

PREA Facility Audit Report: Final

Name of Facility: State Correctional Institution Muncy

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/20/2021

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: 09/20/2021

AUDITOR INFORMATION	
Auditor name:	Perry, Paul
Email:	paul.perry@carolinedf.org
Start Date of On-Site Audit:	08/23/2021
End Date of On-Site Audit:	08/25/2021

FACILITY INFORMATION	
Facility name:	State Correctional Institution Muncy
Facility physical address:	6454 Rte. 405, Muncy, Pennsylvania - 17756
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Angel Baez-Sprague
Email Address:	abaez-spra@pa.gov
Telephone Number:	5705463171

Warden/Jail Administrator/Sheriff/Director	
Name:	Wendy Nicholas
Email Address:	wnicholas@pa.gov
Telephone Number:	5705463171

Facility PREA Compliance Manager	
Name:	Matthew Burns
Email Address:	mattburns@pa.gov
Telephone Number:	O: (570) 546-3171 x441
Name:	Angel Baez-Sprague
Email Address:	abaez-spra@pa.gov
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Facility Health Service Administrator On-site	
Name:	Lesley Blair-Morrison
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Telephone Number:	5705463171

Facility Characteristics	
Designed facility capacity:	1682
Current population of facility:	993
Average daily population for the past 12 months:	1050
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	14->80
Facility security levels/inmate custody levels:	2-5
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	547
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	38
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

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

Agency Chief Executive Officer Information:	
Name:	John Wetzel
Email Address:	██████████@pa.gov
Telephone Number:	717-728-██████████

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

AUDIT FINDINGS

Narrative:

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

The Pennsylvania Department of Corrections contracted with PREA Auditors of America, 14506 Lakeside View Way, Cypress, TX 77429 for Prison Rape Elimination Act audit services of the State Correctional Institution - Muncy. The Auditor has been certified by the United States Department of Justice to conduct PREA audits of adult facilities. The purpose of this audit was to determine the SCI - Muncy's level of compliance with standards required by the Prison Rape Elimination Act of 2003. This is the third Prison Rape Elimination Act audit of the Pennsylvania Department of Corrections SCI - Muncy facility. The facility's last audit was completed in July 2019.

The Auditor sent a notice by email to the agency's PREA Compliance Manager on July 6, 2021. The notice contained information and an address, informing inmates how to confidentially contact the Auditor prior to arriving on site. This notice was emailed in an English and Spanish version. The notice informed the inmate population their communications to the Auditor's address would be treated as confidential correspondence by facility staff. The notice required an agency representative's name and date upon posting the notice in areas throughout the facility. The PREA Compliance Manager confirmed the notices were posted in an email to the Auditor prior to the Auditors arrival. The PCM sent the Auditor photos of the notices posted in each area. While touring the facility the Auditor observed all notices were posted on July 7, 2021 in all inmate living units by the PREA Compliance Manager. Notices were posted in the facility entrance and various other areas where inmates frequent. The Auditor received written correspondences from inmates.

The Auditor received the SCI – Muncy completed Pre-Audit Questionnaire through the Online Audit System (AOS). The Pre-Audit Questionnaire was completed and submitted to the AOS on May 5, 2021 by the PREA Compliance Manager. Once received, the Auditor began a pre-audit review of the material. The information sent by the facility's PREA Compliance Manager included; but was not limited to: annual reports, policies, procedures, organizational charts, forms, training materials, educational materials, floor plans, schematics, staffing plan, population reports, Memorandums of Understanding, investigative reports, copies from inmate medical and central records, contracts, and handbooks.

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

The Auditor observed the facility maintains a Memorandum of Understanding with Wise Options for emotional support and crisis intervention services. The PREA Compliance Manager provided the Auditor with the contact information for Wise Options. The Auditor communicated with a victim advocate with Wise Options by telephone. The interview allowed the Auditor to gain an understanding of the services provided to inmate victims of sexual abuse at the SCI - Muncy. Information provided during the telephone interview are included in the applicable standards in this report.

The SCI - Muncy maintains a Memorandum of Understanding with the Williamsport Regional Medical Center (WRMC). The memorandum ensures the WRMC provides forensic examinations for inmates who allege an allegation of sexual abuse at the facility, when appropriate to do so. The Auditor contacted the Sexual Assault Nurse Examiner (SANE) with the WRMC by telephone. The Auditor discussed the specifics of forensic services offered through the Memorandum of Understanding. The telephone interview provided an understanding of the level and scope of services provided to inmate victims of sexual abuse. Information gained through the telephone interview is provided in the applicable standards of this report.

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

The Auditor arrived at the SCI - Muncy the morning of August 23, 2021. A meeting with key personnel was conducted prior to starting the onsite portion of the audit. The following personnel were in attendance:

- Wendy Nicholas – Superintendent
- William Frantz - Deputy Superintendent
- Nicole McKee – Deputy Superintendent for Centralized Services
- David Radziewicz – PREA Coordinator
- Angel Baez-Sprague – PREA Compliance Manager
- Renee Foulds – Major of the Guard

- Matt Burns – Corrections Activities Specialist
- Jeremy Hauck – Security Lieutenant
- Marci Boyer – Corrections Classification Treatment Manager
- Jill Giles - CCII/Treatment Specialist
- Diane Guthrie - Administrative Officer

The Auditor introduced himself and explained the audit process with key staff. After the briefing, the Auditor toured the SCI - Muncy. The Auditor was accompanied by all staff who attended the entrance meeting. The Auditor informed the group no informal interviews would be conducted during the tour unless an inmate or staff member approached to speak with the Auditor. The decision was made due to COVID-19 mitigation practices. The group was informed to allow the Auditor to speak with such individual privately if approached. The Auditor explained the privacy allows both inmates and staff the ability to speak freely without fear of retaliation from staff or other inmates. At the conclusion of the tour the PREA Compliance Manager provided a private room for the Auditor to interview staff and inmates. The room was visible by camera and did not have audio capabilities.

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

While touring the facility the Auditor observed staff performing security rounds, staff and contractor interactions with the inmate population, commissary operations, foodservice operations, inmates working in various areas, and staff making opposite gender announcements. Medical and mental health personnel were observed conducting evaluations and treatments with inmates. The Auditor observed inmates participating in recreation, youthful inmates participating in education, and inmates working inside and outside of living units. All inmate restrooms and shower areas were observed to ensure inmates could utilize the restroom, change clothing and shower without staff of the opposite gender observing inmates fully naked.

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

In addition to the information provided prior to arrival, The Auditor requested additional supportive records from the PREA Compliance Manager. The Auditor requested 15 randomly chosen and 15 targeted inmate medical and classification records, all staff, contractor and volunteer training records, 20 staff and contractor HR records. The facility has recently approved one volunteer and has not had volunteer services in the previous 12 months. The Auditor requested and reviewed the approved volunteer record. All inmate records requested by the Auditor coincided with the inmates chosen for random and targeted interviews. The Auditor visited with staff from day and night shifts during the audit.

Formal interviews were conducted with randomly and specifically chosen inmates. The facility provided a private office for the Auditor to interview inmates without staff and other inmates able to observe or overhear the information exchanged between the Auditor and inmate being interviewed. The private office was visible by camera and had no audio monitoring device. The auditor randomly chose 15 inmates and specifically chose 15 inmates for formal interviews. Inmates specifically chosen for interviews included 1 with an intellectual disability, 1 physical disability, 1 hard of hearing, 1 Limited English Proficient, 2 bisexual, 1 lesbian, 2 transgender, 3 who reported an allegation and 3 who previously suffered sexual abuse. In addition, the Auditor interviewed 2 youthful inmates and one inmate who wrote the Auditor a letter while onsite. During random interviews the Auditor discovered additional inmates who previously suffered sexual abuse in the community, identified as gay/lesbian/bisexual and inmates who reported an allegation. The 15 randomly chosen inmates were selected from the SCI - Muncy population housing roster. A selection was chosen from each of the facility's housing units, to include restrictive housing.

The Auditor conducted formal interviews with staff. The Auditor conducted random formal interviews with 12 staff members and specialized interviews with 22 staff members. Specialized interviews were conducted with intake, classification, medical and mental health, investigators, supervisors, intermediate and high-level staff, PREA Compliance Manager, line staff, retaliation monitor, Superintendent, contractors, Human Resources, and security and non-security first responders. Formal staff interviews were conducted in a private area in the facility.

The Auditor concluded the onsite portion of the audit on August 25, 2021 in an exit meeting with the following personnel:

- Wendy Nicholas – Superintendent
- William Frantz - Deputy Superintendent
- Nicole McKee – Deputy Superintendent for Centralized Services
- Angel Baez-Sprague – PREA Compliance Manager

- Renee Foulds – Major of the Guard
- Matt Burns – Corrections Activities Specialist
- Marci Boyer – Corrections Classification Treatment Manager
- Jill Giles - CCII/Treatment Specialist
- Diane Guthrie - Administrative Officer

The Auditor met with the above listed staff members on the last day of the audit. The Auditor discussed findings after touring the facility, interviewing staff, interviewing inmates and reviewing documentation. The Auditor informed the group the finalization of the audit was not complete as the Auditor still had documentation to review after leaving the facility. The group was informed any recommendations made by the Auditor would be included in the final report. The Auditor informed the PREA Compliance Manager he will maintain contact as more information and documentation may be requested after leaving the facility. The Auditor informed the group facility staff and inmates were respectful and professional to the Auditor while on site. The group was informed the majority of inmates reported they felt safe in the facility and had confidence in staff's ability to ensure their protection. The Auditor informed the group the population appears well educated and staff appeared to be well trained to respond to incidents of sexual abuse and sexual harassment.

The facility is accredited through the American Correctional Association.

On the first day of the audit there were 967 adult female inmates and 2 youthful inmates incarcerated at the State Correctional Institution – Muncy.

AUDIT FINDINGS

Facility Characteristics:

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

The State Correctional Institution – Muncy is located in Lycoming County in central Pennsylvania and is an approximate 20 minute drive to the east from Williamsport, Pennsylvania. The Pennsylvania Department of Corrections maintains 803 acres at the SCI - Muncy location; 40 of which are maintained inside the secure perimeter. The SCI - Muncy opened its doors in 1920 as an Industrial House for Women. The PDOC has had multiple construction projects on the property since the opening, changing the facility from an Industrial Home to a close custody facility that serves as the agency's Diagnostic and Classification Center for female inmates. The facility houses all custody levels of adult and youthful female inmates.

The SCI - Muncy maintains 13 housing units. Housing units are labeled with alphabetical letters. Youthful inmates and young adult inmates are housed in Housing Unit F. Both sides of the unit are separated by a door. Youthful inmates (under 18) are housed on the side known as Y.O.U (Youthful Offender Unit) and inmates 18-21 are housed in the Young Adult Unit. Each unit has its own common area, showers and restrooms. The Y.O.U. living area maintains sight and sound separation from adult inmates. Showers and restrooms are protected from full view to allow the inmate a level of privacy. Inmates have access to a recreation yard that is separate from the general population recreation yards. There are cameras that monitor the hallway in the units. The Auditor observed PREA posters on the walls in both units. F unit has a separate living area that houses re-entry, parole re-entry, activities and social workers. This living area is completely separated from the Y.O.U. and Y.A.O living areas.

Housing unit B is a two tiered open-cell concept style unit. There are two sides in the housing unit BA and BB. The BA side of the housing unit has two person cells with doors. The BA side was closed at the time of the audit due to construction of the shower area. Each open style cell in the BB side houses four inmates. Inmates are required to change their clothes in shower area as there are no doors on the cells. The restroom area has toilets and sinks. Toilets are protected with a door to allow inmates the ability to use the restroom without staff seeing them do so. The BB side showers have been updated and include a handicap accessible shower. Showers stalls are individual and have a curtain in each stall and the main shower entrance to allow the inmates a level of privacy while showering. Inmates have access to telephones, televisions, tables, chairs, water fountain, video visitation, and an email kiosk in the dayroom. There are cameras and mirrors strategically placed in the dayroom. The Auditor ensured cameras and mirrors do not view into showers or toilet areas. The Auditor observed PREA materials posted on the wall in the dayroom.

Housing unit L is a single floor open cell style housing unit. The open style cells house four to eight inmates. There are no cameras that monitor activity in the housing unit. Both LA and LB sides are connected with a shared common area. The facility only allows access to the common area by one side at a time. Inmates from LA and LB are not allowed to enter the common area together. There are cameras that monitor inmates while in the common area. Inmate showers and restrooms are protected by shower curtains so staff cannot see the inmate fully naked while in use. Inmates have access to the same amenities and privileges as all other general population inmates. The Auditor observed PREA materials posted in the common area.

Housing units A, C, E, G, H, I, K, and M have multiple distinct living units inside. Each has two person cells along a straight hallway. There are cameras and mirrors that monitor hallways. Stairwells that lead to basements have a mirror. Each floor/living unit has a common area. Inmates have access to telephones, televisions, tables, chairs, and email kiosk. Each cell has a toilet and sink inside. Shower areas are adjacent to the living areas. Each is protected from view with a shower curtain to allow the inmates a level of privacy while showering. The Auditor observed PREA materials posted in each distinct living unit.

Housing unit J has two sides (JA and JB) and is currently utilized to house unvaccinated inmates. This housing unit is a prototypical style unit with two tiers. There are cameras that monitor inmate activity in the dayroom. There are no cameras in cells and cameras do not view into shower areas. Cells in the unit are double bunked and have toilets and sinks inside. There is a control bubble that views into both JA and JB. Staff in the control bubble control access in/out of the unit and cells. The Auditor ensured staff in the control bubble could not view into shower areas. Showers are individual stalls protected from view with a shower curtain. Inmates have access to tables, chairs, televisions, telephones and an email kiosk. The Auditor observed PREA materials posted in the dayrooms.

All inmates entering the facility are housed in the Diagnostic and Classification Center (DCC) - housing unit S. The two tiered unit has two distinct living units - SA and SB. Showers are adjacent to the dayroom and are individual stalls. Each shower has a shower curtain to allow a level of privacy while showering. The Auditor ensured staff cannot view into shower areas from the control bubble or from the upper tier. Cells are double bunked and have a toilet and sink inside. Inmates have access to tables, chairs, televisions, telephones and an email kiosk. There are cameras that monitor activity in each dayroom. Showers do not view into shower areas. Inmate PREA education and 30-day reassessments occur in this unit. The Auditor observed PREA materials posted in each dayroom.

The facility's Restrictive Housing Unit (RHU) has four distinct living units. The unit has a mixture of single and double bunked cells. There is an intake area, search room, property room, medical triage room, visiting room, law library and hearing room in the RHU. Cameras monitor inmate activity in the units. There are no cameras in cells and no camera views into shower areas. Inmates have access to tables, chairs,

television, telephones and email kiosk. Showers are adjacent to each unit and are blocked from view with a shower curtain. The RHU has a connecting recreation yard that is monitored by cameras and staff supervision. Access to/from the unit and cells is controlled by staff in the control bubble.

The SCI - Muncy has a 12-bed Mental Health Unit (MHU) licensed by the Department of Health. The MHU houses PDOC inmates who have been civilly committed. The facility does not house persons from the community in the unit. Contract staff operate and provide services to inmates in the MHU. There are two direct observation cells in the rear of the MHU. Cells in the MHU are single cells with toilets and sinks inside. There are showers adjacent to the dayroom that are individual stalls and protected from view with a shower curtain. There are no cameras in the common areas or individual MHU cells. Inmates have access to tables, chairs, telephones, televisions and kiosk in the dayroom. There is a connecting recreation yard that is monitored by cameras. The Auditor observed PREA materials posted in the MHU dayroom.

The facility has an "old infirmary" and "new infirmary." The "old infirmary" (P1) has a psychiatric observation cells that have cameras inside. Cameras only record and do not display on facility monitors. A female staff member is required to work the post when inmates are in the psychiatric observation cells. P1 has an officer station, nurses' office, pharmacy, staging area, storage room, EKG/Audio/Visual room and two negative pressure rooms. Negative pressure rooms have a toilet, sink and shower inside. The facility does not use the negative pressure cells. The P1 shower is protected from view with a shower curtain. Inmates have access to a common area with tables, chairs, television, telephone and an email kiosk. There are cameras that monitor hallways in the P1. The Auditor observed PREA materials in the common area.

The "new infirmary" (P2) is utilized for long-term care inmates. There is a mixture of single and multiple occupancy cells. Multiple occupancy cells house up to four inmates. Each inmate in the quad cell is separated by a curtain. There are toilets and sinks in single cells but not the quad cells. Inmates in quad cells have access to a restroom that provides privacy. All inmates in P2 have access to a single shower stall that is protected with a shower curtain. There are two negative pressure cells that have a shower, toilet and sink inside. Cameras monitor general areas in the unit. P1 has a waiting area, multi-purpose room, OB GYN room, dialysis room with 3 stations, laboratory, and dental room with five dental chairs. P1 is also utilized to administer Suboxone treatments.

The facility has a Correctional Industries known as the "Garment Shop." Inmates in the Garment Shop make inmate t-shirts, towels, washcloths and other items. The facility is currently preparing for the Garment Shop to begin making staff uniform pants. During the onset of COVID-19 the Garment Shop made masks for all PDOC facilities and continue doing so. The Garment Shop is operated and supervised by two staff and employs 46 inmates. Inmates have access to a restroom in the Garment Shop that has a locking door and is controlled by staff. The Auditor observed cameras, mirrors and PREA materials posted in the Garment Shop.

The SCI - Muncy has recently re-opened its visitation room. Onsite visitation has been suspended for the previous 12 months due to COVID-19 protocols. There are mirrors and cameras that monitor the visitation room. Inmates can visit each day of the week, excluding Wednesday and Thursday. The facility currently allows 21 inmates with 4 visitors each in the visiting room. Only vaccinated inmates can currently participate in visitation. Non-vaccinated inmates participate in video visitation. There is a search room where inmates are searched before and after visitation. The room is protected from view. Inmates can utilize the small outdoor visitation area on a "first-come, first-serve" basis. The Auditor observed PREA materials posted in the visitation room.

Religious services are provided in the Chapel by 2 full-time and 5 contract Chaplains. Chaplains also coordinate services provided through volunteers; there have been no volunteer services within the previous 12 months. There is a bathroom with a locking door that is controlled by staff. Behind the Chapel is a trailer known as the "Impact Trailer." The impact area is utilized for inmates to visit with young children. The area has a living room, bathroom, age specific bedrooms, and a kitchen. The atmosphere provides an environment that resembles a home. There are cameras that monitor the impact area. Cameras do not view into the bathroom. Behind the impact area is a Parenting Building where inmates participate in parenting treatments. There are cameras that monitor the area.

All inmates enter the SCI - Muncy through the Admissions Building. Upon arrival, all inmates must clear the magnetometer and body scanner. Inmates below the age of 18 are not required to undergo the body scanner. Inmates are then placed in the "dirty" cell while waiting to be processed. All inmates are searched by staff and a facility nurse receives a urinalysis from each. Inmates are issued property and participate in the initial risk screening process in the Admissions Building. After processing, inmates wait in the "clean" cell. There are cameras that monitor general areas in the building. Cameras do not view into the search area or urinalysis room. The Auditor observed PREA materials posted in the admissions area. For informational purposes, "dirty" and "clean" do not refer to sanitation of the area.

The central kitchen is operated by PDOC personnel. There are four supervisors and thirteen staff who operate and supervise activities in the kitchen. The kitchen employs 20-25 inmates on each shift. There is a food prep area, cook area, storage area, walk-in refrigerator and walk-in freezer in the kitchen. General population inmates eat in the large dining hall that has a serving line. There is a tray washing area behind the serving line. The Auditor observed cameras and mirrors strategically placed throughout the kitchen. The kitchen loading dock is placed to allow deliveries to the kitchen, commissary and laundry. The commissary is operated by PDOC Correctional Industries personnel while the laundry is operated by PDOC personnel. There are no cameras in the commissary while cameras monitor activities in the laundry. All facility laundry is sent to the Frackville facility for cleaning.

Education services are provided in the Education Building by Department of Education (DOE) staff. There are classrooms, library, law library and offices in the Education Building. Cameras monitor hallways and are not allowed in the classrooms due to DOE regulations. Services in the building include culinary arts, cosmetology and CNC programs. Inmates have access to a locking restroom that is controlled

by staff. When inmates are in the Education Building security staff are present.

PDOC personnel perform maintenance services in the facility. There are 20 maintenance staff who supervise 10 inmates assigned to the maintenance area. The maintenance area has a plumbing shop, electrical shop, HVAC shop, carpentry shop and paint shop. There is a building trades classroom where inmates learn carpentry and OSHA safety. There is a restroom with a locking door controlled by staff. No cameras are placed in the maintenance area. The Auditor observed PREA materials posted in the maintenance area.

There is a large warehouse located outside the secure perimeter. Warehouse operations are controlled by one supervisor and one staff member. There are five inmates that work in the warehouse. There are cameras and mirrors that monitor activity in the warehouse. The warehouse has a large walk-in freezer and large walk-in refrigerator for kitchen storage. There are multiple caged and non-caged storage areas in the warehouse. Inmates in the warehouse are under constant staff supervision. Adjacent to the warehouse is an automotive and welding shop. There are cameras that monitor each. Inmates working in these areas are under constant staff supervision.

The facility has two outdoor recreation yards. Inmates can participate in basketball, softball and other outdoor activities. Each outdoor recreation yard has a recreation building where offenders can access recreational equipment. There are weights and physical therapy equipment in each recreation building. Inmates have access to a restroom that is controlled by staff. There are cameras that monitor activity on the outdoor recreation yards.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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.

Number of standards exceeded:	2
Number of standards met:	43
Number of standards not met:	0

The Auditor reviewed the facility's previous PREA audit report prior to arriving at the facility. The previous Auditor found the facility met 44 standards and exceeded one standard. There were no corrective actions required during the previous audit. The previous Auditor found the facility exceeded standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator. This Auditor could not determine the justification for the previous findings of "exceeds the standard" in the previous report.

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

The Auditor toured the facility and conducted formal interview with staff and inmates. During the tour, the Auditor observed staff and contractors interacting with the inmate population. Interactions observed appeared to be professional and respectful. The Auditor interviewed 31 inmates, 15 were randomly chosen while 15 were specifically target by the Auditor. In addition, the Auditor interviewed one offender who wrote the Auditor a letter. Interviews with inmates reveal most are confident in staff's abilities to protect them from and respond to incidents of sexual abuse. The Auditor interviewed facility staff. Interviews with staff reveal they are knowledgeable in the agency's policies and procedures to prevent, detect and respond to incidents of sexual abuse. The Auditor determined the facility's efforts to create a zero-tolerance culture have been successful. Interviews with the facility's command staff reveal they are supportive in staff's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

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

The Auditor found the agency and facility's inmate education efforts have been appropriately applied. Inmates interviewed by the Auditor were knowledgeable regarding the agency's prevention, detection and response efforts towards sexual abuse and sexual harassment. The inmate population understands how to report allegations of sexual harassment and sexual abuse. An overwhelming majority informed the Auditor they would verbally report an allegation directly to a staff member. The Auditor determined the facility is providing written information and effective comprehensive education to each inmate. The facility provides readily available information to inmates by posting materials in living units and other areas of the facility, through handouts and handbooks.

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

The facility's investigative response and reporting is sufficient to ensure an appropriate final determination is made. The Auditor found the facility is investigating each allegation of sexual abuse and sexual harassment. All allegations of sexual abuse are referred to the Pennsylvania State Police for criminal investigation and the Bureau of Investigations and Intelligence for review. The facility's Sexual Abuse Investigators are conducting objective investigations and include their findings in written reports. Each inmate is notified of the investigative findings in writing following the conclusion of the investigation. The PREA Compliance Manager ensures each substantiated and unsubstantiated allegation of sexual abuse is reviewed by key staff within 30 days of the conclusion of the investigation. The Incident

Review Committee documents its findings in a written report and submits the report to the Superintendent so any recommendations for improvement can be considered.

The facility was required to make one corrective action prior to the Auditors arrival. The facility's Coordinated Response Plan did not include the required actions of investigators following an incident of sexual abuse. Details of the finding and corrective action are included in the applicable section of this report. The facility has appropriate policies, procedures and practices for the prevention planning, response planning, training and education, screening for risk of victimization and abusiveness, reporting, response following a report, investigations, discipline, medical and mental care, and data collection and review of sexual abuse and sexual harassment. The Auditor found the facility met the requirements of each PREA standard and exceeded the requirements of the following standards:

- 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator; and
- 115.22 Policies to ensure referrals of allegations for investigations.

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
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1490 456">The Pennsylvania Department of Corrections (PDOC) has established a policy that prohibits any form of sexual abuse and/or sexual harassment of any individual under the supervision of the agency. The policy stipulates the department will take appropriate actions to ensure the zero tolerance towards all forms of sexual abuse and sexual harassment in order to promote the safety of inmates. The Pennsylvania Department of Corrections policy includes definitions of the following:</p> <ul data-bbox="284 510 855 669" style="list-style-type: none"> • Sexual Abuse; • Sexual Coercion; • Sexual Contact; • Sexual Harassment; and • Voyeurism by a Staff Member, Contractor or Volunteer. <p data-bbox="240 701 1490 759">The PDOC's policy includes prevention, detection and response steps to assist in its efforts towards creating a zerotolerance culture. The policy includes, but is not limited to, the following prevention, detection and response techniques:</p> <ul data-bbox="284 813 914 1339" style="list-style-type: none"> • Inmate Training; • Employee, Contractor and Volunteer Training; • Background Screenings; • Inmate Assessments and Screenings; • Written Response Plans and Forms; • First Responder Duties; • Unannounced Rounds; • Committee Meetings; • Retaliation Monitoring; • Victim Support Services; • Forensic Evidence Collection; • Data Tracking; • Incident Reviews; • Staff, Volunteer, Contractor and Inmate Discipline Measures; • Investigations; and • Reporting to Offenders. <p data-bbox="240 1370 1469 1496">The PDOC has outlined the duties of the PREA Coordinator in its policy. The sole responsibility of the PREA Coordinator is to develop, implement, and oversee department efforts to comply with the federal PREA standards in all department facilities. The PREA Coordinator is responsible for overseeing the PREA Compliance Division and all PREA Compliance Managers at each facility. The agency has developed a written position description for the PREA Coordinator position.</p> <p data-bbox="240 1527 1484 1686">The State Correctional Institution – Muncy has designated a 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 Superintendent and the PREA Coordinator for PREA related issues. The PREA Coordinator reports to the Bureau Chief for Standards, Audits, Assessments and Compliance.</p> <p data-bbox="240 1718 488 1744">Evidence Relied Upon:</p> <p data-bbox="240 1776 895 1803">Policy – DC-ADM 008 Prison Rape Elimination Act Section 1 - 19</p> <p data-bbox="240 1834 660 1861">Policy – DC -ADM 008 Glossary of Terms</p> <p data-bbox="240 1892 1005 1919">Policy – DC-ADM 801 Inmate Discipline Procedures Manual, Section 1 pg. 1</p> <p data-bbox="240 1951 759 1977">Policy – DC-ADM 801 Attachment 1 Rule Violations</p> <p data-bbox="240 2009 1182 2036">Policy – 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 7 pg. 6,8-9</p> <p data-bbox="240 2067 635 2094">PREA Coordinator Position Description</p> <p data-bbox="240 2125 815 2152">Classification and Program Manager Position Description</p>

PADOC Areas of Responsibility

PADOC Organizational Chart

Facility Organizational Chart

Staff Interviews

Inmate Interviews

Analysis/Reasoning:

The Auditor conducted a review of the Pennsylvania Department of Correction's PREA policy. The policy is extensive and includes the agency's prevention, detection, and response approaches towards sexual abuse and sexual harassment of inmates. The 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 the facility. The CCPM directly reports to the PREA Coordinator on PREA related issues.

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

The PREA Compliance Manager explained his ability to develop, implement, and oversee the facility's PREA efforts. The Auditor determined the PCM has enough time and authority to ensure PREA efforts are appropriately developed and implemented. The Auditor observed evidence of such prior to and during the onsite visit. The PREA Compliance Manager responded to the Auditor's questions, concerns, and recommendations before and during the site visit. The Auditor made several requests for additional information prior to arriving at the facility and while on site. The PREA Compliance Manager responded quickly to the Auditor's requests. The PREA Compliance Manager and PREA Coordinator are both knowledgeable with the requirements of the Prison Rape Elimination Act standards.

The Auditor conducted both formal and informal interviews with random and specifically targeted inmates. The Auditor was able to determine the SCI - Muncy has successfully created a zero-tolerance culture towards sexual abuse and sexual harassment. The population was aware of the facility's sexual abuse and sexual harassment prevention, detection and response policies and practices. Most inmates informed the Auditor they feel safe in the facility. The inmate population had been provided information and been appropriately educated upon arrival. Inmates informed the Auditor they watched a PREA video during intake into the facility, was provided information in writing, observed posters on the walls and see a PREA video being played continuously in the living units. Most 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.

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 feel confident in verbally reporting an issue 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 who had submitted an allegation at the facility stated an investigator had quickly met with them after making an allegation. One inmate informed the Auditor an investigation had not been conducted after making an allegation. The Auditor reviewed an investigative report that revealed the facility did conduct an investigation of the allegation of sexual harassment.

The Auditor conducted both formal and informal interviews with facility staff. Facility staff appeared well trained and understood the agency's policies and procedures towards prevention, detection, and response to sexual abuse and sexual harassment. Staff was asked who they discuss allegations of sexual abuse and sexual harassment 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 were aware the facility has a written policy prohibiting them from discussing incidents with anyone without a "need to know." Staff informed the Auditor they participate in PREA training annually at the facility. Some trainings are conducted in person while other trainings are web based. The Auditor was informed the facility conducts "email blasts." Information related to the facility's policies regarding sexual abuse and sexual harassment is sent to all staff through email. Staff are required to read each "email blast." This practice ensures staff staff

abreast of practices regarding the prevention, detection and response to acts of sexual abuse and sexual harassment.

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 did feel comfortable in doing such. During interviews the Auditor asked staff how they would privately report an allegation of sexual abuse against a staff member or inmate. Staff informed the Auditor they would report to the investigator, use the abuse hotline, write the PREA Coordinator, contact the Pennsylvania State Police, report directly to the PREA Compliance Manager, or inform a command staff member. The Auditor received various responses how to privately report an allegation of sexual abuse or sexual harassment.

The Auditor conducted interviews with several command staff members, including the Superintendent. Command staff members maintain an open-door policy and appear 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 Auditor felt support of staff from the command staff has assisted in the successful zero-tolerance culture achieved by the facility. The command staff have weekly meetings where concerns and ideas for improvement are discussed.

Conclusion:

The Auditor conducted a thorough review of the agency's policies and procedures, Organizational Charts, Position Descriptions, and interviewed staff and inmates. The Auditor determined the agency has developed an appropriate zero tolerance policy which includes prevention, detection and response techniques to all allegations of sexual abuse and sexual harassment. An appropriate staff member has been designated to develop, implement, and oversee the agency's and facility's PREA efforts. The SCI - Muncy has successfully created a zero -tolerance culture towards all forms of sexual abuse and sexual harassment. The facility's staff appear to have embraced the compliance with PREA standards. The facility's PREA Compliance Manager and Corrections Activity Specialist are both certified PREA Auditors. Both have worked towards compliance of PREA standards in the facility. They have shared their knowledge, interpretation, and understanding of PREA standards with the facility's staff. Staff interviewed by the Auditor explained the importance of compliance with PREA standards. The Auditor determined the facility exceeds the requirements of this standard.

115.12	Contracting with other entities for the confinement of 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="242 271 459 300">Auditor Discussion:</p> <p data-bbox="242 329 1477 555">The Pennsylvania Department of Corrections has a policy that requires contracts with other agencies for the confinement of inmates include obligations for the contractor to adopt and comply with PREA standards. The policy requires these obligations for any private entity or other entity, including government agencies whom the agency contracts for the confinement of its inmates. The Agency's policy allows for the PDOC to enter a contract with a private agency or other entity who may not be PREA compliant only in emergency circumstances and after reasonable attempts to find a PREA compliant private agency or other entity have failed. The policy requires all unsuccessful attempts to locate an agency or entity in compliance with PREA standards be documented.</p> <p data-bbox="242 586 1437 745">The agency's policy requires the PREA Compliance Division, in consultation with the Bureau of Community Corrections Contract Facility Coordinator, provide for contract monitoring to ensure contract service providers are complying with the PREA standards with any new contract or contract renewal. Monitoring activities are required to be documented on the PREA Contract Compliance Monitoring Report. Policy dictates contract monitoring is conducted between August 20 and October 31 of each audit year.</p> <p data-bbox="242 777 488 806">Evidence Relied Upon:</p> <p data-bbox="242 835 932 864">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 2 pg. 1-2</p> <p data-bbox="242 893 1139 922">Statement of Work Residential Housing and Treatment Invitation to Qualify (ITQ) Contract</p> <p data-bbox="242 952 491 981">2019 Contract Renewals</p> <p data-bbox="242 1010 719 1039">PREA Contract Compliance Monitoring Reports</p> <p data-bbox="242 1068 464 1097">Analysis/Reasoning:</p> <p data-bbox="242 1126 1485 1384">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 Scanton, 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.</p> <p data-bbox="242 1415 1469 1543">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.</p> <p data-bbox="242 1574 1449 1666">The Auditor did not interview the contract monitor as he has been interviewed during previous PDOC PREA audits during this cycle. The Contract Monitor is fully aware of the requirements in the PDOC policy to monitor contract compliance. Contract monitoring is performed by the Chief of Accrediation and the PREA Coordinator.</p> <p data-bbox="242 1697 1490 1890">The Auditor reviewed PREA Contract Compliance Monitoring Reports. 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.</p> <p data-bbox="242 1921 373 1951">Conclusion:</p> <p data-bbox="242 1980 1490 2072">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.</p>

115.13	Supervision and monitoring
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 459 300">Auditor Discussion:</p> <p data-bbox="240 331 1458 456">The Pennsylvania Department of Corrections has a policy which requires each facility in the agency to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect inmates against sexual abuse. Agency policy requires the following considerations when determining staffing levels and video monitoring needs:</p> <ul data-bbox="284 510 1481 869" 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="240 900 1474 1061">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 1093 1474 1218">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 1272 1458 1429" 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 1460 1490 1487">Policy requires the following rounds be conducted to identify and deter staff sexual abuse and sexual harassment of inmates:</p> <ul data-bbox="284 1541 1433 1697" 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 1729 1484 1890">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 1921 1468 1980">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 2011 488 2038">Evidence Relied Upon:</p> <p data-bbox="240 2069 954 2096">Policy – 6.3.1 Facility Security Procedures Manual, Section 15 pg. 1-12</p> <p data-bbox="240 2128 1043 2154">Policy – 6.3.1 Facility Security Procedures Manual, Section 15, Attachment 15-B</p>

Policy – 6.3.1 Facility Security Procedures Manual, Section 15 Attachment 15-A 16

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

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

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

Supervision and Monitoring Worksheet

Daily Bed Availability Report

Tour Logbooks

PREA Compliance Manager Monthly Reports

PREA Tour Assignments Sheets

Staffing Survey

Staffing Plan Request

Volunteer Overtime List

Overtime Mandate List

Shift Rosters

Overtime Tracking and Justification

PREA Administrative Tour Area Schedule

PREA Administrative Tour Documentation Form

Interviews with Staff

Interviews with Inmates

Observations

Analysis/Reasoning:

The Auditor reviewed the facility's staffing survey. The staffing survey requires 364 total security staff to man security posts. The facility's staffing plan requires 603 total staff, including provisions for administrative, support, and security positions on all shifts in all facility areas. There are 364 security and 239 non-security positions authorized. The staffing plan was predicated utilizing the facility's operational capacity (1682) as the basis for the staffing plan. The SCI - Muncy 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 48 vacant positions. There are 16 vacant security and 32 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 (1682) and total authorized positions (603):

- one staff member for every 2.8 offenders

The following denotes the staff to offender ratio utilizing the current number of offenders (969) and current number of staff (555):

- one staff member for every 1.7 offenders

The following denotes the staff to offender ratio utilizing the authorized security positions (364) and the current number of offenders (969):

- one staff member for every 2.7 offenders

The following denotes the staff to offender ratio utilizing the authorized security positions (364) and designed capacity (1682):

- one staff member for every 4.6 offenders

The following denotes the staff to offender ratio utilizing the current number of security personnel (348) and current number of inmates (969):

- one staff member for every 2.8 offenders

The facility reported the average daily population for the previous 12 months is 1050. The Auditor calculated the staff to offender using the average daily population. The following was determined:

- one staff member for every 1.7 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 2.9 offenders utilizing the authorized security positions
- one staff member for every 3 offenders utilizing the current number of security staff

At the time of the audit the facility was operating at 8% below its staffing level. The facility was operating at 4% 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 staffing plan review was performed in August 2020 and finalized with the EDSI/Regional Deputy Secretary's review in September 2020. 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 potential blind spots and discussed how to address those blind spots. The review team discussed and documented the review of a previous substantiated incident of sexual abuse that occurred since the last review. The team discussed other allegations of sexual abuse in an attempt to discover patterns. The team identified most allegations occur inside of cells.

The annual staffing plan review consisted of a review of the facility's monitoring technologies. The team noted a challenge to viewing video footage with the facility's analog video monitoring system. The review included the facility submitted a request to upgrade the system. The team documented the facility mitigates the monitoring system with increased staff presence in specific areas, staff-inmate ratios in specific areas, restricting inmate access in specific areas, and the deployment of the Onboard Pipe System. The facility's formatted PREA Supervision and Monitoring Worksheet (annual review) includes 18 questions for the review to consider. All bulleted items listed above were documented in the annual staffing plan review.

The Auditor reviewed the facility's PREA Administrative Tour Area Schedule. The schedule 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 logbooks in living units and observed supervisors notate PREA rounds in the log. Notations of facility supervisor's unannounced rounds were observed by the Auditor.

The PREA Compliance Manager completes a monthly report of activities. Among other key agency personnel, a copy of the report is forwarded to the PREA Coordinator. The Auditor observed the report includes a review of monthly selected PREA standards, investigations, closed investigations, and notifications of allegations to and from other facilities. The PCM is required to submit the report by the 10th day of each month. The Auditor observed evidence the PREA Compliance Manager considered video monitoring capabilities in the report.

The Auditor observed the facility's Overtime Mandate List. The facility maintains a list of all employees who are utilized to fill vacant positions. If staff are absent from duty the facility fills vacant posts with staff volunteers or a staff member from the Overtime Mandate List. The Mandate List includes all staff members seniority date and the date the staff member was mandated to work. The facility tracks volunteer overtime on a Volunteer Overtime List. The list includes the staff member's

name, date/time worked and shift worked. Shift rosters notated the staff member mandated for overtime. Supervisors attempt to fill vacant positions with staff who volunteer to work overtime. If positions are vacant after accepting volunteers the supervisors will utilize staff from the mandate list. The facility makes its best efforts to fill all vacant positions daily. All mandates are tracked using an overtime tracking and justification sheet. The Auditor observed the sheets that reveal the facility is filling vacant positions with overtime utilization.

The facility's staffing plan appears adequate to provide protection to inmates from sexual abuse. During a tour of the facility the Auditor observed staff making security rounds in living units and support areas of the facility. Staff were present in all areas toured by the Auditor. Security, medical and contract staff were observed interacting with the inmate population. The Auditor observed camera placements throughout the facility. Cameras and mirrors were 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 reported that supervisors do make unannounced security rounds. Supervisors informed the Auditor they make daily unannounced rounds throughout their assigned areas in the facility. Higher level supervisors are required to make weekly unannounced rounds throughout the facility. The Auditor asked supervisors how they keep staff from alerting other staff when they are making unannounced rounds. Supervisors 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 would 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 was aware the PDOC has a policy prohibiting them from alerting other staff of supervisory rounds.

The Auditor conducted formal and informal interviews with inmates. Inmates were asked if supervisors always announce their presence when entering a housing unit. Inmates informed the Auditor male supervisors announce their presence when entering housing units. The Auditor asked if female supervisors announce their presence when entering a living unit. Inmates stated female staff do not make announcements when they enter living units. The Auditor asked inmates if they feel safe in the facility. Most inmates informed the Auditor they do feel safe in the facility. Most inmates informed the Auditor staff are responsive, respectful and professional when dealing with inmates. Inmates reported they do see staff and supervisors entering living units, work areas and support areas in the facility.

The 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 – Muncy meets the requirements of this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1485 490">The agency has a policy which requires youthful inmates will not be placed in a housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through use of shared dayroom or other common space, shower area, or sleeping quarters. The policy requires staff maintain sight and sound separation between youthful inmates and adult inmates or provide direct security staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact in areas outside of housing units.</p> <p data-bbox="240 524 1485 613">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="240 647 488 674">Evidence Relied Upon:</p> <p data-bbox="240 707 932 734">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 7 pg. 1-2</p> <p data-bbox="240 768 437 795">Population Reports</p> <p data-bbox="240 828 628 855">Youthful Offender Education Schedule</p> <p data-bbox="240 889 655 916">Youthful Offender Housing Unit Schedule</p> <p data-bbox="240 949 443 976">Interviews with staff</p> <p data-bbox="240 1010 477 1037">Interviews with inmates</p> <p data-bbox="240 1070 464 1097">Analysis/Reasoning:</p> <p data-bbox="240 1131 1445 1301">The Auditor reviewed facility population reports from the previous 12 months. Population reports reviewed by the Auditor revealed the facility housed three youthful offenders in the previous 12 months. At the time of the audit there were two youthful offenders incarcerated at the facility. Both offenders were housed in a dedicated housing unit. The housing unit (Y.O.U.) is dedicated as a youthful offender unit. The housing unit has two separate living areas inside. One side houses offender age 18 to 21 while the other houses offenders under 18. The youthful offender side of the unit is out of sight and sound from the 18-21 year old offenders. There is a door that separates the two living areas.</p> <p data-bbox="240 1335 1493 1494">The facility reported an instance during an outbreak of COVID-19 where two youthful offenders were placed in an adult housing unit. At the time, the facility posted a staff member at the door of the youthful offenders. A staff member was required to remain at the door 24/7. The facility utilized this option until safe to return the youthful offenders to the Youthful Offender Unit. No adult offender had sight into either youthful offender's cell at the time of quarantine. Adult offenders were not allowed to interact with the youthful offenders while housed in the adult unit as a staff member was posted at the door.</p> <p data-bbox="240 1527 1485 1787">The Auditor conducted a formal interview with both youthful offenders. Each was asked if they have contact with adult offenders. The Auditor was informed they eat meals and attend classes with the 18-21 year old offenders. The Auditor was informed while eating and during classes a security staff member is present in the room for the duration. The Auditor observed the 18-21 year old housing unit housed three offenders at the time of the audit. The Auditor asked each youthful offender if they were housed with the 18-21 year old offenders. Each informed the Auditor they are not housed with any adults. Neither of the youthful offenders had been placed in segregated housing. Each youthful offender informed the Auditor they attend programs and education each day, Monday through Friday. When asked if they receive recreation each stated they are provided access to recreation, to include exercise equipment.</p> <p data-bbox="240 1821 1493 1980">The Auditor conducted a formal interview with security staff who supervise youthful offenders and staff who perform education and programming services for youthful offenders. The Security staff member stated she remains with the youthful offenders during recreation, meals and during classes. The staff member stated the youthful offenders are housed separately from the young adult offenders (18-21). The Auditor was informed youthful offenders attend education and programming Monday through Friday. They also receive access to recreation areas and activities. Recreation is supervised by staff.</p> <p data-bbox="240 2013 1493 2170">The Auditor interviewed a staff member who supervises inmates in the Restricted Housing Unit (RHU). 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 RHU. RHU staff informed the Auditor the youthful offender housing unit has its own restrictive housing cell in the event a youthful offender required such housing. The Auditor observed the restrictive housing cell in the youthful offender unit during a tour of the facility. No youthful offender had been placed in the restrictive cell.</p>

The Auditor reviewed the Y.O.U. schedule. A review of the schedule reveals youthful offenders receive access to recreation and other activities on a daily basis. The Y.O.U. education schedule reveals youthful offenders receive 3 hours of education each day, Monday through Friday. Educational classes are taught by the Department of Education personnel.

Conclusion:

The Auditor reviewed agency policies, procedures, population reports, schedules, and interviewed staff and inmates to determine the facility meets the requirements of this standard. Although the facility housed a youthful offender in an adult unit, the facility took steps to restrict sight and interaction with adult inmates. The facility does not routinely house youthful offenders with adults. The facility determined to adjust housing during a COVID-19 outbreak to mitigate the risks of infection. The Auditor determined the SCI - Muncy meets the requirements of this standard.

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="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1485 555">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="240 589 1437 678">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="240 712 1485 936">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="240 969 1406 996">PDOC policy requires staff of the opposite gender to announce their presence when entering an inmate housing unit.</p> <p data-bbox="240 1030 488 1057">Evidence Relied Upon:</p> <p data-bbox="240 1090 970 1117">Policy – 6.3.1 Facility Security Procedures Manual, Section 15 pg. 2, 3, 8</p> <p data-bbox="240 1151 983 1178">Policy – 6.3.1 Facility Security Procedures Manual, Section 30 pg. 12 – 24</p> <p data-bbox="240 1211 919 1238">Policy – 6.3.1 Facility Security Procedures Manual, Section 47 pg. 1</p> <p data-bbox="240 1272 932 1299">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 8 pg. 1-3</p> <p data-bbox="240 1332 970 1359">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 19 pg. 2, 8-9</p> <p data-bbox="240 1393 603 1420">Gender Specific Posts Assignments</p> <p data-bbox="240 1453 628 1480">Cross-Gender Search Validation Form</p> <p data-bbox="240 1514 647 1541">Opposite Gender Announcement Poster</p> <p data-bbox="240 1574 501 1601">Housing Unit Post Orders</p> <p data-bbox="240 1635 373 1662">Shift Rosters</p> <p data-bbox="240 1695 494 1722">Training Instructor Guide</p> <p data-bbox="240 1756 443 1783">Training Curriculum</p> <p data-bbox="240 1816 411 1843">Training Rosters</p> <p data-bbox="240 1877 478 1904">Interviews with Inmates</p> <p data-bbox="240 1937 446 1964">Interviews with Staff</p> <p data-bbox="240 1998 379 2024">Observations</p> <p data-bbox="240 2058 466 2085">Analysis/Reasoning:</p> <p data-bbox="240 2119 1485 2157">The Auditor reviewed shift rosters. All shifts maintain a balance of female staff to ensure inmates are searched by a staff member of the same gender. The SCI-Muncy is a female only facility and does not house male inmates. The Auditor verified no males were housed in the facility by reviewing population reports, speaking to staff and inmates, and reviewing rosters</p>

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 male offender. At the time of the audit the facility housed one inmate who identified as a trans-female. The offender had previously had gender reassignment surgery.

Interviews with inmates reveal they can shower, perform bodily functions, and change clothing without security staff of the opposite gender seeing them do so. One offender informed the Auditor staff could see them in the shower from the control bubble. The Auditor confirmed staff could not see into the shower from the control bubble. No inmate stated they had been fully naked in the presence of a male staff member, unless incidental to a routine security check. The majority of inmates stated staff of the opposite gender announce their presence when entering living units. Inmates were asked if male staff conduct strip-searches in the prison. No inmate interviewed by the Auditor had been strip-searched by a male staff member and none had seen or heard of male staff conducting strip-searches. The Auditor asked if male staff were present when strip-searches were being performed. The Auditor was informed a male staff member may be present but not in the immediate area and could not observe the strip search taking place. Several offenders who have been incarcerated in the facility prior to the enactment of the Prison Rape Elimination Act stated they had been pat searched by male staff. Upon further questioning it was determined none had been pat searched since the enactment of PREA.

Interviews with male and female staff members reveal male staff are not permitted to perform cross-gender pat-down searches or strip-searches, absent exigent circumstances. The facility utilizes a body scanner in the intake area. Female staff operate the body scanner. Body cavity search may only be performed by a medical professional. The Auditor asked each staff member if inmates were able to shower, perform bodily functions, and change clothes without them seeing the inmate fully naked. Each staff member interviewed informed the Auditor inmates can do so. The Auditor asked each male staff member if they announce their presence when entering a living unit. Each male staff member stated they do announce their presence when entering opposite gender living units. Female staff were asked if male staff members announce their presence when entering male living units. They informed the Auditor males do announce their presence when entering female living units. The Auditor observed signs posted at the entrance of each living unit informing male staff members to announce their presence before entering the living unit.

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

The Auditor toured the facility's security office. The security office is responsible for reviewing all video cameras in the facility. While in the room the Auditor asked the staff member to pull up various cameras in the living units. The Auditor observed none of the cameras view into shower or restroom areas. The facility has several cells that have cameras inside. Staff are unable to view the cameras. The cameras are no on the live feed system and only record in the event an incident occurs in the cell. The Auditor observed all cameras while touring the facility. The Auditor reviewed the gender specific post list. The gender specific posts ensures a male staff member does not work a post where a female inmate may be observed naked.

A review of facility Post Orders reveal staff are informed of the agency's policy regarding cross gender searches. The post order states, "Staff shall not conduct cross gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners in accordance with Department policy 6.3.1 Facility Security." The post order further stipulates staff may not perform a cross-gender pat search of a female inmate. The post order defines exigent circumstance as, "Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of the facility." The Auditor specifically asked male staff if they had ever conducted a strip-search of a female inmate. The Auditor was informed they had not done such. The Auditor specifically asked inmates during interviews if they had ever been strip-searched by a male staff member or had been fully naked in the presence of a male staff member. No inmate stated they had been strip-searched by a male staff member or had ever been naked in the presence of a male staff member.

The facility reported no cross-gender strip or cross-gender visual body cavity searches had been conducted during the previous 12 months. Female staff are called to respond to areas where male staff are assigned in the event a pat or strip-search is required. Staff are required to document any cross-gender searches on a Cross-Gender Search Validation Form. 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. Shower areas in all living units are protected with a shower curtain or door that allows the inmate privacy. Staff can only see inmate from her knees down and shoulders up. Restrooms are protected with either a door or curtain that allows privacy. Inmates in all facility areas can

shower and use the restroom without male 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. Housing Unit post orders inform all male staff must announce their presence 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 male staff they are prohibited from conducting pat searches and unclothed searches of female 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. Male staff informed the Auditor they had been trained to conduct pat searches of female inmates and informed there is enough female staff present and they do not need to conduct such a search.

The Auditor conducted interviews with two transgender inmates. The Auditor asked each how they are searched. Each inmate stated they are pat searched and strip searched by female staff. Each stated the searches are conducted appropriately and professionally. Transgender inmates informed the Auditor staff treat them professionally and respectfully. None of the transgenders felt as if they were searched for the sole purpose of determining their gender. Each transgender inmate stated they are given the opportunity to shower separately from other inmates.

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 Agency has designated the following posts as gender specific at the SCI - Muncy:

- Housing Units, Including Segregated Housing
- Hospital Utility
- POC
- Search Team
- C & P End Rover
- Chapel Rover
- Utility Escorts
- Constant Watch
- 1 Female Officer Per Hospital Trip
- RISP
- Receiving and Discharge
- Rear Compound Rover
- Flex Utility
- Visiting Room COI
- RHU Activities Utility

Conclusion:

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

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The agency has a policy that stipulates the department will ensure inmates with disabilities have and equal opportunity to participate in or benefit from all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy requires written materials either be delivered in alternative formats that accommodate the inmate's disability or the information shall be delivered through alternative methods, such as reading it to the inmate or communicating through an interpreter, which ensures the understanding of the PREA-related material.</p> <p>The agency's policy requires each facility manager or designee to ensure local procedures are developed, if needed, and maintained to ensure compliance with the agency's policy. It also requires each facility follow Management Directive 205.32, Hiring Sign Language Interpreters and Transliterators. The SCI – Muncy does not maintain a local policy to address inmates with disabilities. The SCI – Muncy adheres to the agency policy regarding these inmates.</p> <p>The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and those who have mental/physical impairments. Facilities are required to ensure each inmate with a qualified disability is housed in a manner that provides for his/her safety and security. Facility must make reasonable accommodations if the accommodations pose no direct threat to the individual requesting the accommodation or cause an undue hardship on the department. Policy stipulates no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of the department.</p> <p>The following appropriate accommodation measures are outlined in the agency's policy:</p> <ul style="list-style-type: none"> • Auxiliary aids • Braille • Services • Specific housing • Transfers • Special equipment • Specific job and programming placements • Qualified interpreters <p>Policy defines a qualified interpreter as, "An interpreter for the deaf or hard of hearing who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary."</p> <p>Policy requires reasonable steps to ensure meaningful access to all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide qualified interpreters. It is the responsibility of the PREA Compliance Manager to ensure that only staff members or 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.</p> <p>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.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 4 pg. 1</p> <p>Policy – DC-ADM 006 Reasonable Accommodations for Inmates with Disabilities pg. Section 1 – 3</p> <p>Governor's Office Management Directive 205.32</p> <p>Braille and Spanish Inmate Intake Handout</p> <p>Propio Language Services, LLC. Contract</p> <p>Propio Language Services, LLC. Purchase Order</p>

Propio Language Services Instruction Card

Staff Interpreter List

PDOC Foreign Language Directory

PREA Posters

Inmate Handbook

Inmate Education Booklet

Facility Email

Comprehensive Education Video

PREA Inmate Education Verification Form

Interviews with Staff

Interviews with Inmates

Observations

Analysis/Reasoning:

The Agency's policy includes provisions to house inmates in facilities designated to house inmates with specific disabilities. The SCI-Muncy and SCI-Cambridge Springs is designated in the agency's policy to house female inmates with a qualified mental and/or physical disability. SCI-Muncy is designated to house qualified deaf and hard of hearing female inmates. 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. 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 which is provided by the nurse during the intake process. The brochure is written in English and Spanish. The facility maintains PREA posters written in English and Spanish. Staff read the information from the PREA Inmate Intake Handout to an inmate who is vision impaired. The facility will assign a staff member to ensure an inmate with an intellectual or psychiatric disability understands the facility's PREA information through a one-on-one session with the inmate. The facility has the option to transfer inmates to another PDOC facility designated to house female inmates if the inmate meets a specific 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 facility maintains information in Braille for inmates who are blind. The agency has a contract with Propio Language Line Services, LLC to provide translation services through the telephone. 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-Muncy employs bilingual staff who can interpret for non-English speaking inmates. There are currently ten staff who speak Spanish, two who speak German, one who speaks Russian and one Sign Language. The agency maintains a list of agency staff and the languages spoken by those staff members. The Auditor observed 282 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 maintains a Foreign Language Employee List. The Auditor observed 14 staff members at the SCI – Muncy are bilingual. Between the 14 staff members there are 3 languages spoken, German, Russian and Spanish. One of the 14 staff members performs sign language. The facility has three TTY machines 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 by a counselor in her office in the housing unit that houses new arrivals. When groups of inmates arrive, the education is performed in the dayroom with the group. 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 with the counselor. During interviews with inmates the Auditor was informed the comprehensive educational video is played on a continuing loop throughout the facility. Inmates randomly selected by the Auditor stated they watched the comprehensive educational video within a couple days of arrival. One inmate stated she had not watched the video. The Auditor observed the inmate had signed the acknowledgement form verifying her attendance.

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 – Muncy. Each inmate interviewed was knowledgeable regarding the facility's policies and procedures to prevent, detect and respond to sexual abuse and sexual harassment.

The Auditor conducted an interview with one inmate who was hard of hearing. The inmate was able to read the informational brochure provided during the booking process. The inmate informed the Auditor she attended the comprehensive education in the counselor's office and was able to benefit from the education and video. The inmate informed the Auditor the video was closed captioned. The inmate understands her rights and the facility's policies related to sexual abuse and sexual harassment prevention, detection and response. The inmate understands how to report allegations of sexual abuse and sexual harassment. The inmate has seen and read PREA posters throughout the facility. At the time of the audit there was no inmate housed who was blind or deaf.

The Auditor interviewed one inmate with an intellectual disability and one inmate with a mental disability. Each inmate received written information upon arriving at the SCI – Muncy. Each inmate attended the comprehensive education session with the counselor. The Auditor asked each inmate specific questions related to the facility's policies and procedures to address sexual abuse and sexual harassment related incidents. One inmate was able to articulate answers that align with the facilities policies and procedures related to such. The other inmate was able to comprehend some of the information. The inmate was housed in a secure area and in a single cell. Both inmates understand how to report sexual abuse and sexual harassment allegations.

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 she will read the information 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 she uses the language line. 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 one inmate who was identified as limited English proficient. The Auditor was able to communicate with the inmate. The inmate was asked if she was provided the PREA Inmate Intake Handout upon arrival. The inmate stated she did receive the handout and it was provided to her in English. The inmate informed the Auditor she does read English and if she does not understand a word she asks staff for help. The Auditor asked the inmate if she attended a comprehensive education in the Education Building. The inmate did attend the education session. The education was provided in English. The inmate was able to articulate an understanding of the facility's policies and procedures related prevention, detection and response to sexual abuse and sexual harassment.

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, excluding one stated they do not rely on inmate interpreters. One staff member stated if he could not communicate with the inmate another inmate may be used to translate.

The Auditor toured all areas of the facility, including the housing unit for new arrivals. New arrivals are brought to the housing unit for quarantine and classification. 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 a dayroom with sufficient seating, a video player and monitor, if needed. 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. A majority of inmates informed the Auditor facility staff provide assistance and had confidence in staff's ability to address and respond to allegations of sexual abuse and sexual harassment. The Auditor determined facility staff is accommodating to the needs of the inmate population and ensure each benefit from the agency's PREA information and educational materials.

The Auditor observed the facility has a Propio Language Service Instruction card. The card provides staff the telephone number to access language line services. The card includes the list of the top languages with the access code. There are instructions for the staff member who is placing a call to the language line. The Propio Language Service Instruction Cards are provided to staff. The Auditor observed the facility had not utilized the language line in the previous 12 months. The facility reported it has not housed an inmate that does not understand English in the past 12 months.

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, work and service areas. All posters and other posted PREA material were observed written in English and Spanish. The inmate population were aware the materials were posted in the various areas of the facility.

Conclusion:

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

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1434 389">The Pennsylvania Department of Corrections policy prohibits hiring or promoting anyone or enlisting the services of any contractor, who may have contact with inmates who:</p> <ul data-bbox="280 443 1474 602" style="list-style-type: none"> <li data-bbox="280 443 1394 501">• 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 <li data-bbox="280 510 1474 602">• Has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse. <p data-bbox="240 633 1493 860">Agency policy requires considerations of any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The policy requires a criminal background records check be conducted before hiring any new staff member who may have contact with inmates. Policy also requires the agency to make its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State and local laws. The Human Resource Offices is responsible for sending a PREA Consent to Release of Information Form to the applicable Human Resource Office.</p> <p data-bbox="240 891 1498 1084">All PDOC personnel are entered into the Justice Network System. The system alerts the PDOC whenever a staff member has been arrested and/or charged with a crime. PDOC employees are responsible for reporting any negative contact with law enforcement to their supervisors, security or designee no later than the next business day. The agency issues contractors a facility clearance, valid for 24 months. The policy stipulates all non-department staff must have an active clearance before they are issued/reissued a department photo ID. A criminal record check is conducted on each contractor every two years before renewal.</p> <p data-bbox="240 1115 1457 1240">The Agency asks all applicants who may have contact with inmates directly about previous misconduct as listed above, in the agency's written employment application. In addition, the application asks, "Have you had substantiated against you allegations of sexual harassment in the workplace, or have you ever resigned during a pending investigation of sexual harassment?".</p> <p data-bbox="240 1272 1469 1397">The Pennsylvania Department of Corrections Code of Ethics states, "Employees will promptly report to their supervisor any information which comes to their attention and indicates violation of the law, rules, and/or regulations of the Department of Corrections by either an employee or an inmate, and will maintain reasonable familiarity with the provisions of such directives."</p> <p data-bbox="240 1429 488 1456">Evidence Relied Upon:</p> <p data-bbox="240 1487 976 1514">Policy – 4.1.1 Human Resources and Labor Relations, Section 40 pg. 1-3</p> <p data-bbox="240 1545 956 1572">Policy – 4.1.1 Human Resources and Labor Relations, Section 41 pg. 1</p> <p data-bbox="240 1603 943 1630">Policy – 4.1.1 Human Resources and Labor Relations, Section 3 pg. 1</p> <p data-bbox="240 1662 804 1688">Policy – 1.1.4 Centralized Clearances, Section 4 pg. 1-8</p> <p data-bbox="240 1720 924 1747">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 4</p> <p data-bbox="240 1778 526 1805">PDOC Code of Ethics, pg. 4</p> <p data-bbox="240 1836 558 1863">Position Vacancy Interest Form</p> <p data-bbox="240 1895 520 1921">Application for Employment</p> <p data-bbox="240 1953 520 1980">PREA Prior Employer Form</p> <p data-bbox="240 2011 748 2038">Centralized Clearance Check Information Request</p> <p data-bbox="240 2069 732 2096">Employee Performance Review Process, pg. 3-4</p> <p data-bbox="240 2128 544 2154">Employee Personnel Records</p>

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 20 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 were included in the notification. The emails included the employee number. The Auditor could not identify the specific employees as the Auditor is not aware of employee assigned numbers.

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

The Auditor 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. A review was conducted of 20 contractor records. Criminal history record checks are performed every two years on all contractors. They are issued a clearance for a 24-month period and must complete the criminal history records check prior to being issued a new clearance. The Auditor conducted interviews with contractors. Contractors informed the Auditor they sign a release form allowing the facility to conduct a criminal records background check. Contractors were aware the facility conducts these checks every two years before renewing their clearance. Contractors 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.

The Auditor conducted a formal interview with the facility's Human Resources staff member. She confirmed the facility provides information to other confinement facilities after receiving a request regarding information that a former SCI - Muncy employee had applied for employment with that confinement facility. The Human Resources staff member 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, the HR staff member explained the facility notifies other confinement facilities of a resignation during a pending investigation of sexual abuse of a former SCI - Muncy employee. The SCI - Muncy requests such information from other confinement facilities when applicants have previously worked at a confinement facility.

The Auditor asked the HR staff member 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. The Auditor was informed the facility conducts a background check on all contractors prior to allowing them entry into the facility. The HR staff member 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 - Muncy 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 the agency's policies and procedures, employment records, criminal background records documentation, personnel and contractor records, and interviewed staff and determined the facility meets the requirements of this standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency's policy is to consider the effect of the design, acquisition, expansion, or modification upon the department's ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. The policy stipulates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department's ability to protect inmates from sexual abuse.</p> <p>Policy requires the involvement of the PREA Coordinator or the facility PREA Compliance Manager in the decision-making process. The involvement is required to be documented in meeting minutes, memorandum, or other written form.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 6 pg. 1</p> <p>Review of Counseling Services Building Camera Plan</p> <p>Counseling Services Building Camera Plan</p> <p>Preliminary Drawings</p> <p>Emails</p> <p>Security Review Committee Assessment Minutes</p> <p>Observations</p> <p>Interviews with staff</p> <p>Analysis/Reasoning:</p> <p>The agency is currently adding a new building at the SCI - Muncy. The building is roughly 1,747 square feet and will serve as a counseling/programming area for the population. The Auditor reviewed the drawings of the new construction. The building has five group rooms, six offices, staff restroom, inmate restroom, storage room, computer room, janitorial closet and a mechanical room. Entrance to the mechanical room is accessed by an exterior door. The building has two entrance/exits on each end at the front of the building.</p> <p>The agency is installing cameras in the building. The Auditor reviewed the camera plan for the new construction. The preliminary plan includes 18 interior and one exterior camera. Interior cameras are strategically placed to view all areas in the hallway, group rooms, interior/exterior doors, janitorial closet, computer room and storage room. The Auditor reviewed a letter from the PREA Coordinator to the Superintendent. The letter informs the Superintendent he reviewed the facility's Counseling Services Building Camera Plan. In the letter, the PREA Coordinator states, "The new building's design and camera installation maximize visibility and reduce potential blind spots, enabling the prevention and detection of sexual abuse consistent with the provisions of PREA standard §115.18."</p> <p>The Auditor reviewed emails from the PREA Compliance Manager to the PREA Coordinator. The emails reveal the PREA Compliance Manager and PREA Coordinator are both involved in the design phase of new construction and camera considerations and placements. The email chain discusses the possibility of windows in rooms/offices. The PREA Coordinator discussed options to decrease the opportunity for sexual abuse in the email chain. The PREA Compliance Manager informed the Auditor the PREA Coordinator is included in each phase of planning and construction. The PREA Coordinator informed the Auditor he communicates with the PREA Compliance Manager and Superintendent during the entire planning and construction.</p> <p>The Auditor reviewed the minutes of the facility's Security Review Committee. The May 2021 minutes include information regarding an upgrade to the facility's video monitoring system. The facility upgraded the monitoring system in the Administration Building from analog to digital. The minutes discuss the facility's plan to upgrade the entire facility's video monitoring from analog to digital. The upgrade will improve the ability to prevent and detect incidents of sexual abuse. The minutes also discuss the installation of the PIPE system. The PIPE system electronically records staff security rounds. The PIPE system was installed in all facility housing units.</p> <p>The Auditor participated in a tour of the new construction building. The Auditor observed the cameras throughout the facility</p>

while touring all facility areas.

Conclusion:

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.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections has a policy that requires all victims of sexual abuse access to forensic medical examinations provided by a community based medical facility, at no cost to the victim. Forensic medical examinations conducted at the hospital are performed by a Sexual Assault Nurse Examiner. Policy requires collaboration with the Pennsylvania Coalition Against Rape (PCAR) and its member centers. The PCAR provides victim advocacy to inmate victims of sexual abuse.</p> <p>Agency policy states the department shall follow a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions to the extent it conducts investigations. The protocol is required to be appropriate for youth, where applicable.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 1-2</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 1-3, 5-6</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 15 pg. 2</p> <p>18 P.S. 11.707 and 37 PA Code 411.42</p> <p>PREA Lieutenant Position Description</p> <p>MOU and Ammendment with Pennsylvania State Police</p> <p>Letter to Pennsylvania State Police</p> <p>PCM Monthly Report</p> <p>Email Notifications to Pennsylvania State Police</p> <p>Investigative Report</p> <p>Shift Commander Checklist</p> <p>Instructions for PREA Evidence Collection</p> <p>Initial Response Checklist – Alleged Victim</p> <p>Initial Response Checklist – Alleged Abuser</p> <p>Instructions for PREA Evidence Retention</p> <p>Letter of Agreement with Williamsport Regional Medical Center</p> <p>Letter of Agreement with Wise Options</p> <p>Interview with Sexual Assault Nurse Examiner</p> <p>Interview with Victim Advocate</p> <p>Interview with Investigator</p> <p>Interview with Medical Practitioners</p> <p>Interview with Inmate</p> <p>Analysis/Reasoning:</p> <p>The SCI-Muncy 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.</p>

The Auditor reviewed the Letter of Agreement between the Pennsylvania Department of Corrections and Wise Options. The most recent version of the agreement was signed on June 20, 2014 and remains in effect. The Letter of Agreement stipulates the following services will be provided by Wise Options:

- 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 Lycoming County and provide the Department with a list of current advocates;
- Maintain confidentiality as required by state standards for certified crisis counselors and Wise Options policies and procedures; and
- Wise Options will provide the necessary release forms to the advocate on behalf of an offender.

The Letter of Agreement with Wise Options stipulates the Agency will:

- Provide Wise Options designated staff with a tour of SCI – Muncy and with basic information concerning its organization;
- Notify Wise Options when it receives an allegation of a sexual assault occurring at any Department facility in Lycoming County;
- Permit a representative of Wise Options 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 assault agrees to meet with the Wise Options representative, such meeting can be conducted safely and the victim either cannot leave the Department facility to meet with the Wise Options or Wise Options and the victim agree to meet at the Department facility;
- Permit Wise Options 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, its staff, contractors, volunteers or other inmates or residents;
- Provide Wise Options with training regarding the safety and security rules governing Department facilities; and
- Cooperate with Wise Options 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 Auditor conducted a telephone interview with a representative from Wise Options. The representative confirmed Wise Options conducts meetings with inmates at the facility and through telephone. The Auditor was informed representatives visit the facility to speak with victims as determined. The representative confirmed the organization has met with inmates at the facility and during a forensic examination. The representative confirmed an advocate is allowed to accompany a victim during the forensic examination at the victim's request. The Auditor asked who contacts Wise Options following an incident of sexual abuse. The Auditor was informed either the facility or the hospital. The PREA Compliance Manager sends a list of victims who request Wise Options services to the organization. Any inmate who requires immediate crisis intervention can request to call Wise Options and do so in the Psychologist or Counselors office.

The Auditor reviewed the Letter of Agreement between the Pennsylvania Department of Corrections and the Williamsport Regional Medical Center. The agreement was signed June 26, 2014. The Letter of Agreement stipulates "An offender who is the victim of an alleged sexual abuse may be transported to Hospital for a sexual assault forensic examination. Hospital

employs and/or has issued credentials to one or more certified sexual assault nurse examiners." The MOU further stipulates the hospital will examine a victim of an alleged sexual abuse committed in a state correctional institution, community corrections center or community contract facility who present themselves to the hospital within 96 hours of the alleged abuse.

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 reported two inmates were sent for a sexual assault forensic examinations in the previous 12 months. The Auditor attempted to conduct an interview with one of the alleged victims. The inmate declined to participate. The other inmate was sent for an examination and recanted her statement prior to an examination. The Auditor reviewed the documents associated with both alleged incidents. The SANE determined not to conduct a forensic examination on the alleged victim based on statements made by the alleged victim. The SANE conducted a routine examination of the alleged victim. Records reveal the facility immediately contacted Wise Options following the allegation. A victim advocate's presence was not requested by the alleged victim as the SANE determined not to conduct a forensic examination. Records reveal the PSP was immediately notified following the allegation. Both cases were determined unfounded and PSP considered criminal charges against one inmate for false reporting.

A review of records reveal the facility appropriately collected physical evidence as required in the evidence collection instructions. The Initial Response Checklists reveal the evidence was collected utilizing the following steps:

- A linen sheet was placed on the floor
- A paper sheet was placed over the linen sheet
- The inmates were instructed to remove their clothes
- Inmates were instructed to remove their clothing items one at a time and place them in individual evidence bags
- A Commissioned Officer sealed each evidence bag with evidence tape and properly marked each
- New clothing was issued to each inmate
- Evidence bags were placed in the evidence box
- The evidence box was secured with a Receipt for Property fixed to the top
- The evidence box was secured in the Security Office for retention and subsequent transfer to PSP

The Auditor conducted a formal interview with SCI – Muncy Sexual Abuse Investigators. The Auditor was informed there were two sexual abuse allegations that were reported in a time that allowed for the collection of evidence. The Investigators stated both alleged victims were transported to the hospital for a forensic examination. In both cases, the Pennsylvania State Police was immediately notified. The Investigators informed the Auditor the PSP considered charges against one alleged victim for falsely reporting an allegation. Both allegations were unfounded. Investigators stated the criminal investigator allows a victim advocate to be present 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 examinations in accordance with the Letter of Agreement. The Auditor asked if the facility has contacted the hospital for a forensic examination. The Auditor was informed there have been offenders transported to the hospital for a forensic examination in the past 12 months. The SANE stated she allows a victim advocate to be present during the examination if the victim requests such. She 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 – Muncy 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.

Conclusion:

The SCI - Muncy 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 the Williamsport Regional Medical Center. The Auditor reviewed agency policies, procedures, position descriptions, Letters of Agreements, investigative reports, emails, conducted interviews, and determined

the facility meets the requirements of this standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy mandates every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved party and anonymous reports are investigated promptly, thoroughly, and objectively. Policy requires all allegations of potentially identified criminal behavior be referred by the Security Office to the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police. The PSP has the legal authority to conduct criminal investigations.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 1, 3-4</p> <p>PREA Tracking System</p> <p>MOU with Pennsylvania State Police</p> <p>Shift Commander Checklist</p> <p>Agency Website</p> <p>Email Notifications</p> <p>Investigative Reports</p> <p>Interview with Investigator</p> <p>Interview with Inmates</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the Pennsylvania Department of Corrections website. The website includes a link to the agency's policies regarding the conduct of investigating allegations of sexual abuse and sexual harassment. The policy stipulates the Security Office to the Bureau of Investigations and Intelligence (BII) or the Pennsylvania State Police will conduct criminal investigations. The policy outlines the duties of the Security Office during initial receipt of an allegation of sexual abuse and sexual harassment. 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>When prosecution is warranted, the SCI-Muncy Investigator notifies and cooperates with the Pennsylvania State Police Investigator. The SCI-Muncy Investigator halts administrative investigatory efforts during a criminal investigation. Any referrals of allegations to the Pennsylvania State Police are documented on the Shift Commander Checklist and are included in investigative reports.</p> <p>The SCI – Muncy reported 84 allegations of sexual abuse and sexual harassment were received during the previous 12 months. The SCI-Muncy Sexual Abuse Investigator informed the Auditor all allegations of sexual abuse and sexual harassment are forwarded to the Pennsylvania State Police 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 the BII has criminally charged one staff member for a criminal act of sexual abuse against an inmate. There have been no inmates charged with a criminal act of sexual abuse in the past 12 months. The BII criminal case against the former staff member for a sexual abuse was pending at the time of the audit. The Auditor conducted a formal interview with two facility Investigators. Investigators are aware of the requirement to inform the inmate victim of the criminal investigative results. Each Investigator stated PDOC policy requires all allegations of sexual abuse and sexual harassment be referred to the PSP. Each Investigator informed the Auditor the facility has a good working relationship with the facility assigned Pennsylvania State Police investigator.</p> <p>The Auditor conducted an interview with 4 inmates who reported an allegation of sexual abuse or sexual harassment that allegedly occurred at the facility. Each inmate informed the Auditor they met with the facility Investigator following the alleged incident. The Auditor asked how quickly the Investigator met with each inmate. Each alleged victim stated the investigator met with them the same day after making the allegation. Each inmate was asked if they were informed of the investigative results at the conclusion of the investigation. Two of the inmates received written notice of the investigative results. Two of the inmates have not received notice as both incidents were recent and are under criminal investigation. The Auditor reviewed the investigative records of both inmates whose allegations had been determined. Both were investigated promptly</p>

and thoroughly. The Auditor reviewed facility documents regarding the other two allegations. The investigator responded promptly and referred each allegation for criminal investigation.

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

Conclusion:

The Auditor concluded the SCI - Muncy is appropriately referring criminal allegations of sexual abuse and sexual harassment to the Pennsylvania State Police who has the legal authority to conduct criminal investigations. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency policies and procedures, facility website, investigative reports and interviewing inmates and staff the Auditor determined the facility exceeds the requirements of this standard. The facility forwards all allegations of sexual abuse and sexual harassment to the Bureau of Investigations and Intelligence and Pennsylvania State Police, even if the act does not appear to be criminal in nature to the facility investigator.

115.31	Employee training
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 459 300">Auditor Discussion:</p> <p data-bbox="240 331 1493 425">The Pennsylvania Department of Corrections policy stipulates staff at all department facilities receive standardized Basic Training and refresher training curriculum that addresses or exceeds the Prison Rape Elimination Act standards requirements for each facility type. The following topics are included in the policy requirements:</p> <ul data-bbox="284 474 1458 904" style="list-style-type: none"> • The zero-tolerance policy against sexual abuse and sexual harassment within the department; • How staff are to fulfill their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; • Inmates' right to be free from sexual abuse and sexual harassment; • The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; • The dynamics of sexual abuse and sexual harassment in confinement; • The common reactions of sexual abuse and sexual harassment victims; • How to detect and respond to signs of threatened and actual sexual abuse; • How to avoid inappropriate relationships with inmates; • How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and • How to comply with relevant laws of Pennsylvania related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="240 936 1489 1093">Policy stipulates during even numbered years, PREA education shall be provided in the form of a refresher or the initial basic staff training information for all staff members. Staff are required to verify they have received the updates and understand the information. During odd numbered years, PREA education is provided in the form of an update to policies for all staff members to ensure knowledge of the agency's current sexual abuse and sexual harassment policies and procedures. Staff are required to acknowledge receipt of the information in writing.</p> <p data-bbox="240 1124 1453 1218">The agency's training is tailored to the gender of the inmates at the employee's facility. It's the agency's policy to provide additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.</p> <p data-bbox="240 1249 488 1276">Evidence Relied Upon:</p> <p data-bbox="240 1308 943 1335">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 1-4</p> <p data-bbox="240 1366 504 1393">PowerPoint Presentations</p> <p data-bbox="240 1424 379 1451">Lesson Plans</p> <p data-bbox="240 1482 416 1509">Participant Guide</p> <p data-bbox="240 1541 405 1568">Instructor Guide</p> <p data-bbox="240 1599 536 1626">Electronic Acknowledgement</p> <p data-bbox="240 1657 778 1684">PREA Training and Understanding Verification Forms</p> <p data-bbox="240 1715 536 1742">Web-Based Training Reports</p> <p data-bbox="240 1774 536 1800">Training Attendance Records</p> <p data-bbox="240 1832 443 1859">Interviews with staff</p> <p data-bbox="240 1890 464 1917">Analysis/Reasoning:</p> <p data-bbox="240 1948 1485 2101">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:</p>

- 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. 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 had completed the training in 2021.

The facility's Pre-Audit Questionnaire reported 547 personnel who have contact with inmates. The Auditor reviewed training records from the previous 12 months. In-service records are maintained electronically. Records reveal the facility has trained 425 personnel to date in 2021. Training records reveal all staff received the training in 2020. 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 than each year. Staff informed the Auditor they routinely receive PREA information through the facility's email system.

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 – Muncy is designated as a female facility. When personnel are reassigned from an all-male facility to the SCI – Muncy they are provided training prior to working with the population. The Auditor reviewed the training 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. Training records reveal all staff at the SCI Muncy received the training. The Auditor observed training records revealing 34 staff were transferred to the SCI Muncy from Retreat. Each staff member was provided the WOPAC 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 and procedures, training materials, training rosters, Lesson Plans, PowerPoint Presentations and conducted interviews with staff and inmates and determined the facility meets the requirements of this standard.

115.32	Volunteer and contractor training
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 459 300">Auditor Discussion:</p> <p data-bbox="240 331 1481 456">The Pennsylvania Department of Corrections has a policy that requires all contractors and volunteers who have contact with inmates receive training on their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Contractors and volunteers are trained during orientation sessions and annual training reflective of the level of contract that they have with inmates.</p> <p data-bbox="240 488 1481 546">The agency's policy places contractors and volunteers in one of two categories, Level 1 or Level 2. These levels are defined as follows:</p> <ul data-bbox="282 600 979 658" style="list-style-type: none"> • Level 1 – high level of inmate contact (five or more hours per week) • Level 2 – sporadic level of contact (less than five hours per week) <p data-bbox="240 689 1465 882">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.</p> <p data-bbox="240 913 1449 972">Each facility's Volunteer Coordinator is required to maintain documentation of the volunteer training. Each facility's PREA Compliance Manager is required to maintain documentation of the contractor training.</p> <p data-bbox="240 1003 488 1030">Evidence Relied Upon:</p> <p data-bbox="240 1061 944 1088">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 4-5</p> <p data-bbox="240 1120 724 1146">Contractor/Volunteer PREA Training Curriculum</p> <p data-bbox="240 1178 632 1205">Contractor/Volunteer Training Records</p> <p data-bbox="240 1236 766 1263">PREA Training and Understanding Verification Form</p> <p data-bbox="240 1294 957 1321">PREA Training Acknowledgement of Understanding and Duty to Report</p> <p data-bbox="240 1352 517 1379">In-Service Training Rosters</p> <p data-bbox="240 1411 513 1438">Interviews with Contractors</p> <p data-bbox="240 1469 466 1496">Analysis/Reasoning:</p> <p data-bbox="240 1527 1471 1684">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 contractor 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:</p> <ul data-bbox="282 1738 868 1930" style="list-style-type: none"> • Policy Statement • Definitions • Prohibitions • Reporting Requirements • First Responder Duties • Acknowledgement of Understanding and Duty to Report <p data-bbox="240 1962 1471 2119">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. During the past 12 months, including at the time of the audit, the facility has not had a volunteer provide services in the facility.</p>

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 82 volunteers and contractors who have contact with inmates. The Auditor reviewed records revealing the volunteers and contractors are receiving the appropriate training. Level 1 contractors/volunteers attend PREA training in person at the agency's training academy. The initial training is the same training provided to all PDOC employees. Level 1 contractors/volunteers are provided supplemental training in the same manner as all PDOC employees. They receive training during even numbered years and a policy refresher during odd numbered years. The Auditor reviewed the electronic records showing all contractors and volunteers were provided initial PREA training and received supplemental training and information. The facility has contractors who have received the training and remain under constant staff supervision. Those contractors are completing various construction projects throughout the facility.

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 facility'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 - Muncy meets the requirements of this standard.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1489 524">It is the policy of the Pennsylvania Department of Corrections requiring each facility to provide inmates information explaining the PDOC's zero-tolerance policy regarding sexual abuse and sexual harassment. Each facility is required to provide inmates instructions on how to report incidents or suspicions of sexual abuse, sexual harassment or retaliation, and what to do if he/she is the victim or such. Policy requires the information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Braille versions of the intake materials are available to inmates at initial reception sites.</p> <p data-bbox="240 557 1489 680">The PREA Inmate Intake Handout is provided to the inmate immediately upon intake by medical staff to those arriving at a State Correctional Institution (SCI). If an inmate is seen by a facility's Initial Reception Committee (IRC) during the first day of the intake process; representatives of the IRC may provide the handout to the inmate. Each inmate is required to sign the PREA Inmate Education Verification Form.</p> <p data-bbox="240 714 1477 907">The agency's policy is to provide all new inmates, incoming transfers and parole violators a comprehensive education within 30 days of reception. Facilities are required to show each inmate a video regarding their rights to be free from sexual abuse, sexual harassment, and retaliation. Policy requires each inmate be provided department policies and procedures for responding to such incidents, including any facility specific reporting or response procedures. PDOC facilities may provide the education in groups or individually, however a staff member must be present to answer questions and facilitate discussions in conjunction with the Inmate Education Facilitator's Guide.</p> <p data-bbox="240 940 488 967">Evidence Relied Upon:</p> <p data-bbox="240 1001 943 1028">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 5-6</p> <p data-bbox="240 1061 863 1088">Policy – 11.2.1 Reception and Classification, Section 2 pg. 1,3</p> <p data-bbox="240 1122 544 1149">PREA Inmate Intake Handout</p> <p data-bbox="240 1182 608 1209">Inmate Education Facilitator's Guide</p> <p data-bbox="240 1243 504 1270">Inmate Education Booklet</p> <p data-bbox="240 1303 523 1330">Television Activity Schedule</p> <p data-bbox="240 1364 663 1391">PREA Inmate Education Verification Form</p> <p data-bbox="240 1424 376 1451">PREA Poster</p> <p data-bbox="240 1485 424 1512">Inmate Handbook</p> <p data-bbox="240 1545 715 1572">Inmate Cumulative Adjustment Records (ICAR)</p> <p data-bbox="240 1606 451 1632">Inmate Move Sheets</p> <p data-bbox="240 1666 443 1693">Interviews with Staff</p> <p data-bbox="240 1727 475 1753">Interviews with Inmates</p> <p data-bbox="240 1787 376 1814">Observations</p> <p data-bbox="240 1848 464 1874">Analysis/Reasoning:</p> <p data-bbox="240 1908 1393 1935">Each inmate is provided the PREA Inmate Intake Handout. The Auditor reviewed the inmate handout. The following information is provided to inmates in the handout:</p> <ul data-bbox="280 1968 778 2159" style="list-style-type: none"> • Zero Tolerance Policy • Sexual Abuse Definition • Sexual Harassment Definition • Understanding Consent • What to Do If You Have Been Sexually Abused • Support Services Access

- How to Report Sexual Abuse or Sexual Harassment

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

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

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

The facility 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 an office or the dayroom. The facilitator plays the video as part of the comprehensive education. Inmates are given an opportunity to ask questions regarding information provided through the video and by in person instruction. Inmates are also provided an opportunity to ask questions during their classification process after the 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 facility's Activities Manager creates a weekly schedule of programs to play on all televisions in the facility. The Auditor reviewed a sample of the schedule. The schedules reviewed by the Auditor included the PREA educational video. The video was scheduled to play at various times each day Monday, Tuesday, Thursday, Saturday and Sunday. The scheduled includes various times to ensure inmates who may be working can have the opportunity to see the video. The English and Spanish version were listed on each scheduled day.

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.

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 an interview with one inmate who was identified as Limited English Proficient. The inmate was able to communicate with the Auditor without the need of an interpreter. The inmate informed the Auditor she was provided the PREA handout written in English. The inmate informed the Auditor she does read English. The inmate stated she watched the educational video in English. The inmate was able to understand the video. The Auditor asked the inmate how she communicated with personnel during the booking process. The Auditor was informed the inmate understands English enough to communicate with staff.

The Auditor conducted an interview with one inmate who was identified as hearing impaired. The inmate informed the Auditor she received a handout upon arrival. She was able to read the information on the handout. The Auditor asked how she received the comprehensive education. The inmate stated she watched a video in the Counselor's office. The inmate was able to read and hear the closed-captioned video. The Auditor asked if she had problems communicating with staff during the booking process. The Auditor was informed the booking was conducted on a one-on-one basis and the staff member was able to speak loud enough for the inmate to communicate with her. There were no blind inmates housed at the facility at the time of the audit for the Auditor to interview.

The Auditor conducted formal interviews with 15 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. Several of the inmates had been incarcerated at the facility prior to the enactment of the Prison Rape Elimination Act. Those inmates informed the Auditor they did receive the written information after PREA was enacted. Every inmate informed the Auditor they have seen information posted throughout the facility. All inmates chosen for interviews, including those specifically targeted were well educated regarding the facility's sexual abuse and sexual harassment policies and procedures. Inmates informed the Auditor the facility plays the comprehensive educational video routinely on the housing unit televisions.

While touring the facility the Auditor observed the office utilized for comprehensive education. A facilitator educates inmates and supplements the in-person instruction with the agency's educational video. The office provides an area for seating, a video player, and monitor. When multiple inmates require education, the Counselor utilizes the dayroom of the housing unit. Comprehensive education sessions occur as needed for newly arriving inmates. Inmates typically receive their comprehensive education within 7 days of arrival.

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

The Auditor interviewed one inmate identified with a cognitive disability and one identified with an intellectual disability. Each inmate was asked if she had been provided a handout when arriving at the facility. Each stated they received written PREA materials upon arrival. The Auditor asked each if they had watched a video about sexual abuse and sexual harassment. Each informed the Auditor they were required to watch the video about sexual abuse and sexual harassment. The Auditor questioned each inmate about the contents of the handout and video. Each inmate was able to articulate the agency's rules against sexual abuse and sexual harassment. Each inmate knows how to report sexual abuse and sexual harassment, understands the facility has a zero-tolerance policy, and they had a right to be free from sexual abuse and sexual harassment and retaliation. The Auditor was able to determine the inmates were able to benefit from the agency's information and comprehensive education.

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

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

The Auditor conducted an interview with booking staff and the Counselor responsible for educating the 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 she provides information and education to an inmate who is deaf, blind, has low vision, or cannot read. The Auditor was informed PREA information can be read by those who may be deaf or hard of hearing. Interpretive services are provided through use of a language line or a bilingual staff member. The 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 stated blind inmates can hear the information on the video while deaf inmates can read the closed captioning. The Counselor makes individual arrangements to educate inmates with a cognitive or intellectual disability.

There were no inmates at the time of the audit who were deaf or blind. 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. The Auditor attempted to observe an educational session with a new arrival. The Auditor was unable to observe an educational session as no new arrivals were scheduled while the Auditor was on site.

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

Conclusion:

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

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1418 389">The agency's policy requires employees complete employee basic and refresher training prior to receiving specialized training for investigators. Policy stipulates the specialized training for investigators include the following:</p> <ul data-bbox="284 443 1310 636" style="list-style-type: none"> • Interviewing sexual abuse victims; • Common reactions of sexual abuse and sexual harassment victims; • Sexual abuse evidence collection in confinement settings; • Proper use of Miranda warnings; • Garrity rule; and • Criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p data-bbox="240 667 1474 725">Policy requires the training be developed by the PREA Coordinator/designee and standardized for department wide training purposes. The agency maintains documentation that each Investigator has completed the required specialized training.</p> <p data-bbox="240 757 475 784">Evidence Relied Upon:</p> <p data-bbox="240 815 927 842">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 3</p> <p data-bbox="240 873 564 900">Specialized Training Curriculum</p> <p data-bbox="240 931 416 958">Training Records</p> <p data-bbox="240 990 411 1016">Training Rosters</p> <p data-bbox="240 1048 517 1075">Interview with Investigators</p> <p data-bbox="240 1106 467 1133">Analysis/Reasoning:</p> <p data-bbox="240 1164 1465 1285">The Auditor reviewed the agency's specialized training for investigators PowerPoint presentation. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="240 1317 1485 1612">At the time of the audit the facility employed 24 staff members who have received specialized training to conduct Sexual Abuse Investigations. The Auditor conducted a review of the staff member's training records. Each had attended the specialized training for investigators offered by the agency. In addition, the Auditor verified all 24 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. Facility Unit Managers have been trained and are authorized to conduct sexual harassment investigations. Lieutenants and above have received training and are authorized to conduct sexual harassment and sexual abuse investigations. Lieutenants and above conduct an initial "fact finding" and forward the information to the facility's PREA Lieutenant. The PREA Lieutenant conducts the full administrative investigation of each sexual abuse allegation.</p> <p data-bbox="240 1644 1490 1769">The Sexual Abuse and Sexual Harassment Investigations course conducted by the agency is conducted in a classroom environment at the agency's training academy. The training curriculum was developed by the PREA Coordinator. The training is conducted by the PREA Coordinator, Police Investigators and former prosecutors. The Auditor conducted a review the course curriculum. Each facility investigator has attended the training that includes, but is not limited to, the following:</p> <ul data-bbox="284 1823 1310 1984" style="list-style-type: none"> • 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. <p data-bbox="240 2016 1485 2141">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 facility has one full-time staff member who conducts sexual</p>

abuse and sexual harassment investigations. The Auditor verified the full-time Investigator has received the appropriate specialized training to investigate allegations of sexual abuse and sexual harassment in a confinement setting.

The Auditor conducted formal interviews with 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 was 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's response included interviewing, collecting documents, logs and other records, reviewing video footage, collecting evidence and writing a report of findings. The Auditor reviewed investigative reports written by facility investigators. The reports reviewed by the Auditor appear to support each investigator has been 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 – Muncy facility.

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.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1458 423">The Pennsylvania Department of Corrections policy is to provide all full-time and part-time medical and mental health staff who work regularly in PDOC facilities with specialized training on working with victims of sexual abuse and sexual harassment. Policy requires the training include the following topics:</p> <ul data-bbox="284 477 1315 602" style="list-style-type: none"> • How to detect and access signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p data-bbox="240 633 1493 826">The PDOC policy requires the PREA Coordinator or designee to develop and standardize the specialized medical training for department wide usage. All new medical and mental health staff are required to receive the specialized training within the first six months of employment with the department. Either PDOC staff or the contracted medical provider may provide the standardized training to medical and mental health personnel. All medical and mental health professionals must sign the PREA Training and Understanding Verification Form after attending specialized training. The agency's policy requires agency and contract medical and mental health staff receive training mandated for employees or contractors.</p> <p data-bbox="240 857 1493 949">Facility medical personnel do not conduct forensic examinations. The agency has a Letter of Agreement with the Williamsport Regional Medical Center to conduct forensic examinations at the hospital. Medical practitioners at the facility are not required to be trained to do so.</p> <p data-bbox="240 981 488 1008">Evidence Relied Upon:</p> <p data-bbox="240 1039 925 1066">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 11 pg. 4</p> <p data-bbox="240 1097 647 1124">Specialized Medical Training Curriculum</p> <p data-bbox="240 1155 850 1182">PREA Medical and Mental Care Standards Participant Guide</p> <p data-bbox="240 1214 416 1240">Training Records</p> <p data-bbox="240 1272 778 1299">PREA Training and Understanding Verification Forms</p> <p data-bbox="240 1330 788 1357">Medical/Mental Health Professionals Training Records</p> <p data-bbox="240 1388 772 1415">Interviews with Medical and Mental Health Personnel</p> <p data-bbox="240 1447 466 1473">Analysis/Reasoning:</p> <p data-bbox="240 1505 1493 1697">Medical services at the SCI - Muncy are conducted by PDOC medical personnel and contract personnel. Contracted medical services are provided by Centurion Managed Care employees. Centurion 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.</p> <p data-bbox="240 1729 1493 1787">The Auditor reviewed the specialized medical training curriculum. The following are included as the performance objectives of the training:</p> <ul data-bbox="284 1841 1315 1966" style="list-style-type: none"> • How to detect and access signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p data-bbox="240 1998 1493 2157">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."</p>

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

Neither PDOC medical nor contract medical personnel perform forensic examinations at the SCI - Muncy. Forensic medical examinations are performed in the community by a Sexual Abuse Nurse Examiner at the Williamsport Regional Medical Center.

Conclusion:

The Auditor concluded medical and mental health practitioners at the SCI - Muncy 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 and determined the agency meets the requirements of this standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 459 297">Auditor Discussion:</p> <p data-bbox="242 331 1461 524">The Pennsylvania Department of Corrections policy requires an assessment of each inmate during the intake screening process. The policy also requires an assessment upon receipt into another facility, 20-30 days after receipt into a State Correctional Institution, Community Corrections Center, or Community Contract Facility, whenever an inmate is involved in an incident of sexual abuse and at his/her annual review, for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Assessments are conducted within 72 hours of reception into the department by a qualified health care, unit management, or designated CCC/CCF staff member.</p> <p data-bbox="242 557 1473 680">The department is required to conduct a reassessment of each inmate between calendar day 20 and 30 of arrival or receipt into another facility by the inmate's assigned counselor. The counselor is required to reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Policy prohibits conducting a reassessment before the inmate's 20th day.</p> <p data-bbox="242 714 1485 871">Following an allegation of sexual abuse in a State Correctional Institution, the Licensed Psychology Manager/designee is required to administer the PREA Risk Assessment Tool to all involved inmates within 24 hours or the next business day. The PREA Compliance Manager is required by policy to administer the PREA Risk Assessment Tool when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of victimization or abusiveness.</p> <p data-bbox="242 904 1485 1061">The PDOC prohibits disciplining inmates for refusing to answer, or for not disclosing complete information in response to the questions regarding prior victimization, disabilities, their perception of vulnerability, or their sexual orientation. Policy requires staff to discuss the importance of answering the question with the inmate when/if the inmate refuses to answer questions on the PRAT. Staff are required to keep the information obtained from the PRAT "as confidential as possible so as not to be used to the inmate's detriment by staff or other inmates."</p> <p data-bbox="242 1095 488 1122">Evidence Relied Upon:</p> <p data-bbox="242 1155 932 1182">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 9 pg. 1-4</p> <p data-bbox="242 1216 624 1243">PREA Risk Assessment Tool Training</p> <p data-bbox="242 1276 655 1303">PREA Risk Assessment Tool User Guide</p> <p data-bbox="242 1337 536 1364">PREA Risk Assessment Tool</p> <p data-bbox="242 1397 405 1424">Inmate Records</p> <p data-bbox="242 1458 469 1485">Classification Records</p> <p data-bbox="242 1518 448 1545">Interviews with Staff</p> <p data-bbox="242 1579 480 1606">Interviews with Inmates</p> <p data-bbox="242 1639 467 1666">Analysis/Reasoning:</p> <p data-bbox="242 1700 1418 1749">The PDOC utilizes a PREA Risk Assessment Tool (PRAT) to determine an inmates' risk level. The PRAT screening is objective and considers the following:</p> <ul data-bbox="284 1783 1461 2107" style="list-style-type: none"> • 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 – Muncy 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.

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

- 13 reported previously suffered sexual abuse
- 7 reported suffering sexual abuse while incarcerated
- 1 who perpetrated an act of sexual abuse
- 12 who identified as lesbian/gay/bisexual
- 3 reported as gender nonconforming
- 1 identified as transgender
- 4 had a physical disability
- 15 reported a mental disability
- 2 reported a developmental disability
- 2 felt vulnerable
- 1 perceived as vulnerable
- 2 Youthful Offenders

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.

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

The Auditor conducted a formal interview with the 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 best judgement is utilized when determining vulnerability. The Counselors utilize the PRAT score to aid in classification of each inmate. The Auditor asked how professional judgements are made. Counselors use the score and meet with each inmate for their classification. Counselors use the score, professional judgement and the inmate's input and own perceptions when making 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 a nurse who performs risk screenings and the 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 do not discipline inmates for refusing

to answer PRAT questions.

The Auditor observed a Counselor conduct a reassessment of an inmate. The reassessment was conducted in the Counselor's office. The office allows for confidentiality while the inmate answers questions. The Auditor observed the Counselor asked the inmate each question on the PRAT. The inmate asked for clarification with two questions. The Counselor clarified the question to the inmate. The inmate answered all questions. The Auditor observed the Counselor asked the inmate if the inmate had any further information and understands the questions asked. All responses were electronically included in the inmate's record.

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. Inmates stated they had been asked such questions upon their arrival. 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 are asked such 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 was maintained notating each inmate's 30-day reassessment of their risk of sexual victimization or abusiveness. The initial and 30-day reassessment is electronically entered into the inmate's record. Each reassessment was conducted within 30 days of arrival at the SCI - Muncy. 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 inmates arrival. All initial risk assessments were conducted on the 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 female facility. Those inmates stated they were asked the PRAT questions at the other facility when they arrived and again within 30 days. During interviews with inmates the Auditor was informed by inmates who had been victimized at the facility they had to answer the PRAT questions following the incident.

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

The SCI-Muncy 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 or referrals. The Auditor reviewed the agency's policies, procedures, PREA Risk Assessment Tool, classification records and interviewed staff and inmates and determined the facility meets the requirements of this standard.

115.42	Use of screening information
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 459 300">Auditor Discussion:</p> <p data-bbox="240 331 1481 456">The Pennsylvania Department of Corrections policy is to use information received through the administration of the PRAT to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those inmates at high risk of sexual victimization from those at high risk of being sexually abusive. Policy stipulates the department will make individualized determinations to ensure the safety of each inmate.</p> <p data-bbox="240 488 1485 645">The agency requires a PREA Accommodation Committee (PAC) make individualized determinations about a transgender or intersex inmate's privacy, housing and programming assignments to ensure their safety at the current facility. The committee must consider all aspects of an inmate's social and medical transition when formulating recommendations to address safety and privacy concerns affirmatively identified by the transgender or intersex inmate. The PAC consists of the following personnel:</p> <ul data-bbox="284 698 932 860" style="list-style-type: none"> • PREA Compliance Manager; • Licensed Psychology Manager/designee; • Corrections Health Care Administrator/designee; • Deputy Superintendent for Centralized Services/designee; and • Deputy Superintendent for Facilities Management/designee. <p data-bbox="240 891 1493 1084">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, an in making other privacy, housing, and programming assignments, the Department shall consider, on a case-by-case basis, whether a placement would ensure the health and safety of all impacted inmates and whether the placement or accommodation could potentially present a management or security problem. A transgender/intersex inmate's own views, with respect to his/her own safety shall be given serious consideration.</p> <p data-bbox="240 1115 1461 1205">Policy requires the PAC review the transgender and intersex inmate's assignments every six-months review any threats to safety that may have been experienced by the inmate. Policy requires transgender and intersex inmates be given the opportunity to shower separately and privately from other inmates.</p> <p data-bbox="240 1236 1490 1366">The agency has an Administrative PREA Accommodation Committee (A-PAC). Policy states, "In SCIs and as requested by the BCC, the A-PAC shall be activated, and the local PAC shall meet as necessary when a transgender or intersex inmate has been identified and the facility or the inmate recommended or request the inmate be housed in a facility that is consistent with his/her gender identity." The following personnel are required on the A-PAC:</p> <ul data-bbox="284 1420 1305 1612" style="list-style-type: none"> • Representative from the facility where the reviewed inmate is currently housed; • Representative from a facility housing inmates consistent with the reviewed inmate's gender identity; • Psychology Office representative; • Bureau of Health Care Services (BHCS) representative; • Security Division representative; and • Lesbian, Gay, Bisexual, Transgender, and intersex (LGBTI) Subject Matter Expert Consultant(s). <p data-bbox="240 1644 1490 1733">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.</p> <p data-bbox="240 1765 1490 1957">The agency has a policy regarding single and double celling housing. The policy includes selection criteria governing doublecelling 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 doublecelling, 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.</p> <p data-bbox="240 1989 488 2016">Evidence Relied Upon:</p> <p data-bbox="240 2047 932 2074">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 9 pg. 4-5</p> <p data-bbox="240 2105 944 2132">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 19 pg. 1-9</p>

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

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

PDOC Bulletin 008-01

PREA Accommodation Committee Reassessment Checklists

Administrative PREA Accommodation Committee Decision Record

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 were 2 inmates who identified as transgender, 3 who were perceived as gender non-conforming and 12 who identified as lesbian/gay/ bisexual. The classification records reveal facility staff made individualized considerations when determining their housing, bed, work and other assignments to ensure each inmate was maintained safely in the facility. The assessment form considers an inmate's own views of their safety when determining assignments. The Auditor observed classification staff is utilizing information gained from the risk screening to assign facility housing, bed, and work assignments to ensure those inmates protