informed they would ask the inmate, review the inmate's documents, and if needed, contact medical personnel.

The Auditor viewed monitors and various cameras throughout the facility, including the living units. The Auditor observed none of the cameras viewed into shower or restroom areas. Posts that observe those cameras are stipulated as gender specific posts by the facility. Only male staff members may be assigned to a post that has a camera inside a cell. The Auditor observed the placement of all cameras while touring the facility. The Auditor reviewed the gender specific post list. Gender specific posts ensure a female staff member does not work a post where a male inmate may be observed fully naked, unless incidental to a cell check.

The facility reported no cross-gender strip or cross-gender visual body cavity searches had been conducted during the previous 12 months. Staff are required to document any cross-gender searches on a Cross-Gender Search Validation Form.

The form requires staff document the date/time, location, type of search (strip or pat search), all staff involved, detailed description of exigent circumstances, and any findings of the search. No staff member had been required to submit the validation form in the previous 12 months.

The Auditor conducted a detailed tour of the facility and was granted full access to all inmate living units, work and other support areas. The Auditor observed all shower and restroom areas in the facility. Showers for general population housing units are located adjacent to each dayroom. Each shower area is protected with a shower curtain or barn style door. The showers in each housing unit have single stalls. The facility has cells with toilets inside each cell and housing units with a shared restroom. Toilets in shared restrooms are protected from view with a shower curtain or barn style door. Inmates in all facility areas can shower and use the restroom without female staff seeing them fully naked. The Auditor observed opposite gender announcements being made during the tour. The announcements allow inmates to cover themselves prior to being observed by the opposite gender staff member. There is a sign posted at the entrance of each inmate living unit that reminds staff to make an opposite gender announcement when entering a housing unit.

The Auditor conducted a review of the facility's training curriculum and training rosters. The inmate search training includes search techniques of transgender and intersex inmates. The training covers cross-gender pat-down searches. The Auditor observed a section of the training curriculum that discusses professionalism and respect of the subject being searched. The techniques covered in the training appear to minimize intrusion of the inmate being searched. The lesson plan informs female staff they are prohibited from conducting unclothed searches of male inmates, absent exigent circumstances. The lesson plan discusses searches of transgender and intersex inmates and includes techniques to do so professionally. Staff are informed through the lesson plan only a physician may conduct an internal search or body cavity search of an inmate after approval of the Facility Manager or designee.

The Auditor reviewed training records and verified all security personnel had attended an initial training to conduct searches, including cross-gender searches. Each security staff member attends a PREA refresher every year. The Auditor interviewed randomly and specifically targeted staff. Each staff was able to articulate appropriate techniques to conduct a search and to communicate professionally with a transgender inmate. All staff informed the Auditor they had been trained to conduct opposite gender searches of inmates. The Auditor was informed the facility ensures enough male and female staff are present on each shift.

The Auditor conducted a formal interview with an inmate that identifies as transgender. The Auditor asked if the inmate is able to shower separately from other inmates. The inmate informed the Auditor each shower is individual and always showers separately from other inmates. The transgender inmate was asked how strip and pat searches are conducted by facility staff. The Auditor was informed male staff conduct strip and pat searches. The transgender inmates does not have, nor has requested any special preferences otherwise.

The Agency has designated gender specific posts. Gender specific posts have been determined to ensure a same gender staff member is available to conduct strip-searches of inmates. The facility has designated the following as gender specific posts:

- RHU Control Officer
- Dry Cell Officer
- POC Officer
- R&D/RISP Officer
- Body Scan Officer
- Visiting Room Strip Officer
- Hospital Post Officer
- Search Team - minimum of one male officer per team
- Transport Officer - minimum of one male per transport team

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The agency has a policy that stipulates the department will ensure inmates with disabilities have and equal opportunity to participate in or benefit from all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy requires written materials either be delivered in alternative formats that accommodate the inmate's disability or the information shall be delivered through alternative methods, such as reading it to the inmate or communicating through an interpreter, which ensures the understanding of the PREA-related material.

The agency's policy requires each facility manager or designee to ensure local procedures are developed, if needed, and maintained to ensure compliance with the agency's policy. It also requires each facility follow Management Directive 205.32, Hiring Sign Language Interpreters and Transliterators. The SCI – Laurel Highlands does not maintain a local policy to address inmates with disabilities. The SCI – Laurel Highlands adheres to the agency policy regarding these inmates.

The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and those who have mental/physical impairments. Facilities are required to ensure each inmate with a qualified disability is housed in a manner that provides for his/her safety and security. Facility must make reasonable accommodations if the accommodations pose no direct threat to the individual requesting the accommodation or cause an undue hardship on the department. Policy stipulates no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of the department.

The following appropriate accommodation measures are outlined in the agency's policy:

- Auxiliary aids
- Braille
- Services
- Specific housing
- Transfers
- Special equipment
- Specific job and programming placements
- Qualified interpreters

Policy defines a qualified interpreter as, "An interpreter for the deaf or hard of hearing who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary."

Policy requires reasonable steps to ensure meaningful access to all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide qualified interpreters. It is the responsibility of the PREA Compliance Manager to ensure that only staff members or qualified contractors who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, provide translation for inmates. Staff are required to utilize the contracted translation service if a multi-lingual staff member is not available.

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

Evidence Relied Upon:

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

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

Governor's Office Management Directive 205.32

Braille and Spanish Inmate Intake Handout

Access to Translation Services Email

Sign Language Specialists of Western PA Contract

Propio Language Services, LLC. Contract

Propio Language Services Instructions

Language Line Usage Invoices

PDOC Foreign Language Directory

PREA Posters

Inmate Handbook

Inmate Education Booklet

Inmate Intake Handout

Comprehensive Education

PREA Inmate Education Verification Forms

Interviews with Staff

Interviews with Inmates

Observations

Analysis/Reasoning:

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

Inmates who are vision impaired are housed at a facility designated as the most appropriate to handle the vision impairment based on the severity of the disability. Disabled youthful inmates are housed at SCI-Camp Hill. Youthful Adult Offenders (Y.A.O.) 18-21 are housed at the SCI-Pine Grove. Inmates who are wheelchair bound are housed at a prototype facility or any other appropriately equipped facility.

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

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

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

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

Inmates who cannot read English or Spanish can benefit from the facility's PREA information through use of the Language Line Service. The agency maintains information in Braille for inmates who are blind. The agency has a contract with Propio Language Line Services, LLC and Sign Language Specialists of Western PA, Inc. to provide translation services through the telephone. Staff are provided an instruction card that informs staff how to access and use the language line service. The

Agency maintains the Inmate Handbook in English Spanish and Braille.

The SCI - Laurel Highlands employs bilingual staff who can interpret for non-English speaking inmates. There are currently three staff at the SCI - Laurel Highlands who speak Hindi, Punjabi, and Spanish. The agency maintains a list of agency staff and the languages spoken by those staff members. The Auditor observed 283 staff members on the Foreign Language Directory. There are 60 different languages included on the directory. In addition, the agency employs staff who perform ASL finger spell and sign language. The facility has TTY phones in the event they receive a deaf or hard of hearing inmate.

The facility's comprehensive educational video is maintained on a CD in English and Spanish. The PDOC has created a comprehensive video that includes the information from the agency's PREA Inmate Education Booklet. The comprehensive education is conducted in the receiving area upon arrival. Inmates who have a disability that would restrict the inmate from otherwise benefiting from the educational video attend the education in a one-on-one setting. All inmates in the facility are provided the written information during the booking process and sign the PREA Inmate Education Verification Form after attending an education session. During interviews with inmates the Auditor was informed the comprehensive educational video is routinely played throughout the facility's televisions. Most inmates randomly selected by the Auditor stated they watched the comprehensive educational video when they arrived.

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

The Auditor conducted an interview with one inmate who was deaf. The inmate was provided written information upon his arrival at the facility. The inmate has watched the closed-captioned educational video. The inmate was able to read the provided information. The inmate was asked how staff communicate with him. The inmate utilizes paper and pencil to communicate with staff. The inmate understands his rights and the facility's policies related to sexual abuse and sexual harassment prevention, detection and response. The inmate knows how to report allegations of sexual abuse and sexual harassment. The inmate reported he has seen and read PREA posters throughout the facility. At the time of the audit there was no inmate housed who was blind.

The Auditor formally interviewed inmates who were identified with a cognitive disability. Each understands his rights and knows how to report an allegation of sexual abuse. Each were provided written information and comprehensive education upon their arrival. Each informed the Auditor staff conducted an in-person orientation upon their arrival.

The Counselor responsible for educating inmates informed the Auditor blind inmates can hear the video when they attend the comprehensive education session. The Counselor stated if the inmate cannot read the handout provided during the booking process the information is read to the inmate. The Auditor was informed the facility also has TTY phones to communicate such information to deaf inmates. The Auditor was informed the information is provided in Spanish and the video is maintained in Spanish. When asked how education is provided for inmates who speak other languages the Counselor stated the language line or a staff interpreter is used. Each unit has a Unit Manager and Counselor who assist disabled inmates to ensure they understand the rules and regulations of the facility and agency.

The Auditor conducted an interview with two inmates who were identified as limited English proficient. The Auditor utilized a staff interpreter to communicate with each inmate. Each inmate was asked if they were provided written information upon arrival to the facility. Each inmate was provided written information in Spanish. Each stated the video was played in Spanish. Both inmates understand how to make an allegation of sexual abuse, knows their rights and the facilities zero-tolerance policy. Both inmates informed the Auditor they have seen the facility's posters written in Spanish. When asked how facility staff communicated with the inmates upon their arrival, each inmate stated the facility used staff interpreters to communicate with them.

The Auditor conducted formal interviews with facility staff who perform intake procedures. Staff informed the auditor they provide the PREA Inmate Intake Handout to each inmate as soon as the inmate arrives. Inmates confirmed this during formal and informal interviews. During the Classification process, each inmate is provided the education and the Counselor discusses the agency's PREA policies and information. Inmates are given an opportunity to ask questions related to the PREA material with the Counselor. Each inmate interviewed informed the Auditor they were provided an opportunity to ask questions related to the information and education session. While conducting interviews with staff the Auditor asked if inmate interpreters are utilized by the facility. Facility staff stated they do not rely on inmate interpreters.

The Auditor toured all areas of the facility, including the orientation area. Orientation is conducted in one the housing units designated for new arrivals. The comprehensive education is conducted by video and supplemented by an in-person question and answer session with the Counselor. The educator uses the agency's video to assist with the inmate education. The housing unit has sufficient seating, a video player and monitor. After conclusion of the education, each inmate signs a form notating receipt of the information and understanding of the educational information provided. Inmates acknowledge

such on the PREA Inmate Education Verification Form.

The Auditor determined the population is knowledgeable regarding the agency's sexual abuse and sexual harassment prevention, detection, and response policies. Most inmates informed the Auditor facility staff provide proper assistance and had confidence in staff's ability to address and respond to allegations of sexual abuse and sexual harassment. The Auditor determined the facility's intake and counseling staff are accommodating to the needs of the inmate population and ensure each benefits from the agency's PREA information and educational materials.

The Auditor observed the facility has language line access instruction cards. The card provides staff the telephone number to access language line services. The card includes the list of the top languages with the access code. The instructions guide the staff member who is placing a call to the language line through the process. The instruction cards are provided to all staff. The Auditor reviewed invoices revealing the facility is utilizing the language line.

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

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy prohibits hiring or promoting anyone or enlisting the services of any contractor, who may have contact with inmates who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); and
- Has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse.

Agency policy requires considerations of any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The policy requires a criminal background records check be conducted before hiring any new staff member who may have contact with inmates. Policy also requires the agency to make its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State and local laws. The Human Resource Offices is responsible for sending a PREA Consent to Release of Information Form to the applicable Human Resource Office.

All PDOC personnel are entered into the Justice Network System. The system alerts the PDOC whenever a staff member has been arrested and/or charged with a crime. PDOC employees are responsible for reporting any negative contact with law enforcement to their supervisors, security or designee no later than the next business day. The agency issues contractors a facility clearance, valid for 24 months. The policy stipulates all non-department staff must have an active clearance before they are issued/reissued a department photo ID. A criminal record check is conducted on each contractor every two years before renewal.

The Agency asks all applicants who may have contact with inmates directly about previous misconduct as listed above, in the agency's online application. In addition, the application asks, "Have you had substantiated against you allegations of sexual harassment in the workplace, or have you ever resigned during a pending investigation of sexual harassment?"

The Pennsylvania Department of Corrections Code of Ethics states, "Employees will promptly report to their supervisor any information which comes to their attention and indicates violation of the law, rules, and/or regulations of the Department of Corrections by either an employee or an inmate, and will maintain reasonable familiarity with the provisions of such directives."

Evidence Relied Upon:

Policy - 4.1.1 Human Resources and Labor Relations, Section 37 pg. 2-3

Policy – 4.1.1 Human Resources and Labor Relations, Section 40 pg. 1-3

Policy – 4.1.1 Human Resources and Labor Relations, Section 41 pg. 1

Policy – 4.1.1 Human Resources and Labor Relations, Section 3 pg. 1

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

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

PDOC Code of Ethics, pg. 4

Agency Emails

Position Vacancy Interest Form

Application for Employment

PREA Prior Employer Form

Centralized Clearance Check Information Request

Employee Performance Review Process, pg. 3-4

Employee Personnel Records

Contractor Records

Interviews with Staff

Interviews with Contractors

Analysis/Reasoning:

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

- "Have you ever been employed in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution to include state facilities for persons who are mentally ill, disabled, or intellectually disabled, or chronically ill or handicapped; residential care or treatment facilities for juveniles and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care?"
- Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
- Have you had substantiated against you allegations of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or have you ever resigned during a pending investigation of an allegation of sexual abuse of a confined individual?
- Have you had substantiated against you allegations of sexual harassment in the workplace, or have you ever resigned during a pending investigation of sexual harassment?
- Have you ever been convicted or civilly or administratively adjudicated for engaging in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?"

The Auditor reviewed the HR records of 30 staff members. Each staff member answered the questions as listed above. Each employee acknowledges, "I understand that any material omission or provision of materially false information will be grounds for non-selection or discipline, up to and including termination of employment." Any staff member seeking promotion is required by the agency to complete an employment application. Any employee seeking a transfer to another prison or to a vacant position is required to complete a Position Vacancy Interest Form when applying for such position. The Position Vacancy Interest Form includes questions regarding acts of sexual abuse and sexual harassment as listed above.

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

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

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

The Auditor reviewed records revealing criminal background record checks were conducted on contractors prior to enlisting the services of contractors. The Auditor reviewed 20 contractor records. Criminal history record checks are performed every two years on all contractors. Contractors are issued a clearance for a 24-month period and must complete the criminal history records check prior to being issued a new clearance. The Auditor conducted interviews with contractors. Contractors informed the Auditor they sign a release form allowing the facility to conduct a criminal records background check. Contractors are aware the facility conducts these checks every two years before renewing their clearance. Contractors are asked about previous acts of sexual abuse and sexual harassment prior to performing services in the facility. Each is required to answer the questions as bulleted above. Interviews with contractors revealed they have been asked questions

about previous acts of sexual abuse and sexual harassment.

The Auditor conducted a formal interview with the Human Resources staff members. The staff member confirmed the facility provides information to other confinement facilities after receiving a request regarding information that a former SCI - Laurel Highlands employee has applied for employment with that confinement facility. Human Resources staff confirmed the facility requests information related to a substantiated allegation of sexual abuse or sexual harassment from other confinement facilities when an applicant has worked for another confinement facility. When requested by another confinement facility, HR staff explained the facility notifies other confinement facilities of a resignation during a pending investigation of sexual abuse of a former SCI - Laurel Highlands employee. The SCI - Laurel Highlands requests such information from other confinement facilities when applicants have previously worked at a confinement facility.

The Auditor asked HR staff how the facility considers acts of sexual harassment prior to promoting an employee. The Auditor was informed each staff member is required to submit an application when applying for a promotional opportunity. Any negative encounters with a law enforcement agency are automatically sent to the facility through the JNET system. The HR staff member explained an employees background is updated daily in the JNET. The Auditor was informed the facility conducts a background check on all contractors prior to allowing them entry into the facility. HR staff confirmed each employee and contractor has an affirmative duty to report any acts of sexual abuse and sexual harassment. The Auditor was informed each applicant is notified in writing that material omissions may result in termination from employment.

Conclusion:

The Auditor concluded the SCI - Laurel Highlands is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a review of agency policies, procedures, employment records, criminal background records documentation, personnel and contractor records, and interviewed staff to determine the facility meets the requirements of this standard.

115.18	Upgrades to facilities and technologies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 432">The agency's policy is to consider the effect of the design, acquisition, expansion, or modification upon the department's ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. The policy stipulates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department's ability to protect inmates from sexual abuse.</p> <p data-bbox="242 461 1458 521">Policy requires the involvement of the PREA Coordinator or the facility PREA Compliance Manager in the decision-making process. The involvement is required to be documented in meeting minutes, memorandum, or other written form.</p> <p data-bbox="242 551 488 580">Evidence Relied Upon:</p> <p data-bbox="242 609 908 638">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 6 pg. 1</p> <p data-bbox="242 667 756 696">Central Office Camera Committee Communications</p> <p data-bbox="242 725 708 754">Agency IP Surveillance Camera Requirements</p> <p data-bbox="242 784 735 813">Security Review Committee Assessment Minutes</p> <p data-bbox="242 842 376 871">Observations</p> <p data-bbox="242 900 440 929">Interviews with staff</p> <p data-bbox="242 958 464 987">Analysis/Reasoning:</p> <p data-bbox="242 1016 1485 1178">The agency has not made any substantial expansions or modifications to the SCI - Laurel Highlands facility. The Auditor reviewed emails from the PREA Coordinator to PREA Compliance Managers at other PDOC facilities. The emails reveal the facility PREA Compliance Manager and PREA Coordinator are involved in the design phase of new construction and camera considerations and placements. The email chains involve camera selection and various questions regarding the process of the upgrade. The PREA Coordinator reviewed, made comments/recommendations and responded to the emails.</p> <p data-bbox="242 1207 1458 1301">The Auditor reviewed emails from the agency's camera committee. The emails verify the PREA Coordinator is involved in camera projects at agency facilities. The PREA Coordinator includes the facility PREA Compliance Manager at the facility where the project is occurring.</p> <p data-bbox="242 1330 1481 1491">The SCI - Laurel Highlands has not installed new cameras in the facility since its last PREA audit. The facility is currently in the selection process of adding cameras to the exterior fences. The Auditor reviewed meeting minutes in which staff discussed the camera project. Minutes of the Administrative Staff meetings revealed the PREA Compliance Manager is present. The PREA Compliance Manager is involved in the process to select camera locations and would be involved in any substantial facility improvements.</p> <p data-bbox="242 1520 1474 1682">The Auditor conducted a formal interview with the PREA Compliance Manager. The PCM confirmed she is involved in the process of selecting camera placements throughout the facility. The PCM stated the camera placements enhance the facility's ability to protect inmates from acts of sexual abuse. The PCM stated she takes part in facility meetings where she discusses any concerns and makes comments and recommendations to improve the facility's ability to protect inmates from sexual abuse.</p> <p data-bbox="242 1711 1481 1771">The Auditor participated in a tour of the SCI - Laurel Highlands. The Auditor observed all camera placements throughout the facility.</p> <p data-bbox="242 1800 376 1830">Conclusion:</p> <p data-bbox="242 1859 1474 1989">The PREA Coordinator and PREA Compliance Manager ensure their participation to consider the affects when designing new or updating existing facilities. The Auditor established the PREA Coordinator and PREA Compliance Manager consider design affects to protect inmates from sexual abuse. The Auditor determined the agency meets the requirements of this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections has a policy that requires all victims of sexual abuse access to forensic medical examinations provided by a community based medical facility, at no cost to the victim. Forensic medical examinations conducted at the hospital are performed by a Sexual Assault Nurse Examiner. Policy requires collaboration with the Pennsylvania Coalition Against Rape (PCAR) and its member centers. The PCAR provides victim advocacy to inmate victims of sexual abuse.

Agency policy states the department shall follow a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions to the extent it conducts investigations. The protocol is required to be appropriate for youth, where applicable.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 1-2

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 1-3, 5-6

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 15 pg. 2

Policy - DC-ADM 004 Criminal Violations Procedures Manual, Section 1 pg. 1-4

MOU and Amendment with Pennsylvania State Police

MOU with Somerset Hospital

MOU with Conemaugh Memorial Medical Center

Letter of Agreement with Victim Services, Inc.

Letter to Pennsylvania State Police

Investigative Reports

Shift Commander Checklist

Instructions for PREA Evidence Collection

Initial Response Checklist – Alleged Victim

Initial Response Checklist – Alleged Abuser

Instructions for PREA Evidence Retention

Inmate Requests and Completed Calls

Interview with Sexual Assault Nurse Examiner

Interview with Victim Advocate

Interview with Investigator

Interview with Medical Practitioners

Interview with Inmate

Analysis/Reasoning:

The SCI - Laurel Highlands investigators conduct administrative investigations of allegations of sexual abuse and sexual harassment. Criminal investigations of sexual abuse are conducted by the Pennsylvania State Police (PSP) or Bureau of Investigations and Intelligence (BII). The BII is not an external entity of the agency. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence.

The Auditor reviewed the Letter of Agreement between the Pennsylvania Department of Corrections and Victim Services. The most recent version of the agreement was entered on June 25, 2014 and remains in effect. The Letter of Agreement stipulates the following services will be provided by Victim Services:

- Provide advocacy for and accompany the victim to the hospital or other location where a forensic examination is to be conducted;
- Provide confidential supportive services to the victim either by telephone, mail, or in person;
- Accompany the victim to court proceedings concerning the alleged sexual assault;
- Work with designated Department officials to obtain any necessary security clearance and follow all facility guidelines for safety and security;
- Maintain a trained pool of advocates to respond to sexual assault survivors at Department facilities in Somerset County and provide the Department with a list of current advocates;
- Maintain confidentiality as required by state standards for certified crisis counselors and Victim Services policies and procedures;
- Provide the necessary release forms to the advocate on behalf of an offender; and
- Provide to Department employees, contractors and volunteers in a Department facility in Somerset County, assistance and training on issues surrounding sexual violence and victimization.

The Letter of Agreement with Victim Services stipulates the Agency will:

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

The PDOC maintains a Memorandum of Understanding with the Pennsylvania State Police. Among other items, the memorandum stipulates the PSP will:

- Perform a criminal investigation when appropriate;
- Refer cases to the prosecutorial agency having jurisdiction when such referral is consistent with its policies, procedures and practices;
- Cooperate appropriately with the prosecutorial agency in the prosecution of criminal actions filed based upon cases referred by the PSP; and
- Provide the DOC's Office of Special Investigations and Intelligence, or any successor thereto, with the Criminal Incident Report upon e-mail request by DOC through the appropriate account as designated and maintained by PSP personnel.

The memorandum with the PSP stipulates, "PSP will endeavor to comply with PREA Standard 115.21, with the understanding that every alleged crime is unique and requires different investigative steps." The PSP assures its staff conducting investigations will receive specialized training as required by the PREA Standards. The PSP informs PDOC in the MOU that PSP is familiar with PREA Standard 115.21 pertaining to the investigation of sexual assaults, the collection of pertinent evidence, and forensic examinations.

The facility maintains two Letters of Agreements for forensic examinations. There is an agreement with the Somerset Hospital and Conemaugh Memorial Medical Center. Each agreement is signed by a Department of Corrections and hospital representative. Both agreements stipulate, "Hospital agrees that it will examine a victim of an alleged sexual abuse committed in a state correctional institution, community corrections center or community contract facility who presents themselves to the Hospital within 96 hours of the alleged abuse. Hospital also agrees that any such examination will be performed by a certified sexual assault nurse examiner..."

The Auditor conducted a telephone interview with a representative from Victim Services, Inc. The representative confirmed services are offered to inmates housed at the facility. Services are provided by telephone, mail, and/or in-person. The Auditor was informed representatives visit the facility to speak with victims as determined. The representative confirmed the organization provides victim advocacy during forensic examinations upon request of the victim. The Auditor asked how the organization is contacted when services are requested by an inmate. The Auditor was informed either the facility or the hospital notifies the organization. Any inmate who requires immediate crisis intervention can request to call Victim Services to

facility staff. The facility allows the inmate to make the call in a private area.

The Auditor reviewed the agency's instructions for evidence collection and retention. The collection and retention of evidence is based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." The evidence collection and retention protocol is appropriate for youthful offenders. Evidence collection in the facility is performed by the Pennsylvania State Police investigator. The facility maintains a Memorandum of Understanding with the Pennsylvania State Police. The MOU requires the PSP will endeavor to comply with PREA Standard 115.21.

The facility utilizes a checklist to ensure evidence is collected by the established protocol. The Initial Response Checklist reveals evidence is collected utilizing the following steps:

- Place a linen sheet on the floor prior to the removal of the inmate's clothing
- Place a paper sheet on top of the linen sheet prior to the removal of clothing items
- Instruct the inmate to remove his/her own clothing which should not be handled by staff
- Instruct the inmate to remove clothing items one at a time and place them individually into separate evidence bags
- Commissioned Officer will seal all evidence bags with evidence tape and ensure all evidence bags are properly marked
- Issue new clothing items to the inmate after securing their clothing as evidence
- Place all evidence bags into the emptied evidence box before sealing the box
- Complete and tape a DC-436, Receipt for Property to the top of the evidence box
- Secure the evidence box in the Security Office for placement into the evidence locker for retention and subsequent transfer to PSP

The Auditor conducted a formal interview with two SCI – Laurel Highlands Sexual Abuse Investigators. The Auditor was informed no allegations made in the previous 12 months were within the time that allowed for the collection of evidence. Each investigator confirmed they immediately notify the PSP when receiving an allegation of sexual abuse. Each investigator stated the inmate can have the presence of a victim advocate during during investigatory interviews, if requested. The SANE confirmed an advocate can accompany sexual abuse victims during the forensic evidence collection process. The Auditor was informed any evidence in a crime scene would be processed by the PSP.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner who performs forensic examinations. The Auditor asked if the facility has contacted the hospital for a forensic examination. The Auditor was informed there has not been a forensic examination performed on a SCI - Laurel Highlands inmate within the previous 12 months. The SANE stated she allows a victim advocate to be present during the examination if the victim requests such. The SANE stated nursing staff at the facility contacts the hospital prior to sending an inmate victim of sexual abuse. The hospital contacts the victim advocate prior to performing the examination when the inmate requests a victim advocate. The SANE has been appropriately screened and trained to conduct forensic examinations.

The Auditor conducted an interview with medical practitioners. Medical practitioners stated forensic examinations are not conducted at the facility. The Auditor was informed inmates are transported to the local hospital for exams conducted by the Sexual Abuse Nurse Examiner. The Auditor asked medical practitioners if any SCI – Laurel Highlands medical practitioners are trained to conduct forensic medical examinations. The Auditor was informed neither PDOC nor contract medical practitioners conduct forensic examinations at the facility.

The facility reported no inmate was sent for a forensic examination in the previous 12 months. None of the allegations made in the previous 12 months required a forensic examination be performed.

Conclusion:

The SCI - Laurel Highlands follows an appropriate uniform evidence protocol when collecting forensic evidence following an incident of sexual abuse. The facility allows inmates access to victim advocates from a rape crisis center. The facility provides access to a Sexual Assault Nurse Examiner at one of two local hospitals. The Auditor reviewed agency policies, procedures, Letters of Agreements, Memorandums of Understanding, checklists, investigative reports, conducted interviews, and determined the facility meets the requirements of this standard.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">The Pennsylvania Department of Corrections policy mandates every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved party and anonymous reports are investigated promptly, thoroughly, and objectively. Policy requires all allegations of potentially identified criminal behavior be referred by the Security Office to the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police. The PSP has the legal authority to conduct criminal investigations.</p> <p data-bbox="242 461 488 490">Evidence Relied Upon:</p> <p data-bbox="242 517 970 546">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 1, 3-4</p> <p data-bbox="242 573 1035 602">Policy - DC-ADM 004 Criminal Violations Procedures Manual, Section 1 pg. 1-4</p> <p data-bbox="242 629 480 658">PREA Tracking System</p> <p data-bbox="242 685 611 714">MOU with Pennsylvania State Police</p> <p data-bbox="242 741 528 770">Shift Commander Checklists</p> <p data-bbox="242 797 408 826">Agency Website</p> <p data-bbox="242 853 432 882">Email Notifications</p> <p data-bbox="242 909 456 938">Investigative Reports</p> <p data-bbox="242 965 504 994">Interview with Investigator</p> <p data-bbox="242 1021 469 1050">Interview with Inmates</p> <p data-bbox="242 1077 467 1106">Analysis/Reasoning:</p> <p data-bbox="242 1133 1493 1375">The Auditor reviewed the Pennsylvania Department of Corrections website. The website includes a link to the agency’s policies regarding the conduct of investigating allegations of sexual abuse and sexual harassment. The policy stipulates the Security Office to the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police will conduct criminal investigations. The policy outlines the duties of the Security Office during initial receipt of an allegation of sexual abuse and sexual harassment. Preliminary investigations of allegations of sexual harassment may be conducted by any management staff member. Policy recommends the investigator of sexual harassment have received specialized investigator training but is not a requirement. Policy mandates investigators of sexual abuse be trained to conduct such investigations.</p> <p data-bbox="242 1402 1477 1532">When prosecution may be warranted, the SCI - Laurel Highlands Investigator notifies and cooperates with the Pennsylvania State Police Investigator. The SCI - Laurel Highlands Investigator halts administrative investigation efforts during a criminal investigation. Any referrals of allegations to the Pennsylvania State Police are documented by email, included on the Shift Commander Checklist and are maintained in investigative records.</p> <p data-bbox="242 1559 1493 1861">The SCI - Laurel Highlands reported 20 allegations of sexual abuse and sexual harassment were investigated during the previous 12 months. There were 11 allegations of sexual abuse made at the facility in the previous 12 months. SCI - Laurel Highlands Sexual Abuse Investigators informed the Auditor all allegations of sexual abuse are forwarded to the Pennsylvania State Police. All allegations of sexual abuse and sexual harassment are forwarded and reviewed by the BII. The determination to proceed with a criminal investigation is determined by the Pennsylvania State Police or the BII. In the past 12 months there have been no criminal charges placed on a staff member or inmate for a criminal act of sexual abuse or sexual harassment. The Auditor conducted a formal interview with two facility Investigators. Each Investigator is aware of the requirement to inform the inmate victim of the criminal investigative results. Each Investigator informed the Auditor the facility has a good working relationship with the facility assigned BII and Pennsylvania State Police investigator.</p> <p data-bbox="242 1888 1493 2152">The Auditor conducted an interview with inmates who reported an allegation of sexual abuse or sexual harassment that allegedly occurred at the facility. Each inmate, excluding one, informed the Auditor they met with the facility Investigator following notification of the alleged incident. The Auditor asked how quickly the Investigator met with each inmate. Each inmate stated the facility Investigator met with the inmate on the same day the allegation was made. Each inmate was asked if they were informed of the investigative results at the conclusion of the investigation. Each informed the Auditor they received the results of the investigation in writing. Each allegation of sexual abuse was referred to the Pennsylvania State Police. The Auditor informed the PREA Coordinator of the one inmate who claimed he made an allegation and has not met with the investigator.</p>

The Auditor conducted a review of investigative reports for allegations alleged to have occurred at the SCI - Laurel Highlands. In each case, the facility investigator quickly met with the alleged victim. The investigator notified the Pennsylvania State Police and BII of each allegation. Investigative reports included documentation of each notification. The facility referred 11 allegations to the PSP. The facility conducted 20 administrative investigations in the past 12 months.

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

Conclusion:

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

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy stipulates staff at all department facilities receive standardized Basic Training and refresher training curriculum that addresses or exceeds the Prison Rape Elimination Act standards requirements for each facility type. The following topics are included in the policy requirements:

- The zero-tolerance policy against sexual abuse and sexual harassment within the department;
- How staff are to fulfill their responsibilities under the department’s sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
- Inmates’ right to be free from sexual abuse and sexual harassment;
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with inmates;
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- How to comply with relevant laws of Pennsylvania related to mandatory reporting of sexual abuse to outside authorities.

Policy stipulates during even numbered years, PREA education shall be provided in the form of a refresher or the initial basic staff training information for all staff members. Staff are required to verify they have received the updates and understand the information. During odd numbered years, PREA education is provided in the form of an update to policies for all staff members to ensure knowledge of the agency’s current sexual abuse and sexual harassment policies and procedures. Staff are required to acknowledge receipt of the information in writing.

The agency’s training is tailored to the gender of the inmates at the employee’s facility. It’s the agency’s policy to provide additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 1-4

PowerPoint Presentations

Lesson Plans

Participant Guide

Instructor Guide

Electronic Acknowledgements

PREA Training and Understanding Verification Forms

Web-Based Training Reports

Training Attendance Records

Interviews with staff

Analysis/Reasoning:

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

- Define the Prison Rape Elimination Act (PREA), and its applicability within the Department;
- Describe the Department’s zero-tolerance policy for sexual abuse and sexual harassment;

- Identify the rights of staff and inmates;
- Fulfill responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting and responding policies and procedures;
- Explain the dynamics of sexual abuse and sexual harassment in a confinement setting;
- Recognize the common reactions to sexual abuse and sexual harassment by inmate victims;
- Detect and respond to signs of threatened and actual sexual abuse;
- Avoid inappropriate relationships with inmates and recognize consequences of misconduct;
- Communicate effectively and professionally with all inmates including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming individuals; and
- Comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The Auditor reviewed the facility's staff training records. Training records revealed all staff were provided annual PREA Policy Updates training. The Auditor reviewed training records that reveal all staff receive PREA training during previous calendar years. Facility staff have been completing the annual training and policy updates through web-based trainings and/or in-person classes. Each employee was required to complete the training during each of the years as stipulated in the agency's policy. Employees are required to sign a PREA Training and Understanding Verification Form denoting their receipt and understanding of the training provided. Each employee interviewed by the Auditor stated they have completed and are up to date on their training.

The facility's Pre-Audit Questionnaire reported 507 personnel who have contact with inmates. At the time of the audit the facility employed 536 employees. The Auditor reviewed training records from the previous 12 months. In-service records are maintained electronically. Records reveal the facility has trained its personnel during this audit period. Staff interviewed by the Auditor had completed the agency's required training for 2022. Interviews with staff revealed they received initial PREA training and complete annual refresher or policy update training. When asked how often staff receive training, they informed the Auditor they receive a PREA training annually. Most staff stated they receive training more frequently. Staff informed the Auditor they routinely receive PREA information during shift briefings and through emails.

The agency provides initial PREA training during orientation and during the basic academy. The initial training is designed for both male and female populations. The SCI-Laurel Highlands is designated as a male facility. When personnel are reassigned from an all-female facility to the SCI - Laurel Highlands they are provided training prior to working with the population. The Auditor reviewed the agency's training curriculum that is tailored to female populations. The training is titled, "Women Offenders in Pennsylvania Corrections (WOPAC)." All staff assigned to SCI Cambridge Springs, SCI Muncy and the Quehanna Boot Camp facilities are required to complete the training.

Each staff member is required to complete the annual refresher training. Upon completion, each participant receives a Course Completion certificate. The agency's electronic training is followed with an electronic acknowledgement. At the conclusion of training all staff are required to complete the Acknowledgement. The electronic acknowledgement requires the participant document the following:

- "I acknowledge on this date, I have received and understand this refresher training and my responsibilities to prevent, detect and respond to incidents of sexual abuse and sexual harassment.
- I understand that the Department of Corrections maintains a zero tolerance policy in regard to inmate sexual abuse, sexual harassment and retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment.
- I acknowledge my obligation to receive and report All forms of sexual abuse, sexual harassment and retaliation conveyed to me."

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

Conclusion:

The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training topics mandated in PREA Standard 115.31. The Auditor reviewed facility policies, procedures, training materials, training rosters, Lesson Plans, PowerPoint Presentations and conducted interviews with staff to determine the facility meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections has a policy that requires all contractors and volunteers who have contact with inmates receive training on their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Contractors and volunteers are trained during orientation sessions and annual training reflective of the level of contract that they have with inmates.

The agency's policy places contractors and volunteers in one of two categories, Level 1 or Level 2. These levels are defined as follows:

- Level 1 – high level of inmate contact (five or more hours per week)
- Level 2 – sporadic level of contact (less than five hours per week)

Policy requires Level 1 contractors and volunteers receive the same training as regular staff members, receiving both preservice and annual training. Level 2 contractors and volunteers receive a brief orientation by the Security Office in conjunction with the Security Briefing required by policy, to include information on the department's zero tolerance policy, how to make a report, and to whom to make a report. Each Level 2 contractor and volunteer is required to receive the Contractors/Volunteers PREA Training in written form. Each contractor and volunteer are required to sign a PREA Training and Understanding Verification Form that documents receipt and understanding of the training.

Each facility's Volunteer Coordinator is required to maintain documentation of the volunteer training. Each facility's PREA Compliance Manager is required to maintain documentation of the contractor training.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 4-5

Contractor/Volunteer PREA Training Curriculum

Contractor/Volunteer Training Records

PREA Training and Understanding Verification Forms

PREA Training Acknowledgement of Understanding and Duty to Report

In-Service Training Rosters

Interviews with Contractors

Analysis/Reasoning:

The Auditor reviewed the facility's Level 2 Contractor/Volunteer training curriculum. Contractors with less than 5 hours of contact per week with inmates are provided the Contractor/Volunteer Handout. All other contractors and volunteers receive the training all agency employees receive. All contractors and volunteers read and sign the PREA Training Acknowledgment of Understanding and Duty to Report form. The agency's PREA Training Acknowledgment of Understanding and Duty to Report form includes the following:

- Policy Statement
- Definitions
- Prohibitions
- Reporting Requirements
- First Responder Duties
- Acknowledgement of Understanding and Duty to Report

The Auditor reviewed contractor and volunteer training records. Each contractor and volunteer had received and signed the form acknowledging training. The form requires the contractor/volunteer to acknowledge in writing their receipt and understanding of the information provided by the facility. The contractors and volunteers also sign with an understanding of an obligation to report all forms of sexual abuse and sexual harassment. A staff witness is required to sign the form.

Each level 1 contractor and volunteer who attends training in person signs the PREA Training and Understanding Verification Form. The form states "I acknowledge on this date I received and understand the training on the Prison Rape Elimination Act (PREA). I understand that the Department of Corrections maintains a zero tolerance policy in regard to inmate sexual abuse

sexual harassment and retaliation. I have a statutory obligation to report ALL forms of sexual abuse and sexual harassment. I acknowledge my responsibility to provide proof of training, upon request, to DOC or otherwise may be requested to repeat mandatory PREA training, to ensure compliance with PREA mandates.” Furthermore, the PREA Training and Understanding Verification Form documents the person’s status as either contractor or volunteer and includes the date, time and location of the training. A witness is required to sign the form.

The facility reported there are 19 volunteers and 217 contractors who may have contact with inmates. In the past 12 months, volunteer services were limited due to COVID-19 protocols. The Auditor reviewed records revealing contractors are receiving the appropriate training. The Auditor reviewed the records of previously authorized volunteers. Each had been provided training prior to performing services in the facility. Level 1 contractors/volunteers attend PREA training in person at the agency’s training academy. The initial training is the same training provided to all PDOC employees. Level 1 contractors/volunteers are provided supplemental training in the same manner as all PDOC employees. They receive training during even numbered years and a policy refresher during odd numbered years. The Auditor reviewed the electronic records showing all contractors and volunteers were provided initial PREA training and received supplemental training and information.

The Auditor conducted formal interviews with contract personnel. Each contractor interviewed by the Auditor verified they had received training in the agency’s policies and procedures related to sexual abuse and sexual harassment. The Auditor asked each specific questions related to the agency’s policy and procedures for reporting, documenting, and their duties as a non-security first responder. Each contractor was able to articulate their responsibilities as a first responder and how to report and document allegations of sexual abuse and sexual harassment. Contractors and volunteers are informed that violations of the agency’s sexual abuse policies will result in termination and notification to law enforcement officials for prosecution referral, if warranted. Each contractor interviewed stated they received training before they provided services in the facility. The Auditor was informed by contractors they are required to complete the agency’s annual training or refresher that all other employees receive. Level two contractors are required to read and sign the PREA training each year.

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

It is the policy of the Pennsylvania Department of Corrections requiring each facility to provide inmates information explaining the PDOC's zero-tolerance policy regarding sexual abuse and sexual harassment. Each facility is required to provide inmates instructions on how to report incidents or suspicions of sexual abuse, sexual harassment or retaliation, and what to do if he/she is the victim or such. Policy requires the information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Braille versions of the intake materials are available to inmates at initial reception sites.

The PREA Inmate Intake Handout is provided to the inmate immediately upon intake by medical staff to those arriving at a State Correctional Institution (SCI). If an inmate is seen by a facility's Initial Reception Committee (IRC) during the first day of the intake process; representatives of the IRC may provide the handout to the inmate. Each inmate is required to sign the PREA Inmate Education Verification Form.

The agency's policy is to provide all new inmates, incoming transfers and parole violators a comprehensive education within 30 days of reception. Facilities are required to show each inmate a video regarding their rights to be free from sexual abuse, sexual harassment, and retaliation. Policy requires each inmate be provided department policies and procedures for responding to such incidents, including any facility specific reporting or response procedures. PDOC facilities may provide the education in groups or individually, however a staff member must be present to answer questions and facilitate discussions in conjunction with the Inmate Education Facilitator's Guide.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 5-6

Policy – 11.2.1 Reception and Classification, Section 2 pg. 1,3

SCI Laurel Highlands Handbook Supplement

Agency Inmate Handbook

PREA Inmate Intake Handout

Inmate Education Facilitator's Guide

Inmate Education PowerPoint

Inmate Education Booklet

PREA Inmate Education Verification Forms

Weekly Television Program Guide

PREA Posters

Interviews with Staff

Interviews with Inmates

Observations

Analysis/Reasoning:

Each inmate is provided the PREA Inmate Intake Handout. The Auditor reviewed the inmate handout. The following information is provided to inmates in the handout:

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

The Auditor reviewed the SCI - Laurel Highlands Inmate Handbook Supplement. Each inmate receives a copy of the supplement upon arrival. The supplement includes the following:

- Zero Tolerance Policy
- Sexual Abuse/Harassment Definitions
- Methods for Reporting

The PREA Inmate Education Verification Form states "I acknowledge on this date I received and understand the training on the Prison Rape Elimination Act (PREA). I understand that the Department of Corrections maintains a zero tolerance policy in regard to inmate sexual abuse, sexual harassment, and retaliation. I received a copy of the PREA Inmate Intake Handout immediately upon my arrival to this facility. I was trained on the definitions of sexual abuse and sexual harassment, how to report such incidents, and the agency's policies and procedures for responding to such incidents. All questions have been answered by staff facilitators. Finally, I understand that I have an obligation to report all forms of sexual abuse and sexual harassment and that I will be protected from retaliation for doing so."

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

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

The agency has created a comprehensive educational video based on the agency's Inmate Education Booklet. All information included in the educational booklet is included in the video. Each inmate watches the video during their comprehensive education session in the orientation housing unit. The facilitator plays the video as part of the comprehensive education. The video plays on a continual loop in the orientation unit. The facility routinely plays the comprehensive educational video on all facility televisions. During interviews with inmates, the Auditor was informed inmates have seen the video being played on the television system. Most inmates stated they have seen the video multiple times since arriving at the facility. Most inmates explained they have watched the video at multiple agency facilities.

Inmates are given an opportunity to ask questions regarding information provided through the video and by in person instruction. Inmates are also provided an opportunity to ask questions during their classification process after the Counselor briefs the inmate about PREA. All information and educational materials are maintained in English and Spanish. The agency maintains a contract with a language line provider in the event an inmate speaks a language other than English or Spanish. The agency maintains a list of agency staff who speak other languages in the event a translator is needed. Educational sessions with disabled or LEP inmates are conducted one-on-one.

The Auditor reviewed the records of inmates. In addition to records provided in the Online Audit System, the Auditor reviewed the records of all inmates selected for formal interviews. A review of inmate records revealed each inmate signed a PREA Inmate Education Verification Form. The Auditor verified each inmate received comprehensive education within 30 days of booking. The Auditor was able to determine by a review of a relevant sample of inmate files the inmate population receives a comprehensive education. The facility maintains its Inmate Handbook and PREA education in braille. The facility maintains a written handout of the educational video for deaf offenders, if needed. Deaf offenders can read the closed captioning on the educational video.

Most inmates informed the Auditor they received a PREA Handout upon arrival. The handout included the facility's rules related to sexual abuse and sexual harassment. Inmates stated the information is provided during the booking process. The Auditor conducted a formal interview with two inmates identified as Limited English Proficient. Both inmates informed the Auditor they received written information and education upon arrival. Written materials were provided in English and Spanish. The educational video was provided in Spanish. When asked how facility staff communicated with each inmate the Auditor was informed a bilingual staff member was utilized.

The Auditor conducted an interview with one inmate who was identified as deaf. The Auditor utilized pen and paper to communicate with the inmate. The inmate informed the Auditor he received a handout upon arrival. He was able to read the information on the handout. The Auditor asked how he received the comprehensive education. The inmate stated he has watched the closed captioned video. The inmate was able to read the closed-captioned video. The Auditor asked if he had problems communicating with staff during the booking process. The Auditor was informed the inmate utilizes pencil and

paper to communicate with staff. The inmate informed the Auditor he was provided an opportunity to ask questions related to the information by the counselor.

At the time of the audit there were no inmates identified as blind. The Auditor was informed by staff that blind inmates can hear the comprehensive video. A staff member reads the agency's written information so the inmate can benefit from the information. A staff member is assigned to ensure blind inmates are educated in a one-on-one session.

The Auditor conducted formal interviews with 20 randomly chosen inmates. Each inmate was asked if they received information upon their arrival at the facility. Most inmates informed the Auditor they did receive the PREA information during the booking process. Some inmates do not remember the information that was provided to them during booking. Those inmates acknowledged receiving written information from staff. Every inmate informed the Auditor they have seen information posted throughout the facility. All inmates chosen for interviews, including those specifically targeted were educated regarding the facility's sexual abuse and sexual harassment policies and procedures.

While touring the facility the Auditor observed the area utilized for comprehensive education. A facilitator educates inmates and supplements the in-person instruction with the agency's educational video. The area has sufficient seating, a video player, and monitor. Comprehensive education sessions occur as needed for newly arriving inmates. Inmates typically receive their comprehensive education on their day of arrival. Each inmate is placed in the orientation unit when they arrive at the SCI - Laurel Highlands. Orientation and education occur in the housing unit.

The Pennsylvania Department of Corrections policies related to sexual abuse and sexual harassment apply to all PDOC facilities. Each facility is required to educate inmates upon transfer to their respective facility. Facilities are not required to educate inmates prior to transferring an inmate to another facility. Most inmates interviewed by the Auditor stated they have received the written information and watched the educational video at other PDOC facilities prior to arriving at the SCI - Laurel Highlands. The Auditor reviewed the agency's Inmate Handbook issued to all inmates upon admission. The handbook includes information related to the Prison Rape Elimination Act. The Auditor observed the following in the inmate handbook:

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

The Auditor conducted an interview with booking staff and the Counselor responsible for educating inmates. Staff informed the Auditor the information is provided as soon as the inmate arrives at the facility. The Counselor meets with each inmate after being booked into the facility. The Counselor gives each inmate the opportunity to ask questions related to sexual abuse and sexual harassment policies after educating them. The Auditor asked the Counselor how the information is provided to an inmate who is deaf, blind, has low vision, or cannot read. The Auditor was informed PREA information can be heard by blind inmates and read by those who may be deaf or hard of hearing. Interpretive services are provided through use of a language line or a bilingual staff member. The Counselor coordinates with the PREA Compliance Manager to discuss options to ensure inmates who cannot otherwise benefit from the education are educated appropriately. The facility has a TTY machine for those who are deaf or hearing impaired. The Counselor makes individual arrangements to educate inmates with a cognitive or intellectual disability. The Counselor stated Psychology Services is notified to assist in the process, if needed.

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

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The agency policy requires staff complete employee basic and refresher training prior to receiving specialized training for investigators. Policy stipulates the specialized training for investigators include the following:

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

Policy requires the training be developed by the PREA Coordinator/designee and standardized for department wide training purposes. The agency maintains documentation that each Investigator has completed the required specialized training.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 3

Memorandum of Understanding with the Pennsylvania State Police

Specialized Training Curriculum

Training Records

Training Rosters

Interview with Investigators

Analysis/Reasoning:

The Auditor reviewed the agency's specialized training for investigators PowerPoint presentation. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

At the time of the audit the facility employed 17 staff members who have received specialized training to conduct sexual abuse investigations. The Auditor conducted a review of staff training records. Each had attended the specialized training for investigators offered by the agency. In addition, the Auditor verified all 17 facility investigators received the agency's regular PREA and annual training offered to all employees. Each staff member attended the online training. The agency's in-person training is conducted at the training academy. A review of training records revealed each investigator has received the regular PREA training provided to all agency personnel.

The Sexual Abuse Investigator training curriculum was developed by the PREA Coordinator. The in-person classroom training was formerly conducted by the PREA Coordinator, Police Investigators and former prosecutors. The in-person class was converted to an online training after the onset of COVID-19. The Auditor conducted a review the course curriculum. Each facility investigator has attended the training that includes, but is not limited to, the following:

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

Facility investigators conduct administrative investigations of sexual abuse and sexual harassment. The Pennsylvania State Police conducts criminal investigations at the facility. The PSP has trained investigators to conduct sexual abuse investigations in confinement settings. The facility maintains a Memorandum of Understanding with the PSP requiring the PSP ensure its investigators receive the specialized training.

The Auditor conducted a formal interview with two facility investigators. The Auditor asked each Investigator to discuss the specialized training provided by the agency. Each Investigator articulated the topics listed above in their response. Each Investigator is knowledgeable in the process required by the agency and by the PREA standards when conducting sexual

abuse investigations. The Auditor asked each Investigator to explain how they conduct investigations after receiving an allegation. Each investigator stated they conduct interviews, collect documents, logs and other records, review video footage, collect evidence and write a report of findings. The Auditor reviewed investigative reports written by facility investigators. The reports reviewed by the Auditor appear to support the investigators have been appropriately trained to conduct sexual abuse investigations in a confinement setting.

No Department of Justice component is required to investigate sexual abuse allegations in the SCI - Laurel Highlands.

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy is to provide all full-time and part-time medical and mental health staff who work regularly in PDOC facilities with specialized training on working with victims of sexual abuse and sexual harassment. Policy requires the training include the following topics:

- How to detect and access signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The PDOC policy requires the PREA Coordinator or designee to develop and standardize the specialized medical training for department wide usage. All new medical and mental health staff are required to receive the specialized training within the first six months of employment with the department. Either PDOC staff or the contracted medical provider may provide the standardized training to medical and mental health personnel. All medical and mental health professionals must sign the PREA Training and Understanding Verification Form after attending specialized training. The agency's policy requires agency and contract medical and mental health staff receive training mandated for employees or contractors.

Facility medical personnel do not conduct forensic examinations. The agency has a Letter of Agreement with local area hospitals to conduct forensic examinations. Medical practitioners at the facility are not required to be trained to do so.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 4

Specialized Medical Training Curriculum

PREA Medical and Mental Care Standards Participant Guide

PREA Training and Understanding Verification Forms

Medical/Mental Health Professionals Training Records

Interviews with Medical Professionals

Interviews with Mental Health Professional

Analysis/Reasoning:

Medical services at the SCI - Laurel Highlands are conducted by PDOC medical personnel and contract personnel. Contracted medical services are provided by Wellpath employees. Wellpath contractors work in the medical/mental health areas of the facility alongside PDOC medical personnel. All medical and mental health professionals are required to complete specialized medical training during their initial orientation. The Auditor reviewed the training records of medical/mental health practitioners. A review of the records indicated all medical/mental health practitioners received the PREA training offered to PDOC employees or contractors and completed specialized medical training.

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

- How to detect and access signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The training is a 1.5 hour web-based class targeting correctional medical and mental health care staff. In addition to the required topics of this standard, the training curriculum includes other general PREA information. Each participant in the class receives a PREA Medical and Mental Care Standards Participant Guide. Participants maintain possession of the guide after completion of the training. The Auditor observed the required topics of this standard in the participant guide. At the completion of the training, each participant is required to pass the "Knowledge Check Quiz."

The Auditor interviewed both PDOC and contracted medical and mental health staff employed at the SCI – Laurel Highlands. Each person interviewed stated they had received specialized medical training and received the same training provided to all

PDOC employees or contractors. The SCI - Laurel Highlands training is provided to medical and mental health staff in person in a classroom setting. Each PDOC and contract medical professional attends a training session at the agency's training academy before performing services in the facility. Annual refresher is provided through online training. Each medical/mental health practitioner stated they are required to complete the agency's training and specialized medical training on an annual basis. Wellpath employees informed the Auditor in addition to training provided by the agency, they are required to receive initial PREA training by Wellpath upon employment. The medical and mental health professionals are knowledgeable regarding previously mentioned training topics. The Auditor questioned each medical professional how they treat a victim of sexual abuse who has serious injuries. Medical staff explained their priority is life-saving measures. Each has been trained how to do so while preserving evidence.

Neither PDOC medical nor contract medical personnel perform forensic examinations at the SCI - Laurel Highlands. Forensic medical examinations are performed in the community by a Sexual Abuse Nurse Examiner at a local hospital.

Conclusion:

The Auditor concluded medical and mental health practitioners at the SCI - Laurel Highlands have received specialized medical training and regular PREA training offered to all staff and/or contractors. The facility maintains documentation that both agency and contract medical and mental health personnel have received such training. The Auditor conducted a review of PDOC policies, procedures, training curriculum, training records, and interviewed medical and mental health practitioners to determine the agency meets the requirements of this standard.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy requires an assessment of each inmate during the intake screening process. The policy also requires an assessment upon receipt into another facility, 20-30 days after receipt into a State Correctional Institution, Community Corrections Center, or Community Contract Facility, whenever an inmate is involved in an incident of sexual abuse and at his/her annual review, for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Assessments are conducted within 72 hours of reception into the department by a qualified health care, unit management, or designated CCC/CCF staff member.

The department is required to conduct a reassessment of each inmate between calendar day 20 and 30 of arrival or receipt into another facility by the inmate’s assigned counselor. The counselor is required to reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Policy prohibits conducting a reassessment before the inmate’s 20th day.

Following an allegation of sexual abuse in a State Correctional Institution, the Licensed Psychology Manager/designee is required to administer the PREA Risk Assessment Tool to all involved inmates within 24 hours or the next business day. The PREA Compliance Manager is required by policy to administer the PREA Risk Assessment Tool when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of victimization or abusiveness.

The PDOC prohibits disciplining inmates for refusing to answer, or for not disclosing complete information in response to the questions regarding prior victimization, disabilities, their perception of vulnerability, or their sexual orientation. Policy requires staff to discuss the importance of answering the question with the inmate when/if the inmate refuses to answer questions on the PRAT. Staff are required to keep the information obtained from the PRAT “as confidential as possible so as not to be used to the inmate’s detriment by staff or other inmates.”

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 9 pg. 1-4

PREA Risk Assessment Tool Training

PREA Risk Assessment Tool User Guide

PREA Risk Assessment Tool

Transfer Lists

Inmate Records

Classification Records

Interviews with Staff

Interviews with Inmates

Analysis/Reasoning:

The PDOC utilizes a PREA Risk Assessment Tool (PRAT) to determine an inmates’ risk level. The PRAT screening is objective and considers the following:

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

The PRAT stipulates, "The Prison Rape Elimination Act, known as PREA, is a law designed to protect inmates from sexual abuse. PREA requires prison staff to ask every inmate the following series of assessment questions. You may share as much or as little information as you feel comfortable providing. The results of the assessment are used to help keep you and other inmates safer, and the Department is committed to confidentiality regarding the information that you share. You will not be penalized in any way if you choose not to provide any information." The facility's PREA Risk Assessment Tool accounts for the inmate's own perception of vulnerability.

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

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

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

The initial risk assessment is conducted by medical practitioners. The nurse completes the PREA Risk Assessment Tool during the booking process. The nurse meets with each inmate that enters the facility. Each inmate is personally screened for their risk level of victimization or abusiveness upon admission to the facility. The nurse asks the inmate questions from the screening tool (PRAT) and electronically records the answer into the facility's electronic record system. All inmates are placed in a designated unit and meet with the Counselor in a private office for classification. All inmate classifications occur within 72 hours. Classification typically occurs the same day.

The Auditor conducted a review of 40 inmate PREA Risk Assessment Screenings. The Auditor observed the following identifications during the review:

- 7 reported previously suffered sexual abuse
- 2 declined to answer if previously victimized
- 2 reported previous victimization while incarcerated
- 13 who perpetrated an act of sexual abuse
- 6 who identified as lesbian/gay/bisexual
- 1 who identified as transgender
- 3 who were perceived as gender nonconforming
- 17 had a physical disability
- 14 reported a mental disability
- 2 reported a developmental disability
- 2 felt vulnerable

The Auditor observed each inmate had been appropriately screened for their risk of sexual victimization and abusiveness. The PRAT was conducted during booking and within 72 hours of the inmate's arrival. The facility maintains documentation of each inmate's screening electronically in each inmate's record. The Auditor observed six of the 40 inmates had been incarcerated prior to the enactment of the Prison Rape Elimination Act. The facility ensured it conducted a risk assessment of each inmate after the enactment.

Utilizing the same 40 inmate records, the Auditor reviewed the re-assessments of each inmate's level of risk for victimization and abusiveness. The facility failed to conduct a reassessment of one inmate. The initial assessment was entered into the electronic system as "other" instead of "30 day." The error caused the system not to alert the reassessment was due. The facility appropriately conducted a reassessment of the remaining 39 inmates within 30 days of their initial risk screening. The Agency's reassessment form includes the same information as listed above. All inmates assigned to the facility are reassessed during their annual review performed by the Counselor. The Auditor observed evidence the facility conducts a reassessment following an allegation of sexual abuse.

The Auditor conducted a formal interview with Counselors. Counselors explained the risk screening process to the Auditor. The Auditor asked Counselors if they utilize professional judgement when considering vulnerability of an inmate. The Auditor was informed the PRAT score and best judgement is utilized when determining vulnerability. Counselors utilize the PRAT score to aid in classification decisions of each inmate. The Auditor asked how professional judgements are made. Counselors meet with each inmate, use the risk screening score, their own perceptions, the inmate's input and own perceptions to make classification decisions.

The Auditor was informed Counselors conduct the 30-day reassessment of each inmate while nursing staff conduct the initial PRAT. The Auditor asked if Counselors have received a referral, request or additional information that bears on an inmate's

risk level. The Auditor was informed Counselors have received information that have resulted in the initial PRAT being changed. The Auditor was informed a PRAT is conducted following an incident of sexual abuse. The Auditor asked nurses and Counselors if they place discipline charges on an inmate who refuses to answer questions related to the risk screening or reassessment. The Auditor was informed they are prohibited from disciplining an inmate for refusing to answer PRAT questions.

The Auditor asked various staff including counselors, officers, supervisors, nurses, mental health and other specialized staff who has access to information obtained from the PRAT. The Auditor was informed the information obtained during risk screenings are securely maintained electronically. Access to PRAT information is strictly limited to specialized staff who make decisions on inmate housing, bed, programming, work and security related decisions. Information from the risk screening is electronically entered into the agency's record system. Each agency staff member has a uniquely issued username and password to gain access into the system. Staff members are provided different levels of access (based on job duties) to information maintained electronically. Officers have the ability to see if an inmate is listed as high risk of victimization or abusiveness but are unable to see the inmate's responses to the risk screening questions.

The Auditor conducted formal interviews with inmates. All inmates targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the intake process. Most inmates stated they had been asked such questions upon their arrival. Some inmates stated they do not remember the questions asked during their intake to the facility. The Auditor asked each inmate if anyone at the facility had asked them the same questions after being booked into the facility. Some inmates stated they have been asked the questions as part of their annual evaluation.

The Auditor requested and was provided the classification records of each inmate selected for interviews. A review of those records revealed electronic documentation is maintained notating each inmate's 30-day reassessment of their risk of sexual victimization or abusiveness. The initial and 30-day reassessment is electronically entered into the inmate's record. Each reassessment was conducted within 30 days of arrival at the SCI - Laurel Highlands. The Auditor observed notations of the performance of 30-day reviews that included the previously listed information. Records revealed the facility performed a reassessment following incidents of sexual abuse and annually during annual reviews. No reassessment was provided sooner than 20 days of an inmate's arrival and no reassessment was conducted longer than 30 days of the inmate's arrival. Each initial risk assessments was conducted by a nurse on the inmate's day of arrival.

The facility does not conduct a reassessment of vulnerability and aggressiveness upon transfer to another facility because all PDOC facilities are required to conduct an assessment upon arrival, regardless of where the inmate arrives from. All agency facilities are required to conduct a 30-day reassessment of vulnerability and aggressiveness. The Auditor interviewed several inmates who had been incarcerated at another facility and had been incarcerated at the SCI - Laurel Highlands in the past. Those inmates stated they were asked the PRAT questions at the other facility when they arrived and again within 30 days. Inmates stated they are asked the questions each time they have been at the facility and when they arrive at other agency facilities.

The Auditor reviewed the records of inmates who made an allegation of sexual abuse. The facility conducted a reassessment of each inmate's risk of sexual victimization following the inmate's allegation. During a review of records, the Auditor discovered the facility's personnel are conducting a reassessment of inmate's risk of abusiveness following an allegation. During interviews with inmate's who made an allegation of sexual abuse, some of those inmates informed the auditor they were asked the reassessment questions following their allegation.

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

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy is to use information received through the administration of the PRAT to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those inmates at high risk of sexual victimization from those at high risk of being sexually abusive. Policy stipulates the department will make individualized determinations to ensure the safety of each inmate.

The agency requires a PREA Accommodation Committee (PAC) make individualized determinations about a transgender or intersex inmate's privacy, housing and programming assignments to ensure their safety at the current facility. The committee must consider all aspects of an inmate's social and medical transition when formulating recommendations to address safety and privacy concerns affirmatively identified by the transgender or intersex inmate. The PAC consists of the following personnel:

- PREA Compliance Manager;
- Licensed Psychology Manager/designee;
- Corrections Health Care Administrator/designee;
- Deputy Superintendent for Centralized Services/designee; and
- Deputy Superintendent for Facilities Management/designee.

The PAC is required to meet with the transgender or intersex inmate within five (5) days of arrival to the facility. Policy requires when deciding whether to assign a transgender or intersex inmate to a facility that is consistent with his/her gender identity, in making other privacy, housing, and programming assignments, the Department shall consider, on a case-by-case basis, whether a placement would ensure the health and safety of all impacted inmates and whether the placement or accommodation could potentially present a management or security problem. A transgender/intersex inmate's own views, with respect to his/her own safety shall be given serious consideration.

Policy requires the PAC review the transgender and intersex inmate's assignments every six-months review any threats to safety that may have been experienced by the inmate. Policy requires transgender and intersex inmates be given the opportunity to shower separately and privately from other inmates.

The agency has an Administrative PREA Accommodation Committee (A-PAC). Policy states, "In SCIs and as requested by the BCC, the A-PAC shall be activated, and the local PAC shall meet as necessary when a transgender or intersex inmate has been identified and the facility or the inmate recommended or request the inmate be housed in a facility that is consistent with his/her gender identity." The following personnel are required on the A-PAC:

- Representative from the facility where the reviewed inmate is currently housed;
- Representative from a facility housing inmates consistent with the reviewed inmate's gender identity;
- Psychology Office representative;
- Bureau of Health Care Services (BHCS) representative;
- Security Division representative; and
- Lesbian, Gay, Bisexual, Transgender, and intersex (LGBTI) Subject Matter Expert Consultant(s).

The agency's policy stipulates the Office of Population Management shall not place transgender or intersex inmates in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is in connections with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

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

Evidence Relied Upon:

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

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

Policy - 13.8.1, Access to Mental Health Care Procedures Manual, Section 1, pg. 5, 12-13

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PREA Accommodation Committee Reassessment Checklists

Administrative PREA Accommodation Committee Decision Records

Potential Institutional Sexual Assault Victim Report

Potential Institutional Sexual Predator Report

PAC Records

Mental Health Records

Classification Records

Interviews with Inmates

Interviews with Staff

Observations

Analysis/Reasoning:

The Auditor reviewed the classification records of each inmate selected for interviews. Of the records reviewed, there was one inmate who identified as transgender, three who were perceived as gender non-conforming, four who identified as gay or bisexual, and one who identified as pansexual. The classification records reveal facility staff made individualized considerations when determining their housing, bed, work and other assignments to ensure each inmate was maintained safely in the facility. The assessment form considers an inmate's own views of their safety when determining assignments. Two of the inmates reviewed reported they felt vulnerable to acts of sexual abuse. The Auditor observed classification staff is utilizing information gained from the risk screening to assign facility housing, bed, and work assignments to ensure those inmates protection. When inmates submit a request to attend programs and educational classes classification reviews the high risk of abusiveness list to ensure vulnerable inmates are protected. Prior to assigning an inmate a work position outside of the living unit the Counselor makes an assessment to ensure the inmate's safety.

Classification staff considers an inmate's own perceptions of their safety before making classification decisions. The PRAT requires the staff member document his/her perception of how the inmate presents themselves and is included in the scoring of the assessment. The Auditor conducted formal interviews with inmates who identified as transgender, gay and bisexual. The Auditor asked each if they were housed in a living unit that was dedicated for LGBTI inmates. The Auditor was informed they were not assigned to a dedicated housing unit. Classification staff informed the Auditor they consider a transgender inmates own views regarding their own safety before making assignments. The Auditor was informed classification gives serious consideration to a transgender inmate's own views regarding their safety in the facility.

The Auditor reviewed the records of one transgender inmate. The facility documented the review on the PREA Accommodation Committee Reassessment checklist. The inmate arrived at the SCI - Laurel Highlands on July 21, 2021. The facility conducted a PAC review on September 2, 2021, May 20, 2022, and September 23, 2022. The PAC includes the PREA Compliance Manager who completes and signs the report. The transgender inmate participates in the review and signs the report. The PAC Checklist is conducted two times each year on transgender inmates. Each PAC Checklist includes the following information:

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

The Auditor reviewed the files of inmates who reported suffering sexual victimization while in the community and in an institutional setting. The Auditor conducted formal interviews with the inmates who reported suffering sexual victimization.

Those who reported an incident while at an agency, or other facility were asked if they have been housed in the same living unit with the alleged sexual abuser. Those inmates informed the Auditor they were immediately separated from the alleged abuser after making the allegation. Those who informed the facility they had suffered sexual abuse in the community reported they were not aware of known abusers in their living units. The Auditor asked during interviews if any of the inmates attended programs, education, or work. The victimized inmates who answered “yes,” reported they were maintained separately from abusers during programs, education, and work opportunities. A review of records revealed the facility immediately separates an alleged abuser from an alleged victim.

The agency provides transgender and intersex inmates PREA information upon admission and provides a comprehensive education within 30 days of admission. The assessment form considers transgender and intersex inmate’s views as to their vulnerability towards sexual victimization upon arriving at the facility. The PREA Accommodation Committee (PAC) is required to conduct a semi-annual review of each transgender inmate’s placement status. The PAC completes a PREA Accommodation Committee Reassessment Checklist. The PAC meets with the transgender or intersex inmate when conducting a reassessment. A mental health practitioner participates in the PAC. In cases where a transgender inmate requests a transfer or housing reassignment that does not align with their physical anatomy the Administrative PREA Action Committee meets and determines the appropriate action.

The Auditor observed all facility living units during a detailed facility tour. Transgender inmates are provided an opportunity to shower separately from other inmates. The Auditor asked staff how they would ensure a transgender or intersex inmate would be able to shower, change clothes and use the restroom without staff of the opposite gender seeing them do so. The Auditor was informed shower stalls are individual and toilets are wither protected with a curtain or are located in each cell. Interviews with a transgender inmate revealed the inmate is provided the opportunity to shower, change clothes, and use the restroom separately from other inmates.

The Auditor asked the PREA Compliance Manager how often a transgender inmate’s placements are reviewed. The PCM conducts a review of their status at least every six months and more often if needed. The Auditor asked if all LGBTI inmates were placed in dedicated living units in the SCI - Laurel Highlands and was informed they are not housed as such. The Auditor asked if a mental health professional has any input on transgender reviews. The Auditor was informed mental health practitioners do participate in biannual reviews of transgender inmates.

At the time of the Audit there were no inmates identified at high risk of sexual victimization placed involuntarily in segregation for protection against sexual abuse. The Auditor asked staff who supervise inmates in the Restricted Housing Unit if they have supervised inmates solely for the protection from sexual abuse. The Auditor was informed by those staff they are not aware of supervising any inmate solely for the protection from sexual abuse. Supervisors informed the Auditor they were not aware of any such placement in the Restricted Housing Unit. The Deputy Superintendent informed the Auditor the facility does not utilize restrictive housing to protect inmates against sexual abuse as the facility has numerous housing options available. The Unit Manager of the Restrictive Housing Unit stated the facility does not placed inmates in restrictive housing for the protection from sexual abuse. The facility maintains a roster of potential abusers and potential victims to ensure they are housed safely in the facility.

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

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections prohibits placing offenders at high risk for sexual victimization in Administrative Custody as a means of protection unless an assessment of all available alternatives has been made by Shift Commander in conjunction with the PREA Compliance Manager and the on-call administration representative. The assessment is conducted to determine if there are available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the inmate in involuntary Administrative Custody for less than 24 hours while completing the assessment. Facility staff may place an alleged victim in Administrative Custody when the alleged victim requests or agrees to be temporarily secured in Administrative Custody.

The agency's policy includes the following, but not limited to, alternative placement options:

- Relocation to a different housing unit;
- Placement in a cell closer to the Corrections Officer's desk within the unit;
- Placement in a single cell (Z-Code); and
- Placement in the Special Needs Unit (SNU).

Policy requires the Shift Commander clearly document the following information if an involuntary Administrative Custody assignment is made:

- The basis for the staff member's concern for the inmate's safety;
- The other alternative means of separation that were explored; and
- The reason why no alternative means of separation can be arranged.

Policy requires inmate access to programs, privileges, education, or work opportunities if the Shift Commander assigns an inmate to involuntary Administrative Custody for the purpose of protection from sexual victimization, to the extent possible. If access to such is restricted, the facility is required to document the following on the Involuntary Administrative Custody Services Access Restriction Form:

- The opportunities that have been limited;
- The duration of the limitation; and
- The reasons for such limitations.

PDOC allows facilities the ability to assign inmates to involuntary Administrative Custody only until alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed a period of 30 days. A Program Review Committee (PRC) shall ensure each inmate is reviewed to determine whether there is a continuing need for separation from the general population. The PRC is required to document its review findings.

Evidence Relied Upon:

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

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

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

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

Involuntary Administrative Custody Services Access Restriction Form

Initial Response Checklist – Alleged Victim

Interviews with Staff

Interview with Inmates

Investigative Records

Classification Records

Housing Records

Observations

Analysis/Reasoning:

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

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

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

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

The Auditor conducted formal interviews with Counselors, RHU Unit Manager and facility supervisors. The Auditor asked each to explain the process when placing a high-risk inmate involuntarily in segregation. The Auditor was informed an immediate assessment is conducted to view other available housing options. The Auditor was informed inmates are placed in another general population housing unit before placing an inmate in segregation for protection from sexual victimization. The supervisor of the Restrictive Housing Unit is aware that inmates identified at risk of sexual victimization have access to programs, privileges, education, and work opportunities, to the extent possible. The Unit Manger informed the Auditor a review of each inmate's status in the RHU is conducted every seven days. The Auditor asked the Unit Manager when the last time an inmate was placed in the RHU to ensure he was protected from sexual abusers. The Unit Manager informed the Auditor she is not aware of an inmate being placed in the RHU for that reason. The Auditor questioned the Unit Manager about inmate access to programs, work and education while housed in the RHU. The Unit Manager informed inmates in the RHU have access to such if no security concerns exist. The Auditor was informed the facility does not routinely restrict access to such.

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

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

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

The Auditor conducted a detailed tour of the facility. Observations were made of each inmate living unit, including restrictive housing. The Auditor observed multiple general population living units which can house inmates to ensure those identified at risk of sexual abuse are protected from sexual abusers. Inmates who suffer victimization at the facility can request "Z code" status or be placed on a "Z code" status by staff following an incident of sexual abuse. The Auditor conducted interviews with inmates who alleged previous victimization. Inmates informed the Auditor they feel safe in the facility as they have no further contact with the alleged abuser.

The Auditor conducted an interview with inmates who reported an allegation of sexual abuse or sexual harassment within the

previous 12 months. The Auditor asked each inmate if his living unit assignment changed after making the allegation. Each informed the Auditor they have been maintained separately from the alleged abuser. One inmate informed the Auditor he made an allegation against a staff member and explained he does still see the staff member. Upon further questioning the inmate has no direct contact and the staff member does not speak to the offender. The Auditor asked each inmate if he was involuntarily placed in Administrative Custody. None stated they had been housed as such.

The Auditor reviewed the investigative records of inmates who reported an allegation of sexual abuse to facility staff. None of the alleged victims were placed in protective custody following their allegation. Housing records indicate the alleged victims were housed in general population.

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy is to provide multiple internal ways for inmates to report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates at the State Correctional Institution - Laurel Highlands may report verbally or through written communication in the following manners:

- Tell any staff member, contractor, or volunteer to immediately report the incident;
- Tell any staff supervisor or manager to immediately report the incident;
- Make a written request to any staff member, supervisor, or manager;
- Send a written report to the third-party reporting address established with the Office of State Inspector General; or
- Have a family member call to notify the facility or contact OSIG.

The agency's mail processing policy states, "...EXCEPTION: To preserve the confidentiality of inmates reporting allegations of sexual assault to the Pennsylvania State Police (PSP), an envelope addressed to BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110 is not required to include the inmate name or Department number." The person responsible for receiving reports of sexual abuse and sexual harassment at this address is a Pennsylvania State Police staff member designated as the PREA Coordinator. The PSP PREA Coordinator is not employed by the Pennsylvania Department of Corrections.

The agency provides staff, contractors, and volunteers the option of privately reporting sexual abuse and sexual harassment to the PREA Coordinator, Office of State Inspector General. The policy provides the address to the PREA Coordinator. The reporter may choose to include their name and contact information but are not required to do so. The agency has included its private reporting options for staff, contractors and volunteers in the agency PowerPoint presentation.

Agency staff are required to accept, and document reports made verbally, in writing, anonymously, and from uninvolved parties and are required to promptly forward to the facility's designated investigator. Policy designates the Shift Commander as the investigator in State Correctional Institutions. SCI - Laurel Highlands has trained 17 staff to investigate allegations of sexual abuse and sexual harassment allegations. All reports documented by staff are submitted on an Employee Report of Incident form.

The agency had no inmates who were detained solely for civil immigration purposes at the time of the audit. The Pennsylvania Department of Corrections does not house persons detained solely for civil immigration purposes.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 1-4

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

Policy - DC-ADM 818 Automated Inmate Telephone System, Section 1 pg. 3-4

MOU with the Office of State Inspector General

OSIG Notifications

PREA Inmate Intake Handout

Automated Inmate Telephone System Abuse Hotline Instruction Poster

Inmate PREA Education

PREA Poster

Inmate Handbook

Rejected Grievances

Incident Reports

Agency Website

Training PowerPoint

Staff Training Records

Investigative Records

Interviews with Staff

Interviews with Inmates

Analysis/Reasoning:

The Auditor observed the agency's Inmate Mail and Incoming Publications policy stipulates inmates may report sexual abuse to BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110. The agency changed the reporting avenue to the Office of Inspector General addressed to the attention of the PREA Coordinator. An official bulletin was issued to the inmate population in October 2020 informing of the change. The bulletin identified each policy and the respective policy section that changed. All bulletins become the official place holder until the next official policy revision. The facility has removed all former posters and notifications to inmates throughout the facility. The Auditor observed the updated information posted near telephones and other strategically placed areas throughout the facility.

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

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

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

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

The agency maintains an abuse reporting hotline. The abuse reporting hotline is designated to report abuse other than sexual abuse. Although not designated for reporting sexual abuse, inmates in the facility do report allegations of sexual abuse through the abuse hotline. Any allegations received through the abuse hotline are immediately forwarded to the PREA Coordinator.

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

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

The agency has a website that maintains a link to its PREA information. The public is informed how to file allegations on behalf of inmates. The public is provided the address to the Office of State Inspector General. The website also informs the public they may make the allegations anonymously. The agency has a Memorandum of Understanding with the State Office of Inspector General. The MOU stipulates the SOIG will accept reports of sexual abuse and sexual harassment. The SOIG agrees to immediately notify and forward all allegations to the agency. The SOIG allows inmates to remain anonymous upon their request.

The Auditor conducted formal interviews with randomly chosen staff. Each staff member was asked if he/she is required to accept any and all reports, knowledge and suspicion of sexual abuse and sexual harassment. Staff stated they are required to report such. Staff members were asked how quickly they are required to report the allegation or information. Each staff member stated they are required to verbally report the allegation immediately. The Auditor asked each if they are required to document the allegation. The Auditor was informed staff is required to submit an Incident Report promptly to document the allegation. Staff was asked how they could privately report allegations of sexual abuse or sexual harassment of inmates. Staff informed the Auditor they could report by informing the investigator, PREA Compliance Manager, or by calling or writing

to the PREA Coordinator. Staff informed the auditor they can report an allegation anonymously through the agency PREA Coordinator or central office.

The Auditor conducted formal interviews with contract personnel. Each was asked what actions they would take if they received information about a sexual abuse or sexual harassment incident. The Auditor was informed they would immediately inform the Shift Commander. The Auditor asked each if they are required to document information they receive regarding sexual abuse or sexual harassment. Each stated they would be required to write a report regarding their actions and knowledge of the incident or information. Each informed the Auditor they are required to report any and all information, knowledge, or suspicion regarding sexual abuse or sexual harassment of inmates.

The Auditor conducted formal interviews with inmates. The Auditor asked inmates to explain their avenues for making a report of sexual abuse or sexual harassment. Inmates interviewed by the Auditor explained (collectively) they can tell a staff member, write the PREA Coordinator, submit a request form, file a grievance, and/or have someone else make a report for them. The Auditor asked each if there were staff, they felt confident they could report an allegation of sexual abuse or sexual harassment to. Most inmates interviewed stated they have confidence in staff to be able to verbally reporting an allegation and are confident staff would respond appropriately. When asked if the inmates felt the allegation would be kept confidential most inmates are confident staff would maintain confidentiality. The Auditor asked each inmate if they are able to make an allegation without having to give their name. Most inmates interviewed understand they can make an allegation anonymously.

The Auditor reviewed investigative records. Investigative records revealed staff are reporting allegations to supervisors. Investigative records include Incident Reports written by staff members who reported and witnessed incidents. The Auditor reviewed investigative records of incidents that were reported verbally to staff, in writing through a grievance and request forms, and reported to the PREA Coordinator in writing. The Auditor reviewed documents that staff are accepting verbal reports and submitting Incident Reports of the knowledge or information related to an allegation of sexual abuse and sexual harassment. Investigative records reveal staff are immediately informing their supervisors and documenting the information. Investigations at the facility are conducted promptly and thoroughly.

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

Conclusion:

The facility provides multiple ways for inmates to report allegations of sexual abuse and sexual harassment, including a public office that is a separate entity from the Department of Corrections. The facility requires staff to accept, report, and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed agency policies, procedures, MOU, Website, PREA Handout, Inmate Handbook, Investigative records, training records, and interviewed staff and inmates to determine the facility meets the requirements of this standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The Pennsylvania Department of Corrections policy states, "Inmates shall not utilize the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse." Policy requires that grievance be rejected and forwarded to the facility Security Office and the PREA Compliance Manager for tracking and investigation. The agency's grievance policy includes a statement the grievance system is not meant to address incidents or an urgent or emergency nature including allegations of sexual abuse. The policy requires those incidents be reported as notated in the agency's Prison Rape Elimination Act policy.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 3

Policy – DC-ADM 804 Inmate Grievance System, Section 1 pg. 1-2

Grievances

Grievance Rejections

Inmate Handbook

Interviews with Staff

Interviews with Inmates

Analysis/Reasoning:

The Auditor conducted a review of the Inmate Handbook. The Inmate Handbook states, "A grievance regarding an allegation of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual abuse will not be addressed through the Inmate Grievance System and must be addressed through DC-ADM 008, 'PREA'."

The Auditor conducted formal interviews with facility staff. Staff informed the Auditor any grievance submitted alleging sexual abuse is rejected. The Auditor asked what happens with the grievance at that point. The Auditor was informed the Grievance Coordinator immediately notifies the PREA Compliance Manager and Investigator. A copy of the grievance is provided so an investigation can take place. Most inmates stated they can make an allegation through the grievance mechanism to file an allegation of sexual abuse or sexual harassment. When asked, each inmate understands the grievance would be rejected. Those inmates stated they feel confident the allegation would be handled appropriately if submitted on a grievance.

The facility has a grievance box in each housing unit. Inmates may place the grievance in the box without providing it to a staff member who is the subject of the complaint. Higher-level facility supervisors have access to the grievance box. Inmates may hand deliver an emergency grievance to facility supervisors or any other staff member.

The Auditor reviewed grievances alleging sexual abuse that were submitted within the previous 12 months. Each grievance was rejected and returned to the inmate who filed the grievance. The Auditor reviewed the investigative records to ensure an investigation was conducted by the facility. An investigation was conducted for each rejected grievance alleging sexual abuse and sexual harassment. The facility reported receiving no emergency grievance alleging an imminent risk of sexual abuse in the previous 12 months. If the Grievance Coordinator receives a grievance alleging an imminent risk of sexual abuse the Grievance Coordinator immediately informs the Shift Commander, Investigator, and the PREA Compliance Manager.

The Auditor conducted formal interviews with facility supervisors. Supervisors were asked how they handle emergency grievances alleging an imminent risk of sexual abuse. Supervisors stated they respond to the allegation immediately to ensure the safety of the inmate. Supervisors informed the Auditor they immediately notify the PCM and facility investigator when receiving an emergency grievance alleging an imminent risk of sexual abuse. None of the supervisors interviewed has received an emergency grievance alleging an imminent risk of sexual abuse.

Conclusion:

The agency's policy is to reject grievances alleging sexual abuse. The policy is to ensure grievances alleging sexual abuse and sexual harassment are rejected and immediately forwarded for investigation. Inmates are informed the proper ways to submit allegations in the intake handout, posters, comprehensive education and Inmate Handbook. The Auditor determined the facility meets the requirements of this standard as it does not accept grievances alleging sexual abuse. The agency has an appropriate policy to ensure such grievances are forwarded for investigation. The agency provides other written avenues for inmates to report sexual abuse and sexual harassment allegations.

115.53

Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

The PDOC has a policy to offer and provide inmates with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. The PCM is responsible for ensuring inmate access during business hours. The Shift Commander is responsible for ensuring the support services are offered during “non-working” hours. Policy stipulates supportive services may be provided in person, during a non-monitored phone call, and/or in writing.

The agency’s policy requires an inmate be offered the opportunity to talk with a victim advocate upon receipt of an allegation and receive continued care when they have been a victim of a facility sexual abuse, no matter if they reported the facility sexual abuse immediately, were reported abused at another facility or made a delayed disclosure. Inmates are offered support services provided by a victim advocate during a forensic medical examination at the hospital. Policy requires the PCM inform inmates of the extent to which communications with the support services provider are monitored and the extent to which reports of abuse will be forwarded to authorities prior to giving them access to such services.

Policy requires the PCM to arrange for the victim to meet with a victim advocate at the facility or by telephone, if the alleged victim wishes to speak with an advocate. The meeting should occur in a private area with video surveillance and no audio to ensure confidentiality. The facility has not placed a predetermined number of visits an inmate may have with a victim advocate.

Agency policy stipulates the agency will maintain a Memoranda of Understanding with a local rape crisis center where all department facilities are located. The PREA Compliance Manager in each facility coordinates victim services related to sexual abuse for his/her facility. The PCM is responsible to work with the Pennsylvania Coalition Against Rape to establish a Memorandum of Understanding.

The agency policy stipulates the agency does not house inmates detained for civil immigration.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 15 pg. 1-2

Policy - 11.5.1 Records Office Operations Procedure Manual, Section 1, pg. 15

Policy - DC-ADM 803 Inmate Mail and Incoming Publications, Section 1, pg. 1, 10-14

Policy - DC-ADM 818 Automated Inmate Telephone System (AITS) Procedures, Section 1, pg. 3

Policy – DC-ADM 008 Attachment 14-F

SCI - Laurel Highlands Handbook Supplement

Inmate Education Facilitators Guide

PREA Inmate Intake Handout

Inmate Education Booklet

Educational Video

Assurances to Victims of Sexual Abuse

Victim Services Brochure

Victim Services Client Agreement

Letter of Agreement with Victim Services

Investigative Records

Inmate Handbook pg. 9

PREA Posters

Interview with Staff

Interview with Inmates

Analysis/Reasoning:

The Auditor reviewed a Letter of Agreement between the State Correctional Institution - Laurel Highlands and Victim Services, Inc. The most recent agreement was established on June 25, 2014. Victim Services agrees to provide confidential supportive services to the victim either by telephone, mail, or in person. Victim Services agrees to provide advocacy for and accompany a victim to the hospital or other location where a forensic examination is to be conducted.

Victim Services provides each victim the Notice of Privacy Practices, Client Rights and Responsibilities and Informed Consent for Services. Each victim is required to read and sign the notice form. The signature acknowledges receipt of the informational booklet explaining available services. The signature acknowledges an understanding of rights and the information received from Victim Services. The acknowledgement form includes a statement of confidentiality. The form contains the following:

- Privacy Practices
- Responsibilities to Safeguard Protected Health Information (PHI)
- How Protected Health Information is Used and Disclosed
- Privacy Rights
- Additional Rights as a Client Receiving Services
- Responsibilities as a Client Receiving Services
- Confidentiality
- Communications
- Termination of Services
- Limitations
- Informed Consent for Services
- Contractual Statement

Each inmate victim of sexual abuse is provided the Assurances to Victims of Sexual Abuse notice. The notice informs victims, "The facility shall inform you, prior to giving you access to outside confidential support services, of the extent to which such communication shall be monitored." The Pennsylvania Coalition Against Rape (PCAR) address and email address are included on the Victims Assurances form. The Office of State Inspector General contact information is included on the form. Inmates can contact the advocate through mail or by telephone as the information is included on the Victim Services brochure. Inmates who request to speak to Victim Services are escorted to a private area where an unmonitored and unrecorded telephone call can be made. The facility has posted a Victim Services brochure in housing units and service areas.

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

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

The Auditor reviewed the agency's Inmate Handbook. Each inmate is provided a handbook. The Inmate Handbook includes the address to access free support services. The handbook stipulates the inmate may also contact the facility's PREA Compliance Manager to access for support services. The PCM informed the Auditor she ensures the inmate is escorted to the private area so the inmate can meet with the victim advocate. The PCM provides the inmate victim with the Attachment 14-F form. Mental health practitioners informed the Auditor they ensure if an inmate is a victim of sexual abuse in the facility they are offered crisis services by mental health practitioners and Victim Services advocates.

The facility provides each inmate a PREA Inmate Intake Handout upon arrival to the facility. The handout provides the address for inmates to write the Pennsylvania Coalition Against Rape (PCAR). The handout informs inmates to contact the PREA Compliance Manager to arrange for access to the services with the local rape crisis center. The facility maintains the address and telephone number of the local rape crisis center (Victim Services) on posters in the facility.

The Auditor conducted formal interviews with two facility investigators. Each investigator stated victim advocates can accompany an inmate victim of sexual abuse during the forensics examination and during criminal interviews. An interview with the SANE revealed the victim advocate is contacted when requested by the alleged victim. The SANE stated she does allow the victim advocates presence during the examination. If an inmate requests a victim advocate before being transported to the hospital the facility contacts the victim advocate.

The Auditor conducted formal interviews with inmates. Each inmate was asked if the facility provides them with contact

information of a community organization that provides emotional support services to sexual abuse victims. Most inmates were aware of the community support services. The inmates who stated they were not aware were asked if they have noticed posters on the walls in the living units and other areas in the facility. All inmates had noticed information posted on the walls. Each inmate informed the Auditor they had received written information, agency Inmate Handbook, and brochure upon arrival. The facility posts information about Victim Services in housing units and support areas throughout the facility. The posted information includes the Victim Services telephone number and informs inmates they can contact Victim Services for emotional support and crisis support services.

The Auditor conducted formal interviews with inmates who made an allegation of sexual abuse within the previous 12 months. Each was asked if they were offered emotional support services. Each was required to sign the attachment 14F following the allegation. Most refused rape crisis center services.

The Auditor reviewed the facility's comprehensive educational video. The facility's comprehensive educational video informs inmates confidential support services are offered through a community provider and through facility mental health personnel. Each inmate watches the video upon arrival. The video directs inmates they can request such services through the PREA Compliance Manager.

The Auditor reviewed investigative records of allegations made during the previous 12 months. In each case alleging sexual abuse, the alleged victim was provided the attachment 14F. The alleged victims were offered confidential emotional support services. Each alleged victim signed the 14F notating acceptance or denial of a medical examination, mental health evaluation, and rape crisis services.

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

Conclusion:

The facility maintains documentation it provides emotional support services for sexual abuse victims through a written agreement with Victim Services, Inc. Contact information for Victim Services is always available to the population on posters in housing units and support areas. The Auditor reviewed agency policies, procedures, MOU, PREA Inmate Intake Handout, educational materials, Inmate Handbook, investigative records, brochures, and interviewed staff and inmates to determine the facility meets the requirements of this standard.

115.54

Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

It is the policy of the Pennsylvania Department of Corrections to accept reports of sexual abuse and sexual harassment from uninvolved parties. The agency's policy allows for third-party reports and requires staff to promptly forward such reports to the facility's designated investigator. The policy allows such reports to be made anonymously. Policy includes the avenue of third party and anonymous reporting to the Office of State Inspector General (OSIG). Policy stipulates, "A writer may choose to include his/her name and contact information, but it is not necessary in making a report; complaints can be made anonymously." The reporting address to the State Office of Inspector General is included in the policy.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 1, 3-4

PREA Poster

Agency Website

PDOC Inmate Handbook

SCI - Laurel Highlands Handbook Supplement

PREA Inmate Intake Handout

Inmate Education Booklet

Inmate Education Facilitator's Guide

Training Curriculum

Investigative Reports

Interviews with Staff

Interviews with Inmates

Analysis/Reasoning:

The Auditor reviewed the Pennsylvania Department of Corrections' website. The website informs the public how to make a report of sexual abuse or sexual harassment. The public is informed they can make a report by writing the Office of State Inspector General, 555 Walnut Street, 8th Floor, Harrisburg, PA 17101 to the attention of the PREA Coordinator.

A review of the Inmate Handbook reveals inmates are informed how third parties may file an allegation of sexual abuse or sexual harassment on behalf of an inmate. During the inmate PREA education inmates are verbally informed how uninvolved parties may file sexual abuse and sexual harassment allegations on their behalf. A review of the Inmate Education Facilitator's Guide includes instructions for the facilitator to inform, "The third party reporting address will accept anonymous reports and is located on all PREA posters within this facility and on the Inmate Intake Handout provided to you during intake. All written reports shall be kept anonymous, upon request, to the extent allowable by law. Third-Party Reports – Have your family call to notify the facility or contract OSIG." The facility handbook supplement informs inmates how to file third party reports to the OSIG (address included).

The Auditor observed PREA posters throughout the facility. The posters include instructions how third-party allegations of sexual abuse and sexual harassment can be filed on the inmate's behalf. The poster includes, "Send a written report to the third-party reporting address established with the Office of Inspector General (OSIG). ATTN: PREA Coordinator, 555 Walnut Street, 8th Floor, Harrisburg, PA 17101, Have your family call to notify the facility or contact OSIG." The same instructions are provided to inmates in the PREA Inmate Intake Handout upon booking.

PDOC staff is required to accept all reports of sexual abuse and sexual harassment, including verbally, in writing, anonymously and by third-party. The Auditor conducted formal interviews with staff and asked if they were required to accept third-party reports of sexual abuse or sexual harassment. Each staff member informed the Auditor they are required to accept all allegations of sexual abuse and sexual harassment, regardless of how they are made. Staff informed the Auditor they accept the report, immediately inform a supervisor, and promptly document the allegation. Each contractor interviewed by the Auditor informed they are required to accept and report any and all knowledge, information and suspicion of sexual abuse and sexual harassment.

The Auditor conducted formal interviews with inmates. Each inmate was asked what avenues are available for making an allegation of sexual abuse or sexual harassment. During interviews inmates informed the Auditor they could tell a staff member, write a request, write the PREA Coordinator, or have a third-party make an allegation for them. Inmates are aware they can make a report anonymously. Most inmates informed the Auditor they would file an allegation by verbally informing staff. Most inmates interviewed understand how to have a third-party make an allegation of sexual abuse or sexual harassment on their behalf. Most inmates stated they feel confident in staff's abilities to verbally report the allegation. The Auditor observed the facility's reporting avenues posted in each living unit. All allegations of sexual abuse and sexual harassment reported through the general abuse hotline are immediately forwarded to the facility.

The Auditor reviewed investigative records. There were no reports filed through the agency's third-party reporting avenue in the previous 12 months. Reports reveal all allegations received by staff were immediately reported to a supervisor and/or facility investigator. Each staff who received an allegation documented the information on an Incident Report. Each allegation was investigated promptly and staff took immediate actions to ensure the alleged victim was safe from the alleged abuser. The Auditor observed evidence at another agency facility, the PREA Coordinator is immediately forwarding allegations to the facility PREA Compliance Manager when receiving allegations written to the State Office of Inspector General.

Investigative records reveal alleged victims of sexual abuse are provided access to free emotional support and crisis intervention services. Each inmate who was alleged to have suffered sexual abuse was provided the Assurances to Victims of Sexual Abuse and Attachment 14-F forms. Copies of the forms are maintained in inmate records. Inmates sign their acceptance or denial of such services.

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

All agency staff, contractors and volunteers are required to immediately report any knowledge or suspicion related to the following:

- Sexual abuse;
- Sexual harassment;
- Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and
- Staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy requires staff report as many details as possible regarding the incident(s), including the following:

- Comprehensive description of the incident(s);
- Names of all parties involved;
- Date(s);
- Time(s);
- Place(s) of alleged incidents; and
- Witness(s), if any.

Staff is prohibited from revealing any information related to an allegation of sexual abuse to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions. Staff are required to immediately report allegations of sexual abuse and sexual harassment to the Shift Commander/BCC Facility Director/PBPP District Director/Deputy District Director. Policy requires reports be held in strict confidence and shall precipitate the immediate commencement of an investigation.

Policy requires the Department to refer an allegation to the designated State or local services agency under applicable mandatory reporting laws as outlined by the Pennsylvania Department of Human Services when receiving an allegation of a victim under the age of 18. Medical and mental health practitioners at agency facilities are mandatory reporters of sexual abuse and are required to inform inmates of their duty to report and the limitations of confidentiality at the initiation of services.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 1-5

Training Curriculum

Employee Report of Incident

Investigative Reports

Interviews with Medical Professionals

Interview with Mental Health Professional

Interviews with Staff

Interviews with Inmates

Analysis/Reasoning:

In addition to investigative records provided through the Online Audit System prior to the audit, the Auditor requested additional investigative records; a total of ten investigative records were reviewed. The Auditor observed allegations were reported verbally to staff, through the grievance mechanism, in writing the PREA Coordinator, by third-party, and anonymously. Each grievance was rejected and provided to the PREA Compliance Manager and facility Investigator. Allegations submitted to the Office of State Inspector General were forwarded to the PCM through the PREA Coordinator. Each investigative record included a written report from a staff member who had knowledge and information related to the allegation. Each verbal allegation was documented in writing by the staff member who received the allegation. The staff member in each case immediately and verbally notified a supervisor of the alleged incident. An investigation was conducted promptly following each allegation.

The Auditor conducted formal interviews with randomly selected and specifically targeted staff at the SCI - Laurel Highlands.

Each was asked if they are required to report any, and all knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff is required to report the information immediately to a supervisor. The Auditor asked each staff member if they are required to report knowledge, suspicion, or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff interviewed informed the Auditor they are required to immediately report such. Each staff member interviewed by the Auditor stated they are required to promptly document any information, knowledge or suspicion of such on an Incident Report. The Auditor asked each when they would write and submit their report. The Auditor was informed they are required to submit reports prior to the end of their shift. A review of training curriculum reveals the reporting requirements are taught to staff during this PREA training.

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

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

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

Security and contract personnel interviewed by the Auditor are aware of the requirement to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The Auditor conducted interviews with two facility sexual abuse investigators. Each Investigator was asked questions regarding third-party and anonymous reports. Each Investigator stated they conduct investigations of all allegations regardless of how the allegation is received or reported. Each Investigator stated every allegation is investigated to the fullest extent.

The Auditor conducted interviews with randomly selected and specifically targeted inmates. Each inmate was asked if they are confident in staff's ability to maintain confidentiality of an allegation of sexual abuse after learning of a reported incident. Most stated they are confident staff would maintain confidentiality of the information reported to them. Most inmates interviewed informed the Auditor staff at the facility are professional, responsive, and do not tolerate acts of sexual abuse and sexual harassment of inmates.

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy requires facility staff ensure appropriate and immediate action are taken to protect an inmate when learning an inmate is at risk of imminent sexual abuse. The facility screens each inmate for potential vulnerabilities and for tendencies for perpetrating sexual abuse within 24 hours of admission to the agency. Inmates who are discovered at substantial risk of imminent sexual abuse are given a "Z" code in which they may be housed in a living unit with a single cell and referred to a mental health practitioner.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 4

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

Initial Response Checklist – Alleged Victim

Investigative Reports

Housing Histories

Interviews with Staff

Interviews with Inmates

Classification Records

Observations

Analysis/Reasoning:

The facility reported three instances in which an inmate was determined to be at a substantial risk of imminent sexual abuse within the previous 12 months. The Auditor reviewed the investigative reports. The facility ensured the alleged victim and alleged aggressor were separated by moving one inmate to another cell. The Auditor reviewed the alleged victim and alleged abuser's housing report that reveals the inmates were housed separately following the alleged incident.

The agency requires an Initial Response Checklist - Alleged Victim form be completed following an incident of sexual abuse. The form is completed by the responding staff member. The Auditor observed the form includes the following in section A, Get the Alleged Victim to a Safe Location:

- Consideration must be given to the safety of the inmate while maintaining security of the area
- Do not question the inmate, simply listen to their account and report the information
- Keep the alleged victim separated from direct contact with other alleged abuser(s)

Section F Determine Temporary Housing Status for Alleged Victim - Shift Commander includes the following:

- Discuss safety needs and options with the alleged victim and Unit Manager/Psychologist/Nurse
- Ensure a DC-510 Suicide Risk Indicator Checklist is completed
- Determine most appropriate level of housing (alleged victim should be housed in the RHU only if he/she requests placement or cannot be protected by other means
- The alleged victim may refuse RHU housing and sign a waiver indicating the refusal

The Initial Response Checklist informs the Shift Commander to not place the alleged victim in RHU unless the inmate cannot be protected by other means. Investigative records reviewed by the Auditor included completed Initial Response Checklists, when required.

The Auditor conducted formal interviews with inmates who reported an incident of sexual abuse within the previous 12 months. The Auditor asked each inmate how quickly staff responded after learning of their alleged sexual abuse incident. Each informed the Auditor staff responded quickly following the allegation. Each was asked if they were placed in involuntary Administrative Custody for their protection from sexual abuse. None of the alleged victims were placed in protective custody against their request. Each alleged victim informed they do not have direct contact with their alleged abuser.

The Auditor conducted a review of investigative records of allegations that allegedly occurred at the facility. A review of

records revealed staff immediately separated each alleged victim and abuser. The investigator met with each alleged victim promptly. None of the alleged victims were placed in Administrative Custody involuntarily. Records reveal each victim had no further direct contact with their alleged abuser.

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

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

The Auditor conducted formal interviews with Counselors. Each was asked how they ensure the protection of an inmate who is at imminent risk of sexual abuse. The Auditor was informed a reassignment of housing would take place. The Auditor asked if any other classification adjustments would be considered. The Auditor was informed programming, work, and educational assignments would be reviewed to ensure the victim will be maintained separately from the abuser. Counselors periodically meet with the inmate who alleged an imminent risk of sexual abuse to ensure they are maintained safely in the facility and are not being retaliated against. The Auditor reviewed cell history reports of inmates who made an allegation of sexual abuse. Cell history reports reveal the alleged victims were housed separately from the alleged abuser.

The Auditor conducted formal and informal interviews with both security and non-security staff members. Each was asked what they would do if they were the first person to learn an inmate was at risk of imminent sexual abuse. Staff informed the Auditor they would ensure the alleged victim remains separate from the likely abuser and verbally notify their supervisor. Non-security personnel stated they would immediately notify a security staff member and stay with the victim to ensure his safety. Supervisors informed the Auditor they would make sure the victim was separated from the aggressor and inform the facility investigator to initiate an investigation. All persons interviewed stated they would remain with the potential victim once learning of the imminent risk of sexual abuse.

Interviews were conducted with randomly selected and specifically targeted inmates. The Auditor asked each if they felt safe in the facility. All inmates, excluding one, informed the Auditor they feel safe in the facility. The Auditor asked each if they felt confident in staff's ability to ensure their protection. Most inmates informed the Auditor they are confident in staff's ability to ensure their protection.

Conclusion:

The Auditor concluded the SCI - Laurel Highlands takes immediate and appropriate actions to ensure the protection of inmates who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed policy, procedures, classification records, initial response checklist, investigative records, made observations and conducted interviews with staff and inmates to determine the facility meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Agency policy requires the Facility Manager to notify the head of the facility or appropriate office of the agency where an alleged sexual abuse occurred upon receiving an allegation that an inmate was sexually abused while confined at another facility. These notifications are forwarded via email, with a copy to CR, DOC PREA Reports and the PCM, to the affected head of the facility or appropriate office of the agency where the alleged abuse occurred and documented on the Notification of Sexual Abuse Allegation to Another Facility form. Policy dictates the notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Manager is required to document the notification and the PCM is required to maintain a copy.

When the facility receiving an allegation that an inmate was sexually abused in a department facility can confirm that the allegation has been previously reported, entered into the PREA Tracking System (PTS) and investigated; such notification is not required. The facility receiving the allegation shall document the PTS incident number on the Notification of Sexual Abuse Allegation to Another Facility. A notification is required for all allegations that are not documented in the PTS.

The agency's policy requires both facility PREA Compliance Managers coordinate to ensure the following occur:

- The facility housing the alleged victim completes applicable first responder duties and checklists;
- The department facility where the alleged incident occurred conducts the investigation;
- When an alleged victim reports an incident occurring in a department facility that is no longer in operation; it shall be the responsibility of the facility holding the inmate to complete the investigation based upon available information;
- A thorough and expedient investigative process follows; and
- The inmate receives information regarding the investigative outcome in a confidential and timely manner.

The SCI - Laurel Highlands reported there were four allegations made that an inmate was allegedly abused while confined at another facility. The SCI - Laurel Highlands reported receiving one allegation from another facility within the previous 12 months.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 5-6

Training Curriculum

Notification of Sexual Abuse Allegation to Another Facility Form

Notification of Services Available

Investigative Records

Interviews with Staff

Analysis/Reasoning:

The SCI - Laurel Highlands received four notifications from inmates who alleged being sexually abused while incarcerated at another facility in the past 12 months. The Auditor reviewed each notification sent by the SCI - Laurel Highlands to other facilities. In each case reviewed by the Auditor there was an email with the Notification of Sexual Abuse Allegation to Another Facility form completed. The forms include a summary of the allegation made by each inmate. None of the allegations required the alleged victim be sent for a forensic examination. In three of the allegations, the SCI - Laurel Highlands Superintendent notified each facility Superintendent. One facility was notified by the SCI - Laurel Highlands Deputy Superintendent. The Deputy Superintendent was acting as the head of the facility in the absence of the Superintendent at the time. A review of the notifications revealed each were made within the required 72 hour time frame.

The facility reported receiving one allegation from another facility. The Auditor conducted a review of the notification received. The SCI - Laurel Highlands Superintendent received the notification from the other facility by email. The Superintendent notified the PREA Compliance Manager and ensured an investigation was conducted into the allegation. The investigator conducted an investigation and determined the allegation to be unsubstantiated.

The Auditor conducted a formal interview with the SCI - Laurel Highlands Deputy Superintendent. The Deputy Superintendent is aware of the requirement to report allegations of sexual abuse to other confinement facilities within 72 hours after receiving the allegation. Notifications to other agencies are performed verbally by telephone and followed by an email. The Superintendent forwards the Notification of Sexual Abuse Allegation to Another Facility form to the

Superintendent of the other facility, along with details of the allegation as reported to SCI - Laurel Highlands staff. The Superintendent ensures all allegations received from other facilities are reported to the Investigator and fully investigated.

The Auditor conducted formal interviews with facility staff and contract personnel. Each person interviewed stated they are required to immediately report and document any and all knowledge, suspicion and information regarding sexual abuse and sexual harassment. The Auditor asked each how quickly they are required to report. Personnel stated they are required to verbally report the information immediately and write a report including the details. Two facility investigators informed the Auditor they have conducted investigations that were reported by other facilities. The Auditor reviewed investigative reports that confirm such.

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections maintains a policy that requires the first security staff member to respond to an alleged sexual abuse perform the following steps:

- Notify the Shift Commander;
- Immediately separate the alleged victim and abuser during the initial response. The necessity for continued or permanent separation from any individual must be supported by investigatory facts;
- Secure any reported crime scene until appropriate steps can be taken to collect evidence; and
- If the abuse occurred within the last 96 hours that still allows for the collection of physical evidence, request the alleged victim and ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Agency policy requires a non-security first responder to immediately notify the Shift Commander. Non-security first responders shall request the alleged victim not take actions that could destroy physical evidence.

The Shift Commander is required by policy to ensure the alleged victim is immediately escorted to the medical department, if the alleged sexual abuse involved physical contact.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 2

SCI - Laurel Highlands Coordinated Response Plan

Shift Commander Checklist

Initial Response Checklist – Alleged Victim

Initial Response Checklist – Alleged Abuser

Initial Response Checklist – Alleged Victim of Non-Contact Abuse

Initial Response Pocket Card – Medical Staff

Initial Response Pocket Card – Staff

Officer PREA Response Instructions Book

Training Curriculum

Investigative Reports

Interviews with Security First Responders

Interviews with Non-Security First Responders

Analysis/Reasoning:

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

The Auditor conducted interviews with personnel who may act as security and non-security first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. First Responders stated they would immediately separate the alleged victim and alleged abuser. The Shift Commander would then be notified. Security staff stated they would request the alleged victim and ensure the alleged abuser not shower, use the restroom, change clothes, brush their teeth, eat or drink and not take any other actions that may destroy evidence. Staff informed the Auditor they would ensure the crime scene is secured. Most staff were aware the Pennsylvania State Police investigator would be processing evidence from the crime scene. Non-security first responders stated they would remain with the alleged victim and immediately notify the Shift Commander. They would then ask the victim not to take any actions that could potentially destroy evidence.

The Auditor interviewed supervisors who would respond to an incident of sexual abuse within the facility. Supervisors were aware of their responsibilities following an incident of sexual abuse. The Auditor was informed the victim would be escorted to medical. Supervisors stated the victim and abuser may be sent for a forensic examination, if needed. The crime scene would be preserved until all evidence could be collected by the PSP. Supervisors stated they would inform mental health following an incident. Upon return from the hospital the Shift Commander discusses options to maintain the alleged victim's safety. Supervisors informed their required actions are documented on the Shift Commander Checklist. The checklist ensures the Shift Commander completes all necessary actions following an incident of sexual abuse.

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

The Auditor reviewed ten investigative records. Of the sexual abuse allegations received, there was one instance in which the first person to respond was a non-security staff member. Of the sexual abuse allegations made, there was no instance in which the allegation was made within a time frame that allowed for the collection of forensic evidence. In each instance security staff took appropriate actions by separating the inmate and notifying a supervisor. Each alleged victim and abuser were maintained separately following the allegation. There was no alleged victim transported to the local hospital for a forensic examination. The non-security staff member who was the first person alerted of an allegation did not respond in a timely manner after learning of the allegation. The facility took corrective action and disciplined the employee. The allegation would not have required a forensic examination.

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

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

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

The Auditor reviewed the specialized medical training and regular PREA training curriculum. The specialized medical training curriculum includes actions required of medical and mental health personnel following a sexual abuse allegation, including steps to minimize destroying evidence and preserving evidence. The regular PREA training curriculum includes actions required of first responders. All personnel received the training each year. The Auditor verified all staff have received the training.

The facility provides each employee with an Initial Response Pocket Card. Regular staff are issued a staff pocket card while medical staff are issued a medical staff pocket card. Employees and medical/mental health staff/contractors are required to keep the card with them while on duty. The pocket card includes their initial response actions when responding to an incident of sexual abuse. The Auditor observed staff with their pocket cards during formal interviews. Several staff referred to their pocket card during the formal interview.

Conclusion:

The Auditor determined both security and non-security staff are knowledgeable in their duties as first responders of sexual abuse. The agency has ensured all staff and contractors have been trained to appropriately respond to sexual abuse incidents. The Auditor reviewed agency policies, procedures, Coordinated Response Plan, investigative records, pocket cards, training curriculum, and conducted interviews with security and non-security staff to determine the facility meets the requirements of this standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The agency's policy requires each facility to develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan may be in the form of a local facility policy or documented facility specific plan.

The facility utilizes the agency's specifically developed checklists to supplement the agency's coordinated response plan. The checklist requires staff to ensure actions in the coordinated response plan are followed.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 1

SCI – Laurel Highlands Coordinated Response Plan

Investigative Records

Response Checklists

Initial Response Pocket Cards

Officer PREA Response Procedures Book

Staff Interviews

Analysis/Reasoning:

The State Correctional Institution - Laurel Highlands has developed a local written Coordinated Response Plan. The local plan includes specific actions required by first responders, Shift Commanders, medical and mental health practitioners, and investigators. The local plan is supplemented with agency policy attachments. In addition to other attachments, the plan is supplemented with the following:

- Shift Commander Checklist
- Initial Response Checklist – Alleged Victim
- Initial Response Checklist – Alleged Abuser

Each employee at the facility is issued an Initial Response Pocket Card. Cards issued to security members include first responder duties as required by this standard. These cards include supervisory actions following an incident of sexual abuse. The facility issues pocket cards to medical personnel. These cards inform medical what actions to take following an incident that is reported within 96 hours and actions to take if the allegation is reported beyond 96 hours. Staff are required to maintain their pocket cards in their possession while at work. During interviews with medical and security personnel the Auditor observed numerous staff display their pocket cards.

The SCI - Laurel Highlands utilizes a book issued to staff that includes the first responder duties. The book guides an officer in through the first responder duties.

The Auditor reviewed ten investigative records of allegations made at the SCI - Laurel Highlands within the previous 12 months. A review of investigative records revealed security staff followed the actions as outlined in the coordinated response plan. In allegations that required such, the appropriate Initial Response Checklists were completed. Each investigative report included the completed checklists, when required.

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

Conclusion:

While on site the Auditor questioned staff to gain an understanding of their knowledge with the required actions in the Coordinated Response Plan. All facility staff were knowledgeable, including the facility investigator. The Auditor determined the facility maintains an appropriate institutional plan that coordinates the actions of personnel following an incident of sexual abuse. Based on a review of agency policies, procedures, coordinated response plan and interviews with staff, the Auditor determined the facility meets the requirements of this standard.

The Auditor recommends the facility consider including the actions of the PREA Compliance Manager and other upper-level staff in the coordinated response plan.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Evidence Relied Upon:

Policy – 4.1.1 Human Resources and Labor Relations, Section 5 pg. 1-3

Memorandum from Secretary of Corrections

Pennsylvania Doctors Alliance Agreement

American Federation of State, County and Municipal Employees Agreement

Correctional Institution Vocational Education Association, Pennsylvania State Education Association, National Education Association Agreement

Federation of State Cultural and Educational Professionals Agreement

Pennsylvania State Corrections Officers Association Agreement

PSCOA Article 26, Discharge, Demotion, Suspension and Discipline

Council 13, American Federation of State, County and Municipal Employees, AFL-CIO

OPEIU Healthcare Pennsylvania Local 112 Memorandum of Understanding

SEIU Local 668 Agreement

Service Employees International Union Healthcare Pennsylvania, CTW, CLC Agreement

Investigative Records

Staff Interviews

Inmate Interviews

Analysis/Reasoning:

The agency's policy allows the suspension of an employee pending an investigation when it can demonstrate the "nature of the allegations" are such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offense(s).

The agency can suspend exempt employees for less than a full workweek for violations of written workplace policies applicable to all employees. This applies to generally applicable written work rules that prohibit serious workplace misconduct, which includes, but is not limited to sexual abuse and sexual harassment.

The agency's policy regarding immediate suspensions and removal from the workplace are as follows:

- The employee must be provided a brief and informal hearing prior to being suspended pending an investigation.
- Following the meeting the Superintendent/designee consults with the Regional Deputy Secretary to decide on whether to suspend the employee pending an investigation.
- H-1 employees must be given 24 hours advance written notice of the informal hearing.
- When an inmate allegation falls under the purview of the Prison Rape Elimination Act the Commonwealth has no requirement to provide 24 hours advance written notification of inmate or patient charges.

The Pennsylvania Department of Corrections operates under nine collective bargaining agreements. The Auditor reviewed all 9 agreements. None of the collective bargaining agreements contain language that limit the agency's ability to remove an alleged staff abuser from contact with an alleged victim pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

The Auditor conducted interviews with upper-level staff. Each was asked what actions are taken against a staff member

following an alleged sexual abuse. Staff stated the staff member is removed from contact with the inmate pending the outcome of the investigation. The Superintendent has the authority to prohibit the alleged staff abuser from contact with inmates while the investigation is pending.

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

The Auditor conducted a review of investigative records from the previous 12 months. In cases where a staff member was alleged to have committed an act of sexual abuse, the facility immediately removed the staff member from contact with the alleged victim. Each staff member was removed from contact with the alleged victim pending the results of the investigation.

The Auditor conducted formal interviews with inmates who alleged an incident of sexual abuse against a staff member. The Auditor asked if they had further contact with the staff member. Each informed the Auditor they have no direct contact with the staff member.

Conclusion:

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

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

The PDOC has a policy to ensure the protection of inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff or inmates. The agency requires the following protection methods in its policy:

- Housing changes;
- Transfers for inmate victims or abusers;
- Removal of alleged staff or inmate abusers from contact with victims;
- Constant video surveillance with audio recording (when supported by investigatory facts); and
- In addition, the facility makes available emotional support services for inmates or staff who fear retaliation.

The designated monitor is required to monitor the conduct and treatment of inmates or staff who reported an allegation of sexual abuse or sexual harassment and of inmates who suffered sexual abuse or sexual harassment for at least 90 days. The monitor is required to determine if there are changes that may suggest possible retaliation by inmates or staff and to act promptly to remedy any such retaliation. The retaliation monitor is required to continue monitoring beyond the 90-day period in the event initial monitoring indicates a continuing need or is requested by the alleged victim when there is evidence of retaliation. Facilities are required to continue monitoring for retaliation upon inter-facility transfers. The PCM is responsible for forwarding the Department Retaliation Monitoring Form to the receiving facility's PCM or designee. The agency requires facilities monitor the following:

- Disciplinary reports;
- Housing reports;
- Program changes;
- Negative performance reviews; and
- Reassignments of staff.

The agency places no obligation for staff to monitor retaliation if the investigation determines an allegation is unfounded or if the inmate is released from custody. The PDOC requires the department take appropriate measures to protect any other individual against retaliation if such individual expresses a fear of retaliation for cooperating with investigators. The agency's policy requires investigators perform the following when investigating potential acts of retaliation:

- Review supporting documentation or reported evidence of retaliation;
- Review and copy all housing unit logbooks, medical documentation, work-related reports, misconduct reports, inmate grievances, and other pertinent documentation as applicable to the potential retaliation;
- Review all available and applicable video footage and save the video footage to a media storage device to submit with the investigative report;
- Review applicable intelligence sources, such as, but not limited to; phone calls, mail monitoring, Inmate Cumulative Adjustment Records; Interview the inmate or staff complainant(s) and obtain a written statement following the interview;
- Determine whether the alleged retaliation is substantiated, unsubstantiated, or unfounded, and
- When retaliation is substantiated, notify the PREA Compliance Manager.

Evidence Relied Upon:

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

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

Retaliation Monitoring Forms

Training Curriculum

Inmate Education Booklet

Investigative Reports

Interview with Retaliation Monitor

Interviews with Inmates

Analysis/Reasoning:

The agency's policy includes the requirements of PREA standard 115.66 to ensure inmates and staff are protected from retaliation by staff or other inmates. The SCI - Laurel Highlands has designated counselors and the Deputy Superintendent for Centralized Services (DSCS) responsible for monitoring retaliation against an inmate or staff. The situation dictates which staff member monitors for retaliation. Counselors monitor inmates following an allegation while the DSCS monitors staff for retaliation.

The Auditor reviewed retaliation monitoring forms of inmates who alleged sexual abuse and sexual harassment. Each inmate was monitored for a period of 90 days or until they were released from the facility. The Auditor observed evidence the Retaliation Monitor is following the agency's policy regarding retaliation monitoring. The facility extended the monitoring period of one inmate beyond 90 days during the previous 12 months. Each staff member who monitored for retaliation was in a position as designated by the policy.

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

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

- within 96 hours;
- 15 days;
- 30 days;
- 60 days; and
- 90 days.

The following information is included on the form:

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

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

The Auditor conducted a formal interview with a staff member responsible for monitoring retaliation. The Auditor asked the staff member to explain what is reviewed when performing monitoring duties. The Auditor was informed the monitor reviews disciplinary charges, classification actions, grievances, housing and programming changes. The monitor for staff explained a review of evaluations, disciplinary actions, and shift assignments are conducted when monitoring employees. Each monitor completes and signs the monitoring form for each person monitored. Each monitor is required to meet with the inmate or staff member periodically. Monitors are required to meet with the inmate or staff member at least five times as stipulated on the monitoring form, unless the inmate is transferred or released during the monitoring period. If transferred to another agency facility, the PCM ensures the inmate's new facility is notified of the monitoring.

The Auditor asked the Retaliation Monitor what the maximum amount of time monitoring occurs. The monitor informed the Auditor the agency does not designate a maximum amount of monitoring time but does require they monitor for a minimum of 90 days. Monitoring of an inmate or staff member continues until the threat of retaliation no longer exists or the inmate or staff member is no longer at the facility. The Auditor asked the monitor to explain what actions are taken to ensure inmates are protected if they discover an inmate is being retaliated against. The monitor explained they recommend housing adjustments, programming assignment changes, work assignment changes, education adjustments, and place disciplinary charges against the person who is retaliating against the inmate. Monitors ensure other support mechanisms are offered to the inmate and/or make referrals for support services. The DSCS may recommend a staff post or shift reassignment if needed.

The Auditor conducted formal interviews with inmates who reported an allegation of sexual abuse or sexual harassment that allegedly occurred at other facilities. The Auditor asked each inmate if they meet with staff since their allegation was made or reported. Each stated they meet with the counselor periodically. These meetings are conducted by a staff member who is assigned to monitor for acts of retaliation. The facility monitors each inmate who makes an allegation for acts of retaliation. If

the inmate requests the monitoring stop the staff member continues until the 90 day period is complete or until no threat exists, whichever is longer.

The SCI - Laurel Highlands reported no incident of retaliation against an inmate or staff member was found during the previous 12 months.

Conclusion:

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

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1461 360">The Pennsylvania Department of Corrections maintains policies that require the protection of an inmate who is alleged to have suffered sexual abuse. The policy requires the use of segregated housing be subjected to the requirements of PREA standard 115.43.</p> <p data-bbox="242 394 488 421">Evidence Relied Upon:</p> <p data-bbox="242 454 884 481">Policy – DC-ADM 802 Administrative Custody, Section 1 pg. 1-2</p> <p data-bbox="242 510 884 537">Policy – DC-ADM 802 Administrative Custody, Section 2 pg. 1,4</p> <p data-bbox="242 566 884 593">Policy – DC-ADM 802 Administrative Custody, Section 3 pg. 1-2</p> <p data-bbox="242 622 911 649">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 5 pg. 1</p> <p data-bbox="242 678 467 705">Classification Records</p> <p data-bbox="242 734 459 761">Investigative Records</p> <p data-bbox="242 790 692 817">Interview with Segregated Housing Unit Staff</p> <p data-bbox="242 846 467 873">Interview with Inmates</p> <p data-bbox="242 902 376 929">Observations</p> <p data-bbox="242 963 467 990">Analysis/Reasoning:</p> <p data-bbox="242 1023 1481 1252">The Auditor reviewed the agency’s policy regarding the use of segregation housing to protect inmates who have been identified at high risk of sexual victimization. The agency’s policy states inmates identified as high risk of sexual victimization will not be placed involuntarily in Administrative Custody as a means of protection unless an assessment of available alternatives has been made by Psychology and security staff in conjunction with the Facility Manager/designee, and it has been determined that there are no other available alternative means of separation from likely abusers. The agency’s policy allows the inmate to be placed in Administrative Custody for protection for no more than 24 hours before completing the assessment if the assessment cannot be completed immediately.</p> <p data-bbox="242 1281 1477 1413">Agency policy requires the facility to clearly document the basis for the staff member’s concern for the inmate’s safety. Facility staff must document the other alternative means of separation that were explored and the reason why no alternative means of separation can be arranged. The agency allows involuntary assignment to Administrative Custody only until alternative means of separation can be arranged; not to ordinarily exceed a period of 30 days.</p> <p data-bbox="242 1442 1490 1570">Agency policy stipulates if the Shift Commander places an inmate in involuntary Administrative Custody for the purpose of protection from sexual victimization, access to programs, privileges, education, or work opportunities shall be afforded to that inmate to the extent possible. The facility is required to document when it restricts access to opportunities. Policy requires the following be documented:</p> <ul data-bbox="284 1621 718 1715" style="list-style-type: none"> • The opportunities that have been limited; • The duration of the limitation; and • The reason for limitations. <p data-bbox="242 1744 1461 1839">The Program Review Committee (PRC) is required to conduct a review at least every 30 days of an inmate’s placement in involuntary Administrative Custody to determine whether there is a continued need for separation from general population. The PRC review is documented on the DC-141 Other Report form.</p> <p data-bbox="242 1868 1481 2063">The Auditor conducted formal and informal interviews with staff who supervise inmates in segregation housing. The Auditor asked if they have supervised an inmate who has been placed in segregation housing after allegedly suffering sexual abuse for their protection. Each informed the Auditor they had not supervised an inmate in the segregated housing area strictly for protection from sexual abuse. Staff were asked if inmates in segregation housing have access to programs, education, work and other privileges, when possible. The Auditor was informed inmates in segregated housing for the protection from sexual abuse have access to such, if no security concerns exist.</p> <p data-bbox="242 2092 1490 2152">The Auditor conducted a formal interview with the Unit Manager that supervises the segregated housing area. The Unit Manager stated any inmate placed in RHU involuntarily for their protection will have access to privileges, work, education and</p>

programs to the extent security concerns allow. The Auditor was informed no inmate has been placed in segregated housing for his protection from sexual abuse against his will. The Auditor questioned the Unit Manager about documenting restrictions. The Unit Manager is clear on the requirements of the agency's policy for any inmate placed in segregation against his will. The Auditor asked the Unit Manager about the placement of youthful inmates in the RHU. The Unit Manager stated the facility does not house youthful inmates.

The Auditor asked the Lieutenant if a review would be conducted of an inmate placed in segregation for protection after suffering an incident of sexual abuse. The Auditor was informed an immediate review is conducted by the Shift Commander. Each inmate in segregation is reviewed every seven days for the first two months. After the first two months the PRC conducts a review at least every 30 days.

Staff informed the Auditor there are multiple housing options available to ensure those needing protection from abusers are not placed in segregated housing. Supervisors consider other alternatives prior to placing an inmate in segregated housing. Placements in segregated housing for protection from sexual abuse are used as a last resort. The Superintendent can transfer the abuser or victim to another PDOC facility if there is a legitimate security concern and the inmate meets the criteria of that facility. The Deputy Superintendent informed the Auditor the facility has not had to transfer an inmate for such reasons. The Auditor asked if there were any inmates placed in segregation for protection as a sexual abuse victim in the last 12 months. The facility reported there were no inmates placed in segregation for protection from sexual abuse.

The Auditor reviewed investigative records of allegations of sexual abuse that were made within the previous 12 months. None of the alleged victims were placed in restrictive housing (against their will) for their protection from sexual abuse. Each alleged victim is provided the opportunity to request restrictive housing for their protection. If an alleged victim requests such, the victim acknowledges the request in writing.

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

The Auditor conducted interviews with inmates who reported allegations of sexual abuse during the previous 12 months. None of the inmates stated they were placed in segregation against their will. Each general population inmate remained in general population and had no direct contact with their alleged abuser.

Conclusion:

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

115.71

Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Sexual Abuse Investigators at the SCI - Laurel Highlands conduct administrative investigations only. The Pennsylvania State Police investigate criminal allegations of sexual abuse and sexual harassment. The policy stipulates every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved party and anonymous reports shall be investigated promptly, thoroughly, and objectively. The PDOC requires the department use investigators who have received specialized training in sexual abuse investigations pursuant to PREA Standard 115.34. The policy requires at a minimum, investigators complete the following:

- Investigations into allegations occurring in the distant past and made by anonymous report shall be conducted comprehensively, objectively, and timely with documented efforts equal to similar efforts vested in current allegations made by known parties;
- Interview the inmate complainant(s) and obtain an Inmate Written Statement of Sexual Abuse/Harassment following the interview;
- Interview all inmate and staff witnesses and obtain an Inmate Written Statement of Sexual Abuse/Harassment or Staff Written Statement of Sexual Abuse/Harassment from the inmate(s) or staff following the interview;
- When appropriate, interview all alleged abusers and obtain written statements utilizing the designated form for inmate(s) or staff;
- Review all available video footage and save the video footage to a medial storage device to submit with the investigative report;
- Review applicable intelligence sources which may provide insight into the veracity of the allegation, such as, but not limited to: phone calls, mail monitoring, Inmate Cumulative Adjustment Records;
- Review and copy corroborating evidence, including but not limited to: all housing unit logbooks, medical documentation, work-related reports, misconduct reports, inmate grievances, electronic door reports, and other pertinent documentation specific to the allegation of sexual abuse and include the documentation in the investigative report;
- Review PREA Tracking System entries for the alleged abuser to determine if potential patterns exist; and
- Make an effort to determine whether staff actions or failures to act contributed to the abuse, specifically as it applies to administrative investigations.

Investigators at the facility may only conduct compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Investigators are required by policy to assess the credibility of an alleged victim, suspect, or witness on an individual bases and may not determine credibility on the person's status as an inmate or staff member. Policy prohibits requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. Policy requires criminal investigations conducted by the PSP be documented in a written report that contains a thorough description of physical, testimonial, and legal documents and attach copies of all documentary evidence where feasible.

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

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

At the time of the audit there were 17 facility staff who had received specialized training to conduct sexual abuse investigations in confinement facilities.

Evidence Relied Upon:

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

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

Policy - DCM-ADM 004 Criminal Violations Procedures Manual, Section 1 pg. 1-4

PREA Investigation Standards Checklist

Investigator Training Records

Interview with Sexual Abuse Investigators

Investigative Records

Observations

Analysis/Reasoning:

Agency investigators utilize a PREA Investigation Standards Checklist. The checklist is completed by the Investigating Officer, Security Captain, and PCM before submission with the investigative report. The checklist is required for each investigation. The Auditor observed the following required actions included in the checklist:

- Notification to the Pennsylvania State Police
- Allegation re-referred to PSP for prosecution potential
- Review of prior PREA complaints
- Interview conducted with alleged victim(s)
- Interview conducted with alleged suspect(s)
- Attempt made to identify and interview all possible witnesses
- Review of video footage
- Credibility assessment made for each participant
- Review of staff actions and/or failure to act was conducted
- All staff acted on reports, risks, and potential dangers known to them
- Inmate housing reports and all relevant records were reviewed
- Potential applicable intelligence sources were reviewed
- Defined the outcome of investigation and reasons for such outcome
- PREA response documentation reviewed and described

The Auditor conducted a formal interview with two facility Sexual Abuse Investigators. Each investigator discussed the procedures utilized while conducting investigations. Each Investigator begin the process with a review of information concerning the alleged victim and abuser. All investigators interview the alleged victim, alleged perpetrator and any witnesses, including staff witnesses. The Auditor asked what each Investigator what information they review. Each Investigator explained they review criminal histories, disciplinary history, grievances, Incident Reports submitted regarding the victim, abuser, and witnesses and previously filed complaints. Each Investigator reviews video monitoring, accounting records, telephone records, emails, and any other applicable information when available and conduct a credibility assessment of the alleged victim, abuser and witnesses.

The Auditor asked each Investigator if they attempt to discover if staff actions or failures to act contributed to an alleged incident. Investigators do make attempts to discover if staff actions or lack thereof contributed to an incident of sexual abuse or sexual harassment. Investigators review staff security rounds and video footage when making such determinations. The Auditor asked each Investigator to explain the types of evidence they attempt to gather during the investigative process. Investigators explained they gather video footage, Incident Reports, Inmate Request Forms, grievances, telephone recordings, account records, emails, staff logs, testimonies, logbooks, physical evidence, and any other relevant documents and items that may be considered evidence to support their determination. Each Investigator explained they begins investigations as soon as they are received. During off hours each Investigator is subject to be called into the facility to complete a sexual abuse investigation.

The Auditor asked each Investigator if they conduct investigations of allegations that are reported anonymously and by third-party. Investigators do conduct such investigations. The Auditor was informed the facility has not received an allegation filed by a third-party community member during the previous 12 months. Each Investigator informed the Auditor they conduct an investigation to the fullest extent, regardless of how the investigation is reported. Each Investigator stated they investigate each allegation until a final determination can be made. The Auditor asked if the investigation stops if the inmate is released or staff member terminates employment. Each Investigator stated they do not stop an investigation for such reasons; in those cases the investigator cooperates with the PSP and/or BII.

The Auditor asked each Investigator what their role is when the PSP or BII conduct an investigation in the facility. Each Investigator explained they cooperates with the PSP and/or BII Investigator. The facility Investigator provides all documents, video footage and any other evidence required by the Investigator. The facility Investigator completes any tasks requested of the PSP or BII during their investigation. The Auditor was informed the assigned PSP and BII Investigator has a good working relationship with facility personnel. The Auditor was informed the PSP and BII Investigator responds quickly to facility personnel and communicates well with them.

Each allegation of sexual abuse and sexual harassment in the previous 12 months was investigated by a facility trained investigator. The Auditor reviewed ten investigative records from the previous 12 months. A review of records revealed the following allegations:

- 6 allegations were inmate-on-inmate
- 4 allegations were staff-on-inmate
- 4 allegations were inmate-on-inmate sexual abuse
- 3 allegations were staff-on-inmate sexual abuse
- 2 allegations were inmate-on-inmate sexual harassment
- 1 allegation was staff-on-inmate sexual harassment

The investigator concluded the following determinations of the inmate-on-inmate allegations:

- 1 inmate-on-inmate sexual abuse was substantiated
- 0 inmate-on-inmate sexual harassment were substantiated
- 3 inmate-on-inmate sexual abuse was unsubstantiated
- 1 inmate-on-inmate sexual harassment was unsubstantiated
- 0 inmate-on-inmate sexual abuse was unfounded
- 1 inmate-on-inmate sexual harassment were unfounded

The investigator concluded the following determination of the staff-on-inmate allegations:

- 0 staff-on-inmate sexual abuse substantiated
- 0 staff-on-inmate sexual harassment substantiated
- 1 staff-on-inmate sexual abuse unsubstantiated
- 1 staff-on-inmate sexual harassment unsubstantiated
- 2 staff-on-inmate sexual abuse unfounded
- 0 staff-on-inmate sexual harassment unfounded

A facility trained Sexual Abuse Investigator conducted each investigation. The Auditor observed investigative reports include physical and circumstantial evidence and documented interviews with alleged victims, perpetrators and witnesses. The investigator documented a review of video footage, when applicable. Each investigator informed the Auditor they document if staff actions or lack thereof may have contributed to an incident of sexual abuse or sexual harassment, when appropriate. The Auditor determined each investigation was conducted objectively and thoroughly. The Auditor asked each Investigator to explain how they determine the credibility of an alleged victim, alleged abuser, and witnesses. The Auditor was informed investigators review institutional history, previous information provided, previous allegations, criminal history, and by the statements made during interviews. The Auditor observed facility investigators are documenting the reason behind credibility assessments in their written reports.

In the last 12 months the facility investigated 20 allegations of sexual abuse and/or sexual harassment. There were 11 allegations of sexual abuse and 9 allegations of sexual harassment made in the last 12 months that allegedly occurred at the SCI - Laurel Highlands. In each case, the facility utilized a staff member who had received specialized training to conduct investigations of sexual abuse in confinement settings. The SCI - Laurel Highlands Investigator is required to refer all allegations of sexual abuse to the Pennsylvania State Police liaison for criminal investigation. The Pennsylvania State Police Investigator decides if a criminal investigation is warranted. A review of investigative records reveals the facility refers all criminal allegations to the PSP for criminal investigation. The PSP provides the written report to the facility.

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

The Auditor observed the area where investigative files are maintained. The office has a lock and files are maintained in the locking office. Electronic files are maintained on the Investigator's computer. The Investigator has a unique username and password to access investigative files. Each Investigator explained all investigative files are maintained for a minimum of five years after the abuser has been released or a staff abuser is no longer employed with the PDOC. The Auditor asked each Investigator if they require inmates to submit to a polygraph examination at any time during an investigation. Each Investigator explained the facility does not polygraph inmates who make an allegation of sexual abuse.

No Department of Justice component is responsible for conducting investigations in the SCI - Laurel Highlands.

Conclusion:

The Auditor determined SCI - Laurel Highlands Investigators are conducting appropriate, objective and thorough sexual abuse and sexual harassment investigations. Facility Investigators have received appropriate training to conduct sexual

abuse and sexual harassment investigations in a confinement setting. Each allegation in the previous 12 months, including sexual harassment and sexual abuse was investigated by a trained facility Investigator, and/or PSP Investigator. The Auditor reviewed agency policy, procedures, investigative records, training records and interviewed staff and determined the facility meets the requirements of this standard.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1492 432">The Pennsylvania Department of Corrections has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy states, “When completing the Investigative Summary, the investigator must indicate in the conclusion whether the evidence supports a finding that sexual abuse or sexual harassment has occurred (substantiated – based on the preponderance of the evidence standard, more than likely occurred).”</p> <p data-bbox="242 461 488 490">Evidence Relied Upon:</p> <p data-bbox="242 517 924 546">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 2</p> <p data-bbox="242 575 564 604">Investigator Training Curriculum</p> <p data-bbox="242 633 456 663">Investigative Reports</p> <p data-bbox="242 692 504 721">Interview with Investigator</p> <p data-bbox="242 750 467 779">Analysis/Reasoning:</p> <p data-bbox="242 806 1485 934">The Auditor conducted a formal interview with two facility Sexual Abuse Investigators. Each Investigator informed the Auditor the agency’s policy requires them to use a preponderance of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Auditor asked each Investigator to explain their understanding of preponderance. Each Investigator explained preponderance requires fifty-one percent of evidence to substantiate an allegation.</p> <p data-bbox="242 963 1477 1193">Agency policy requires, “In administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated.” The Auditor reviewed the PDOC Sexual Abuse Investigator training curriculum. The training curriculum includes a section discussing evidentiary standard. The section includes a preponderance of evidence to substantiate an allegation of sexual abuse. The training curriculum defines preponderance as, “The greater weight of the evidence to decide in favor of one side or the other. This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence.”</p> <p data-bbox="242 1223 1453 1285">The Auditor reviewed ten investigative reports. A review of the reports revealed Sexual Abuse Investigators are utilizing a preponderance of evidence to make a determination.</p> <p data-bbox="242 1314 376 1344">Conclusion:</p> <p data-bbox="242 1370 1458 1464">The Auditor was able to determine Investigators utilize preponderance as the basis for their determinations. The Auditor reviewed agency policies, procedures, investigative reports, interviewed the facility Investigator and determined the facility meets the requirements of this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy requires inmates be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy requires the PCM make the notification to the inmate within five business days of closure of the investigation. The PCM is required to use the agency's PREA Investigation – Inmate Notification Form. If the investigation is conducted by another law enforcement agency, the PCM or Security Office is required to request the relevant information from the investigating agency in order to inform the inmate within ten business days of receipt of the information. Agency policy requires inmates be notified of actions taken following an allegation of sexual abuse against a staff member when:

- The staff member is no longer posted within the inmate's unit;
- The staff member is no longer employed at the facility;
- The department learns that the staff member has been criminally charged related to sexual abuse within the facility; or
- The department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation that he/she has been sexually abused by another inmate, the PCM will subsequently inform the alleged victim whenever:

- The department learns that the alleged abuser has been criminally charged related to sexual abuse within the facility; or
- The department learns that the abuser has been convicted on a charge related to sexual abuse within the facility.

Policy mandates the notifications occur even when an inmate has been transferred to another facility within the PDOC. There is no obligation to inform an inmate of the above listed actions if the inmate is released from the agency's custody.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 10

Investigative Records

PREA Investigation – Inmate Notification Form

Notifications to Inmates

Interviews with Inmates

Interviews with Investigators

Analysis/Reasoning:

The Auditor conducted a formal interview with two Sexual Abuse Investigators. Each Investigator informed the Auditor inmates are notified of investigative results at the conclusion of the investigation. Each inmate is provided the notification in writing. The Auditor asked who informs the victim when criminal charges are placed on the abuser or the abuser has been convicted. The Auditor was informed the PREA Compliance Manger makes all notifications.

The Auditor reviewed ten investigative records. Three were allegations of sexual harassment and seven were allegations of sexual abuse. The Auditor observed each inmate was notified of the investigative determination at the conclusion of the investigation. Each inmate was notified within five days of the conclusion of the investigation. Each inmate was notified in writing by facility staff. The inmate is notified on the agency's PREA Investigation – Inmate Notification Form. Each notification reviewed by the Auditor included the investigative determination. The Auditor observed notifications to inmate victims informing them of an alleged staff member's status within the facility. Each alleged victim was required to sign the notification form upon being notified of the results.

The Auditor interviewed inmates who made an allegation of sexual abuse during the previous 12 months. Each inmate was asked if they were notified of the investigative results at the conclusion of the investigation. Inmates stated they were notified of the investigative results. Inmates informed the Auditor the results were provided to them on a form. The Auditor was informed both the inmate and staff member sign the form.

The SCI - Laurel Highlands had no inmate criminally charged following an allegation of sexual abuse perpetrated by another inmate, as such the facility was not required to notify an inmate victim that an inmate perpetrator was criminally charged or

convicted of an act of sexual abuse. There have been no substantiated allegations against a staff member within the previous 12 months.

Conclusion:

The Auditor concluded the SCI - Laurel Highlands informs inmates of investigative findings at the conclusion of an investigation. The Auditor reviewed policies, procedures, investigative records, notifications to inmates, conducted interviews with Sexual Abuse Investigators and inmates to determine the facility meets the requirements of this standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1493 562">The Pennsylvania Department of Correction staff are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. Policy requires a written synopsis is submitted to the Chief of Labor Relations that includes critical aspects of the investigation. The synopsis must include previous discipline imposed, as well as a summary of discipline from similar cases at the facility, a recommendation for discipline in the case at hand, and a justification as to why substantiation of the charges are resulting in the level of discipline request. Policy stipulates, "discipline sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."</p> <p data-bbox="240 595 1477 685">The PDOC notifies law enforcement agencies and professional licensing bureaus when terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are enacted, unless the activity was clearly not criminal.</p> <p data-bbox="240 719 488 745">Evidence Relied Upon:</p> <p data-bbox="240 779 922 806">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 17 pg. 1</p> <p data-bbox="240 840 1018 866">Policy – 4.1.1 Human Resources and Labor Relations, Section 7, pg. 1, 5-6, 9</p> <p data-bbox="240 900 962 927">Policy – 4.1.1 Human Resources and Labor Relations, Section 4 pg. 1-3</p> <p data-bbox="240 960 962 987">PDOC Bulletin 4.1.1 - 1 Human Resources and Labor Relations, pg. 1-2</p> <p data-bbox="240 1021 564 1048">Sample Letter RILD Acceptance</p> <p data-bbox="240 1081 477 1108">Staff Personnel Record</p> <p data-bbox="240 1142 416 1169">Training Records</p> <p data-bbox="240 1202 456 1229">Investigative Reports</p> <p data-bbox="240 1263 445 1290">Interviews with Staff</p> <p data-bbox="240 1323 467 1350">Analysis/Reasoning:</p> <p data-bbox="240 1384 1477 1518">The Auditor conducted formal interviews with randomly selected and specifically selected staff. Each staff member the Auditor interviewed was aware of the agency's policy making termination the presumptive disciplinary sanction for engaging in an act of sexual abuse. The facility's command staff has a zero-tolerance approach and disciplines staff for violating the agency's sexual abuse and sexual harassment policies. Interviews with command staff reveal the facility will recommend termination of a staff member who engages in sexual abuse with an inmate.</p> <p data-bbox="240 1552 1493 1776">The SCI - Laurel Highlands Investigator refers criminal acts of sexual abuse to the Pennsylvania State Police (PSP) Investigator. All allegations are also referred to the Bureau of Investigations and Intelligence (BII) for review. Both the PSP and BII have the legal authority to place criminal charges against a staff member who engages in sexual abuse or a criminal act of sexual harassment. Two facility investigators informed the Auditor they immediately stop an investigation when they discover an act appears to be criminal. The Investigator immediately notifies the PSP and BII. The facility Investigator ceases investigatory efforts until the criminal prosecution is complete or until notified by the criminal Investigator he may continue with the administrative investigation.</p> <p data-bbox="240 1809 1477 2000">If a medical professional is found to have engaged in sexual abuse the Bureau of Professional and Occupational Affairs (BPOA) is notified. The BPOA provides administrative, logistical and legal support services to professional and licensing boards. The agency does not notify the BPOA if an act of sexual abuse or sexual harassment was clearly not criminal. The agency does notify the BPOA when a staff member terminates employment if that staff member would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment. There is no licensing board who regulates or maintains licensing of security staff members.</p> <p data-bbox="240 2033 1493 2157">The facility reported three staff members had been found in violation of the agency's policy against sexual abuse/harassment during the previous 12 months. All three staff were disciplined for failing to immediately report an allegation. The Auditor reviewed the investigative record of the allegation. The record reveals the facility investigator substantiated the sexual abuse allegation. The facility formally disciplined each employee for violating policy and required remedial training. The Auditor</p>

observed the training records revealing each staff member attended the remedial training. The act committed by each staff member was not criminal in nature, therefore the PSP was not notified. No employee has been terminated for a violation of sexual abuse policies in the previous 12 months.

The Auditor conducted a formal interview with the Deputy Superintendent. The Superintendent has the authority to suspend an employee for violating agency sexual abuse policies. The Superintendent/Deputy Superintendent immediately removes the employee from contact with the alleged abuser. The nature of the allegation and immediate findings dictate the disciplinary actions. The employee may be assigned to another post without inmate contact or be restricted access into the facility pending the results of the investigation.

The agency has created a sample letter as an attachment to the Human Resources and Labor Relations Procedures Manual. The letter is utilized for employees who resign in lieu of termination. The letter informs the staff member the Department will continue its investigation to a conclusion. The letter also states, "The Department must report any resignations in lieu of discharge for violations of agency sexual abuse or sexual harassment policies to law enforcement, relevant licensing bodies and any future prospective institutional employers as applicable under Prison Rape Elimination Act (PREA) standards." No employee has been terminated in lieu of resignation in the previous 12 months for violating the agency's sexual abuse policies.

Conclusion:

The Pennsylvania Department of Corrections has an appropriate policy to ensure SCI - Laurel Highlands personnel who violate sexual abuse or sexual harassment policies are appropriately disciplined and the appropriate agencies are notified. The Auditor conducted a review of agency policies, procedures, investigative reports, training records, sample resignation letter, personnel record, interviewed staff and determined the facility meets the requirements of this standard.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The Pennsylvania Department of Corrections has a policy that mandates contractors and volunteers who engage in sexual abuse are prohibited from contact with inmates. Policy states contractors and volunteers are subject to the following:

- Any contract employee or volunteer who violates department's zero tolerance policy shall be subject to appropriate disciplinary or administrative action;
- When an allegation is made involving a contractor or volunteer, this person shall be removed from contact and communication with the alleged victim until the conclusion of the investigation;
- If a contractor or volunteer violates this procedures manual, other than by engaging in sexual abuse, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates;
- Any contractor or volunteer who has been found to have engaged in sexual abuse shall have their access to department facilities revoked, and shall be reported to professional licensing bureaus and law enforcement agencies, unless the activity was clearly not criminal; and
- Contract agency hiring, firing, and promotional practices must comply with the National PREA Standards.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 17 pg. 1

Interviews with Staff

Interviews with Contractors

Training Curriculum

Training Records

Analysis/Reasoning:

The SCI - Laurel Highlands reported there were no incidents in which a volunteer or contractor has engaged or been alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. Volunteer services have been limited during the previous 12 months. The Auditor conducted formal interviews with contract personnel. Each contract personnel interviewed is aware of agency discipline sanctions for violating sexual abuse or sexual harassment policies. Each is aware they can be removed from contact with inmates following an allegation of sexual abuse and will be removed from facility access if found to have engaged in such acts. The contractors are aware the facility reports such actions to the Pennsylvania State Police and the Bureau of Investigations and Intelligence. Agency and contract medical and mental health practitioners interviewed by the Auditor understand the agency reports criminal acts of sexual abuse to their licensing body.

Volunteers and contractors are made aware of the agency's sexual abuse and sexual harassment policies during their initial training. Each level 1 volunteer and contractor attend training in a classroom setting. At the completion of the training each signs a PREA Training and Understanding Verification Form denoting receipt and understanding of the training. The training educates volunteers and contractors that violations of sexual abuse and sexual harassment policies are subject to termination as well as criminal prosecution. The Auditor reviewed the training records of approved volunteers and contractors. Each was provided the training and signed the verification form.

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

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

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The agency's policy is to subject inmates to disciplinary sanctions for participating in an act of inmate-on-inmate sexual abuse, violating the zero-tolerance policy, or following a criminal finding of guilt for inmate on inmate sexual abuse. Discipline sanctions are issued pursuant to a formal disciplinary process. Inmates will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions consider the following:

- Are commensurate with the nature and circumstances of the sexual abuse, sexual harassment or retaliation committed;
- The inmate's discipline history; and
- The sanctions imposed for comparable offenses by other inmates with similar histories.

The discipline process is required to consider whether an inmate's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

Agency policy requires facilities that offer Sex Offender Treatment Programs refer the inmate to the program for evaluation to determine whether or not the inmate is appropriate for the program, and if the inmate will be required to complete the program as part of the sanctions as a condition to access programming or other benefits. The SCI - Laurel Highlands recommends known inmate for the agency's sex offender treatment program. If a sexual assault results in a formal legal charge and criminal conviction the aggressor will be referred for assessment. The facility offers the opportunity to voluntarily participate in sex offender treatment. The SCI - Laurel Highlands is required to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Agency staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish enough evidence to substantiate the allegation.

Sexual activity between inmates is prohibited within agency facilities. Any inmate found to have participated in sexual activity (even consensual) is disciplined for such activity. If sexual activity between inmates is found to be consensual the Pennsylvania Department of Corrections personnel may not consider the sexual activity as an act of sexual abuse.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 17 pg. 2

Policy – DC-ADM 801 Inmate Discipline, Section 1 pg. 5

Policy – DC-ADM 801 Inmate Discipline, Section 3 pg. 1-5

Policy – 13.8.1 Access to Mental Health Care, Section 11 pg. 15

DC-141 Misconduct Report

Interviews with Sexual Abuse Investigators

Interviews with Medical Practitioners

Interview with Mental Health Practitioner

Interviews with Inmates

Investigative Records

Analysis/Reasoning:

The facility reported no inmate had been disciplined in the previous 12 months for violating sexual abuse policies. The facility investigator substantiated one allegation of inmate-on-inmate sexual abuse within the previous 12 months. After consulting with mental health, it was determined the alleged abuser is not mentally competent to understand the disciplinary process regarding his actions. The facility has referred the alleged abuser to the agency's sex offender treatment program. The Auditor conducted a formal interview with a mental health practitioner. The practitioner confirmed mental health is notified following an act of sexual abuse. The Auditor was informed the mental health of an alleged abuser is considered prior to placing formal disciplinary charges on an inmate. If an inmate is not mentally competent to understand the disciplinary

process the facility strongly considers against placing disciplinary charges against the inmate.

The Auditor conducted a formal interview with two facility Investigators. Each Investigator was asked if they have placed disciplinary charges on an inmate for violating sexual abuse and/or sexual harassment policies in the previous 12 months. The Auditor was informed neither investigator has placed disciplinary charges on inmates in the previous 12 months. The Auditor asked each Investigator if they place charges on inmates if the incident is unsubstantiated. Each Investigator stated they only place disciplinary charges on an inmate for violations if the results of the investigation are determined to be substantiated.

The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor was informed counseling, therapy and other interventions are offered to address and correct underlying reasons or motivations for committing acts of sexual abuse. The Auditor was informed inmate participation or non-participation in such interventions do not hinder the inmates ability to attend programming or other privileges. A mental health practitioner stated mental health does try to address underlying reasons for perpetrators of sexual abuse. The Auditor was informed if sexual abusers do not cooperate with mental health professionals the inmates length of criminal sentence could be affected by law as some are mandated by the court to attend. All inmates have the right to refuse any medical or mental health service. The facility's mental health practitioners have referred one inmate to the sex offender treatment program for committing an act of sexual abuse against another inmate.

The Auditor interviewed inmates who submitted an allegation of sexual abuse that allegedly occurred in the past 12 months. The Auditor asked each inmate if he had been disciplined for making an allegation. None of the inmates reported they were disciplined for making an allegation. The facility reported no inmate was disciplined for making an allegation of sexual abuse in bad faith. The facility reported no inmate has been criminally charged by the Pennsylvania State Police or the Bureau of Investigations and Intelligence in the past 12 months. The facility has referred allegations to the PSP in the previous 12 months.

The facility utilizes DC-141 Misconduct Report to discipline inmates following a finding they participated in an act of sexual abuse. Misconduct charges for such acts are submitted by the facility Investigator. The inmate attends a formal misconduct hearing conducted by the Discipline Hearings Examiner. The hearings examiner is an impartial staff member who hears the misconduct case and determines an outcome with sanctions, if warranted. The hearings examiner consults with mental health prior to conducting a disciplinary hearing on an individual who has committed an act of sexual abuse.

Conclusion:

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

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy requires staff to offer a follow-up meeting with a medical or mental health professional and must occur within 14 days of arriving at the facility for any inmate who informs staff he previously experienced or perpetrated sexual abuse. The policy applies to any inmate who reported whether the abuse occurred in an institutional setting or in the community. Staff are required to document the offering of the meeting on the PREA Risk Assessment Tool.

Policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The agency's Access to Mental Health Care policy requires every inmate entering the Pennsylvania Department of Corrections is given a psychological evaluation at the Diagnostic and Classification Center. The evaluation is required to include a review of sexual abuse-victimization and predatory behavior.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 10, pg. 1

Policy - 13.8.1 Access to Mental Health Care, Section 1, pg. 1, 14

Initial Reception Mental Health Questionnaire

PREA Risk Assessment Tool

PRAT Training Curriculum

Classification Records

Mental Health Confidential Disclosure Statement

Medical and Mental Health Record

Interviews with Medical Practitioner

Interviews with Mental Health Practitioners

Interviews with Inmates

Analysis/Reasoning:

The agency has created a PREA Risk Assessment Tool (PRAT) training. The training is a one and one half hour training course developed by the agency PREA Coordinator. Nurses, psychology staff, counselors, case managers, DCC staff, and PREA Compliance Managers are required to attend the training. The training covers the importance for conducting the PRAT. Attendees are required to demonstrate proficiency in identifying the differences between sexual orientation, gender identity, and gender expression as it relates to the risk assessment. Each participant must demonstrate proficiency in administering the PREA risk assessment. Lastly, each participant is required to identify the four decision areas that are informed by the PREA risk assessment. The PRAT training includes language to ensure assessors offer a follow-up meeting with victims and those who committed a sexual perpetration of another individual, including crimes committed in the community.

The Auditor randomly selected 20 inmate records and specifically selected 20 records to review. The records reviewed were of the inmates chosen by the Auditor for formal interviews. During a review of records the Auditor discovered seven reported previously suffering sexual abuse. A review of the records revealed each inmate was offered a follow-up meeting with a mental health practitioner. Three of the inmates accepted a meeting with the mental health practitioner while five declined the follow up meeting. Each meeting accepted by the inmates occurred within 14 days of their arrival. A review of records revealed each inmate who had perpetrated an act of sexual abuse was offered a follow-up meeting with the mental health provider. None of those inmates accepted a meeting for such purpose.

The Auditor conducted formal interviews with agency and contract medical and mental health practitioners. Medical practitioners stated they meet with every inmate who is booked into the facility to conduct an initial risk assessment. The

Auditor was informed mental health practitioners conduct a screening of each new inmate who arrives with a documented mental illness. The Auditor asked the mental health practitioner if she meet with inmates who are offered a follow up within 14 days. The mental health practitioner stated those follow-up meetings occur within a couple days. The mental health practitioner informed the Auditor she is notified of follow-up meetings by phone and/or emails from counselors and nursing staff.

The Auditor asked the mental health practitioner if she meets with sexual abusers. The Auditor was informed she receives follow-up notifications from the nurse and counselors when learning an inmate committed an act of sexual abuse. The Auditor asked who mental health practitioners share information with relating to sexual victimization or abusiveness that occurred in an institutional setting. The mental health practitioner informed only those who need to know. The mental health practitioner stated she obtains written informed consent prior to sharing information related to sexual victimization suffered in the community. The Auditor was informed medical and mental health practitioners are mandatory reporters for youthful inmates.

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

The Auditor conducted formal interviews with inmates who reported suffering sexual abuse. The Auditor asked each inmate if they were offered a follow-up meeting with a medical or mental health practitioner. Each inmate informed the Auditor they were offered a follow up with a mental health practitioner. The Auditor asked each how long it took before the meeting occurred. Those who accepted the follow up meeting informed the Auditor the meeting occurred either the same day or within a couple days. A review of inmate records revealed mental health professionals conduct follow-up meetings with victims and abusers within 14 days.

The Auditor conducted interviews with inmates who had committed an act of sexual abuse. Each inmate was asked if they were offered a meeting with a mental health practitioner. Each inmate informed the Auditor they were offered a meeting with a mental health practitioner. Records reveal mental health professionals attempt to meet with inmates who have committed an act of sexual abuse. Mental health practitioners informed the Auditor they attempt to meet with and evaluate all known inmate-on-inmate sexual abuser after learning of the abuse.

Conclusion:

The Auditor concluded inmates are offered a follow-up with a medical or mental health practitioner after reporting they have suffered sexual victimization or have perpetrated sexual abuse. Medical and mental health practitioners inform only those with a "need to know" of information related to sexual victimization or abusiveness. The Auditor reviewed agency policies, procedures, training curriculum, training records, inmate medical and classification records, conducted interviews with medical/mental health practitioners and inmates. After a review the Auditor concluded the facility meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The facility offers victims of sexual abuse timely information about and timely access to sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.

Policy requires if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the alleged victim and shall immediately notify the appropriate medical and mental health practitioners. The SCI - Laurel Highlands maintains 24-hour medical coverage.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 4-9

Policy – DC-ADM 008 Attachment 14 – If You are the Reported Victim of Sexual Abuse

Policy - DC-ADM 820 Co-Payment for Medical Services, Section 1 pg. 1-2

Assurances to Victims of Sexual Abuse Form

Nursing Evaluation Tool

Investigative Records

Inmate Medical Records

Interviews with Medical Practitioners

Interview with Sexual Assault Nurse Examiner

Interviews with First Responders

Interviews with Inmates

Analysis/Reasoning:

The Auditor conducted formal interviews with medical and mental health professionals. Medical and mental health professionals were asked if they feel medical services provided at the SCI - Laurel Highlands are consistent with a community level of care. Each medical and mental health professional interviewed stated they feel services are consistent with a community level of care. Medical and mental health practitioners feel access to services in the facility are better than such in the community. The Auditor asked if there is ever a time when no medical or mental health practitioner is on duty. The Auditor was informed there is never a time because the facility provides 24-hour medical coverage and is required to fill vacant positions with overtime usage whenever a staff member is vacant from duty.

The Auditor was informed inmates receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Crisis intervention services are offered by mental health practitioners and through Victim Services. The Auditor asked medical practitioners if they offer timely information and access to sexually transmitted infection prophylaxis to inmates who suffer sexual abuse while incarcerated. The Auditor was informed the information and access is offered to inmate victims. Medical practitioners do not offer emergency contraception as the facility houses male inmates.

The Auditor reviewed inmate medical records. Medical records reveal inmates are sent directly to the facility's medical section for immediate evaluation and treatment following an allegation of sexual abuse. Nursing staff informed the Auditor they do respond to housing units and other locations in medical emergencies. The evaluation and treatment services are documented in the inmate's electronic medical record. The Auditor reviewed the medical records of inmates who alleged an incident at the facility. None of the alleged incidents required sexually transmitted disease testing.

The Auditor reviewed investigative records of inmates who made an allegation of sexual abuse. Each investigative record included the Initial Response Checklist, when required. The checklist includes the date and time the inmate was sent to the medical section for treatment. The records include the Shift Commander Checklist. The Shift Commander Checklist includes a section requiring the Shift Commander to document the victim's transportation to the hospital for forensic evidence collection and treatment. The Shift Commander Checklist requires notification be made to mental health practitioners. No

inmate was sent for a forensic examination during the previous 12 months.

The Auditor asked medical and security personnel if inmate victims of sexual abuse are charged a fee for treatment services related to sexual abuse. The Auditor was informed all services related to the evaluation and treatment of sexual abuse victimization are free to inmate victim. Interviews with randomly selected and specifically targeted inmates reveal they are aware services related to sexual abuse victimization are offered at no cost. A review of inmate records revealed none were charged a fee for forensic examinations or medical/mental health services provided at the facility after alleging sexual victimization.

The Auditor conducted an interview with the Sexual Assault Nurse Examiner. The SANE informed the Auditor inmate victims are offered information and access to sexually transmitted infections prophylaxis, pregnancy testing and emergency contraception. The Auditor asked if the inmate victim is directly billed for forensic evidence or any other treatment services conducted at the hospital. The SANE informed the hospital invoices the facility directly for such services. Forensic examinations take place at the hospital. The SANE stated sexually transmitted infection prophylaxis is offered at the time of the examination when appropriate. The SANE stated she allows a victim advocate to attend the examination at the victim's request.

The Auditor reviewed the training records of security staff. Security staff are provided training in CPR and first aid in the event first responder treatment is needed. Formal interviews were conducted with security staff. The Auditor was informed officers take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Officers informed the Auditor they immediately notify the Shift Commander and medical staff following an incident of sexual abuse. Security supervisors stated they immediately escort an inmate who is alleged to have suffered sexual abuse to the medical area for medical evaluation and treatment. The Shift Commander contacts and notifies mental health practitioners following an allegation of sexual abuse.

Conclusion:

The Auditor determined the facility provides access to timely and unimpeded access to emergency medical services. Medical personnel provide inmate victims with information and sexually transmitted infection prophylaxis and testing. The facility does not offer emergency contraception or pregnancy testing as it houses male inmates. The Auditor reviewed agency policies, procedures, medical records, accounting records, investigative records and interviewed staff, medical practitioners, mental health practitioners and inmates to determine the facility meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The PDOC policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all inmates who have been allegedly victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:

- 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.

The PDOC policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse. The policy requires medical and mental health services be provided consistent with a community level of care.

All medical and mental health treatment services are provided to inmate victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The PDOC policy is to conduct a mental health evaluation when it becomes known that an inmate is an inmate-on-inmate abuser within 60 days of learning of sexual abuse history and offer treatment when deemed appropriate by mental health practitioners. The policy requires psychology staff assess each newly received individual immediately upon their admission. If the assessment cannot be performed immediately it must be conducted on the next business day and no later than 72 hours after reception. Psychology staff are required by policy to meet with newly arriving individuals once every 14 days for the first month and then at least monthly. Follow-up meetings occur as medically appropriate.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 5, 7, 9, 10

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1

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

Policy - DC-ADM 820 Co-Payment for Medical Services, Section 1 pg. 1-2

Policy - 13.8.1 Access to Mental Health Care, Section 1 pg. 2, 13-16

Policy - 13.8.1 Access to Mental Health Care, Section 11 pg. 15

Victim of Sexual Abuse Services Offered, Attachment 14-F

Medical Records

Mental Health Records

Interviews with Medical Professionals

Interviews with Mental Health Professional

Interviews with Inmates

Analysis/Reasoning:

The Auditor conducted formal interviews with medical and mental health professionals. Mental health practitioners do not stipulate a minimum or maximum amount of time they meet with victims and abusers. The Auditor was informed mental health practitioners meet with victims and abusers if medically necessary. Treatment and evaluations occur as needed and until treatment plans determine a need no longer exists. The Auditor asked what services are provided to inmate victims of sexual abuse. A mental health practitioner informed the Auditor inmate victims participate in counseling sessions, referrals to the psychiatrist if needed, treatments, follow-up services, and referrals for continued care, when appropriate. The Auditor asked if treatment plans are created for inmate victims of sexual abuse. The mental health practitioner stated they do create and follow treatment plans.

The Auditor asked each medical and mental health practitioner if they feel their services are consistent with a community

level of care. Medical and mental health practitioners feel their services are consistent with a community level of care. Most practitioners feel access to care and services are better than access to care in the community. Medical practitioners stated inmates are offered testing for sexually transmitted infections. The facility does not offer pregnancy tests as the SCI - Laurel Highlands houses male inmates. When asked if inmates pay a fee for services related to sexual victimization the Auditor was informed inmates do not pay a fee for any services related to sexual victimization.

The Auditor conducted formal interviews with inmates who reported suffering sexual abuse in a community setting. The Auditor asked each inmate if they were offered mental health services after reporting the victimization. Each inmate was offered mental health services following the notification. A review of each inmate record reveals the inmates who accepted the meeting met with a mental health practitioner within 14 days following the notification. Mental health practitioners screen all inmates who have been identified with a mental illness during their initial intake at a reception facility.

The Auditor interviewed inmates who reported an allegation that allegedly occurred in the facility. Each was asked if they were offered a meeting with mental health practitioners. Each inmate was offered a meeting with mental health. Each inmate who alleges an allegation is provided the Victim of Sexual Abuse Services Offered form. The form documents the inmates acceptance or refusal of mental health services. Each inmate had signed the form, when appropriate.

The Auditor reviewed the medical/mental health record of inmates who reported an allegation of sexual abuse at the facility. A review of records indicate each inmate was offered medical services. Medical practitioners are required to indicate testing for sexually transmitted diseases, when medically appropriate. There were no allegations that required testing during the previous 12 months. Each inmate was offered a follow up meeting with a mental health practitioner after alleging victimization that occurred at the facility. Records reveal mental health conducted an initial and follow up meeting with each alleged victim, when required. Each victim signed the Victim of Sexual Abuse Services form requesting or denying mental health services. Records reflect mental health practitioners attempted to conduct a mental health assessment of the known abuser within 60 days of learning of the abusiveness. The mental health practitioner interviewed by the Auditor stated they attempt to meet with all known abusers to attempt to identify and address underlying reasons for committing acts of sexual abuse. The mental health practitioner stated abusers typically deny services.

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy is to conduct a Sexual Abuse Incident Review at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated, whether the investigation was conducted by the facility Security Office or by the Bureau of Investigations and Intelligence. The facility does not conduct a review if the allegation has been determined to be unfounded following BII's review of the investigation. The Agency requires the Sexual Abuse Incident Review occur within 15 working days of receipt of BII's notification the investigation was deemed satisfactory.

Policy stipulates the review is conducted to look retrospectively at the incident to ensure that the incident was managed in compliance with procedures; to gather data relevant to enhancing understanding of prison rape; to proactively identify training deficiencies, and to sensitize staff members to possible "red flags" associated with such incidents so that they may become better at detecting preventable incidents.

The PDOC policy requires the review committee include:

- Deputy Superintendent for Centralized Services;
- Deputy Superintendent for Facilities Management;
- Licensed Psychology Manager/designee;
- Corrections Health Care Administrator/designee;
- Security Office representative; and
- Major of Unit Management or Major of the Guard.

The PREA Compliance Manager is directed by policy to chair the committee. The PCM collaborates with the Facility Manager to determine the exact composition of the committee based on the nature of the incident.

Agency policy requires the review committee conduct the following tasks:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Consider information such as housing assignment, measures taken as a result of the allegation, need for follow-up for the inmate victim, etc.

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

Evidence Relied Upon:

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

PREA Sexual Abuse Incident Review Forms

Investigation Files

Interview with Incident Review Team Member

Analysis/Reasoning:

The SCI - Laurel Highlands investigated 11 allegations of sexual abuse during the previous 12 months. The Auditor reviewed four sexual abuse incident reviews following substantiated and unsubstantiated investigative findings. Investigative records reviewed by the Auditor include the PREA Sexual Abuse Incident Review Reports. The facility conducted the review within 30 days in three of the cases. Once review was conducted thirty-four days following the conclusion of the investigation. In this case, the alleged victim had been released from the facility prior to the close of the investigation. The review team meets

following the Bureau of Investigations and Intelligence review of the investigation.

In each review, the Auditor observed the team members consisted of individuals as required by the agency's policy. The team considered all requirements of PREA standard 115.86 (d) as those requirements are included in the formatted agency report. The Incident Review Team includes any recommendations for improvement in the report. A copy of the PREA Sexual Abuse Incident Review is sent to the Superintendent for review. The facility Superintendent participated in two of the four incident reviews.

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

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

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

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

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

The Auditor observed the reports document recommendations for approval when needed. Recommendations by the team are included in the Miscellaneous/Final Comments section. The SAIR includes a section for the Superintendent to document her reason for not implementing any recommendations if chosen not to do so. The Superintendent documents such in the Facility Manager/designee's Comments section of the report.

Conclusion:

The Auditor determined the facility is conducting incident reviews at the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review.

The Auditor reviewed agency policies, procedures, PREA Sexual Abuse Incident Review Forms, investigative records, conducted an interview with an Incident Review Team Member, and determined the facility meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

PDOC policy requires the Prison Rape Elimination Act Compliance Division (PCD) collect accurate, uniform data for every allegation of sexual abuse at facilities under the department's direct control utilizing a standardized instrument and set of definitions. Every report, complaint, or allegation of sexual abuse and/or sexual harassment occurring within department facilities is entered into the PREA Tracking System to track all incidences of sexual abuse and sexual harassment for U.S. Department of Justice reporting purposes. The incident-based data must be aggregated annually by the PCD.

Policy requires the collected data include, at a minimum, the data necessary to answer all questions from the most recent version of the United States Department of Justice's, Survey of Sexual Violence. After receiving the Survey of Sexual Violence, the PDOC is required to submit the previous calendar year's data to the U. S. Department of Justice no later than June 30th.

The Pennsylvania Department of Corrections requires private facilities make notifications and request a PREA tracking number through the BCC-Management Operations Center. The BCC PREA Captain/designee is required to enter the report into the PREA Tracking System.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 1-2

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

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 2, 9-10

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 17 pg. 1-2

PREA Tracking System

Annual Reports

Surveys of Sexual Victimization

Individual Incident Documents

Agency Website

Interviews with Staff

Analysis/Reasoning:

The Auditor reviewed the agency's 2021 Annual Report published on the Pennsylvania Department of Corrections website. The report was easily accessible as the agency's website was simple to navigate. The data collected for the annual report included definitions of the following:

- Inmate-on-inmate Nonconsensual Sexual Acts
- Inmate-on-Inmate Abusive Sexual Contact
- Inmate-on-Inmate Sexual Harassment
- Staff-on-Inmate Sexual Misconduct
- Staff-on-Inmate Sexual Harassment

Data in the agency's annual report was aggregated from January 1st to December 31st. The agency provides public access to its annual reports through the agency's website. The Auditor reviewed the Bureau of Justice's Survey of Sexual Victimization submitted by the agency for 2020. The report was completed by the Director of Standards, Audits and Accreditation and submitted to the U. S. Department of Justice. The 2021 Annual PREA Report and 2020 Survey of Sexual Victimization were the most recent included on the agency's website. The Auditor observed the facility maintains Annual PREA Reports from 2013 through 2021 and Surveys of Sexual Victimization from 2011 through 2020.

The Auditor interviewed staff responsible for data collected and obtained at the facility. The Auditor was informed all data collected is input in the agency electronic incident reporting system. The PREA Coordinator has access to the system for data collection and annual aggregation. Data deriving from the facility is maintained by investigators and the PCM. The Auditor was informed the data input in the electronic incident reporting system is collected from investigative records and Incident Reviews. The facility inputs all information related to an incident of sexual abuse and sexual harassment into the

electronic tracking system. The tracking system is maintained at the corporate level by agency personnel. Select agency staff have access to the securely maintained data in the tracking system.

The Auditor reviewed incidents reported in the agency incident tracking system. Each facility is required to report incidents of sexual abuse and sexual harassment in the system. The Auditor observed incidents reported in the system by agency facilities and facilities contracted to confine agency inmates. The auditor observed the incident based data collected through the agency electronic reporting system includes sufficient data to answer all questions on the U. S. Department of Justice, Survey of Sexual Violence.

Conclusion:

The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed agency policies, procedures, website, PREA Annual Reports, Surveys of Sexual Victimization, individual incident documents, interviewed staff, and determined the agency meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Pennsylvania Department of Corrections policy requires a review of collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted in an attempt to:

- Identify problem areas;
- Take corrective action on an ongoing basis; and
- Prepare an annual report of its findings and corrective actions for each facility, as well as the department as a whole.

Policy requires the data review report include the following:

- The number of allegations made at each facility;
- The number of substantiated, unsubstantiated, and unfounded investigations completed as of December 31 of each year;
- The number of ongoing investigations as of December 31 for each facility;
- The report shall compare the rates of incidents for each facility from the preceding year to the current report year;
- Any additional information that is required by the Survey of Sexual Violence required by the Department of Justice, Bureau of Justice Statistics; and
- The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide and assessment of the department's progress in addressing sexual abuse.

Policy allows the PDOC to redact specific identifying information so that no individual is identifiable. In addition, the PDOC may redact specific material from the reports when publication would present a clear and specific danger to a facility but must indicate the nature of the material redacted.

Evidence Relied Upon:

Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 1-2

Annual Reports

Agency Website

Interviews with Staff

Analysis/Reasoning:

The Auditor reviewed the Pennsylvania Department of Corrections website. The agency maintains annual reports that include its findings and corrective actions for each facility and the agency as a whole. Each report is accessible through the agency website by accessing the "Prison Rape Elimination Act" link in the "Facilities" tab. The user can then gain access through the "Statistics and Reports" link. Each report is hyperlinked by year under the heading "DOC PREA Annual Reports." The reports published on the facility's website include data collected and compared from 2013 through 2021.

A review of each PREA Annual Report reveals the agency attempts to discover problem areas within the agency based on a review of data collected by each facility, including private facilities the agency maintains contracts with for confinement services. The agency annual report includes corrective actions taken by the agency. The 2021 annual report listed no specific problem areas or corrective actions specific to the SCI - Laurel Highlands. The report includes agency progress in prevention, detection and response to allegations of sexual abuse.

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

- Recertification of compliance;
- Revision of staff basic training;
- Hosting of virtual training session with contracted facilities on contract monitoring and development of compliance evidence;

- Application for and award of BJA grant to enhance PREA Tracking System and PREA Risk Screening Tool;
- Facility specific upgrades and purchases of new camera systems;
- Virtual investigator's meeting to reinforce requirements and credibility assessments;
- Investigation quality assurance checklist was initiated;
- Facility walkthroughs were reinstated to ensure sustainability of compliance;
- Continuation of desk audit file reviews for all facilities; and
- PREA Coordinator continued to serve on the National PREA Coordinators Working Group

The PDOC Secretary approves the agency's annual report prior to publishing on the agency website. The 2021 annual report is signed by the Secretary, Executive Deputy Secretary for Institutional Operations, Chief of Staff, Director and Chief of Standards, Audits, Assessments, and Compliance, and the PREA Coordinator. The Auditor did not observe personal information redacted from the annual report as the agency does not include personal identifying information in its annual report.

Conclusion:

The Auditor concluded the agency performs an annual review of collected and aggregated sexual abuse data. The annual report addresses problem areas and corrective actions taken and is approved by the Secretary prior to publishing on the agency website. The report compares facility data and agency data as a whole. The Auditor reviewed agency policies, procedures, website, PREA Annual Reports, interviewed staff, and determined the agency meets the requirements of this standard.

115.89	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 465">The agency's policy requires sexual abuse data is securely retained. Policy requires all aggregated sexual abuse data from facilities is readily available to the public at least annually on its website. The PDOC requires sexual abuse data is maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise. The data is maintained on the Department's secure servers. Specific identifying information collected for reporting shall be redacted so that no individual is identifiable. The agency shall redact specific material from the reports when publication would present a clear and specific danger to a facility but must indicate the nature of the material redacted.</p> <p data-bbox="242 495 489 524">Evidence Relied Upon:</p> <p data-bbox="242 553 924 582">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 2</p> <p data-bbox="242 611 408 640">Agency Website</p> <p data-bbox="242 669 389 698">Annual Report</p> <p data-bbox="242 728 445 757">Interviews with Staff</p> <p data-bbox="242 786 378 815">Observations</p> <p data-bbox="242 844 466 873">Analysis/Reasoning:</p> <p data-bbox="242 902 1469 1025">The Auditor conducted a formal interview with two Sexual Abuse Investigators. Information for the agency annual report is maintained by the facility investigator and PCM. Data input in the agency reporting system is electronically maintained. The Auditor was informed written facility data is maintained in locked offices and electronic data on computers. Access to electronic information requires a unique username and password. All electronic data is only accessible to select staff.</p> <p data-bbox="242 1055 1484 1249">The Auditor reviewed the agency website. The website includes annual sexual abuse data collection in an annual report published on its website. Data published on the agency website begins in the year 2013 and through 2021. The Auditor reviewed the sexual abuse data published on the website and found no personal identifiers within. The Auditor was informed facility sexual abuse and sexual harassment data is maintained by the PCM and facility investigator for a minimum of 10 years after collection. Data is collected from each agency facility and from facilities the agency contracts for the confinement of agency inmates.</p> <p data-bbox="242 1279 363 1308">Conclusion:</p> <p data-bbox="242 1337 1406 1397">The Auditor reviewed agency policies, procedures, website, collected data, made observations, interviewed staff and determined the agency meets the requirements of this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1493 362">Each facility under the direct control of the Pennsylvania Department of Corrections has been audited at least once during the previous three-year audit cycle. This is the first year of the current audit cycle. There are no reports from this current audit cycle published on the agency's website.</p> <p data-bbox="244 398 488 425">Evidence Relied Upon:</p> <p data-bbox="244 452 533 479">Previous PREA Audit Report</p> <p data-bbox="244 510 368 537">Facility Tour</p> <p data-bbox="244 568 461 595">Interactions with Staff</p> <p data-bbox="244 627 494 654">Interactions with Inmates</p> <p data-bbox="244 685 467 712">Analysis/Reasoning:</p> <p data-bbox="244 739 1493 900">The agency scheduled one third of its facilities to be audited during each year of the current audit cycle. The agency has published an audit report for each of its facilities during the previous audit cycle. The agency completed an audit of each of its facilities during the first three audit cycles. The PREA Coordinator has planned and begun scheduling each of its facilities to be audited during this audit cycle. The PREA Coordinator schedules one-third of agency facilities each year of the audit cycle.</p> <p data-bbox="244 931 1465 1093">The Auditor was provided and reviewed all relevant agency policies, procedures, documents, reports, internal and external audits, and accreditation reports to assist with rendering a decision on the agency's level of compliance with relevant standards. The Auditor reviewed a relevant sampling of documents from the previous 12 months. The facility provided the Auditor with a detailed tour of the facility in its entirety. The Auditor was allowed access to all facility areas and provided an opportunity to interview staff and inmates in a private area.</p> <p data-bbox="244 1124 1485 1285">The Auditor requested and was provided copies of additional documents to aid in a determination of the agency's level of compliance. The Auditor conducted formal and informal interviews of staff and inmates as previously listed in this report. The Auditor was provided an opportunity to view CCTV while onsite. Inmates were allowed to correspond with the Auditor prior to arrival and while on site. While onsite the Auditor received a request for an interview by an inmate. The facility notified the Auditor and allowed the Auditor an opportunity to confidentially interview the inmate.</p> <p data-bbox="244 1317 1481 1442">The Auditor reviewed the SCI - Laurel Highland's PREA Audit Report from February 2020 and observed the facility complied with all standards without the requirement of corrective action to any standard. The previous Auditor was allowed access to all facility areas, interviewed staff and inmates, was provided with facility documents and inmates could communicate confidentially with the Auditor through written correspondence.</p> <p data-bbox="244 1473 1433 1568">This Auditor communicated with the SANE and community-based victim advocates regarding relevant conditions in the facility during the audit. The facility provided the Auditor with the contact information of each. Communications occurred through telephone.</p> <p data-bbox="244 1599 1493 1823">On August 8, 2022 the Auditor sent a letter to be posted in all inmate living areas that included the Auditor's address. The Auditor sent the facility an English and Spanish version of the notice. The PREA Compliance Manager emailed the Auditor on August 11, 2022 verifying all notices were posted throughout the facility. The Auditor received two written correspondence from inmates. The Auditor interviewed one of the inmates; the other requested not to be interviewed. The Auditor observed the confidential correspondence notices posted in each inmate living unit. The facility's PREA Compliance Manager posted the notices in all living units on August 10, 2022. The notices were posted at least six weeks in advance of the Auditor's arrival.</p> <p data-bbox="244 1854 1473 1917">The Department of Justice did not send a recommendation to the Pennsylvania Department of Corrections for an expedited audit of any PDOC facility or referral to resources for assistance during this audit cycle.</p> <p data-bbox="244 1948 376 1975">Conclusion:</p> <p data-bbox="244 2007 1406 2033">The Auditor determined the State Correctional Institution - Laurel Highlands meets the requirements of this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 978 297">The agency has published its previous PREA Audit reports on its website.</p> <p data-bbox="244 329 488 356">Evidence Relied Upon:</p> <p data-bbox="244 387 408 414">Agency Website</p> <p data-bbox="244 445 544 472">Previous PREA Audit Reports</p> <p data-bbox="244 504 467 530">Analysis/Reasoning:</p> <p data-bbox="244 562 1484 687">The Auditor reviewed the agency's website which includes a link for its previous PREA Audit reports. The Agency has published all final reports from each audit cycle to date. There are no PREA Audit reports published for the current audit cycle. The previous audit of the SCI - Laurel Highlands was conducted in February 2020. The final report is published on the agency website.</p> <p data-bbox="244 719 1437 777">The agency has conducted an audit of all agency facilities during the first three audit cycles. The PREA Coordinator has scheduled one-third of agency facilities to be audited during this first year of the current audit cycle.</p> <p data-bbox="244 808 376 835">Conclusion:</p> <p data-bbox="244 866 1005 893">The Auditor determined the agency meets the requirements of this standard.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all 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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or 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 who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	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	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes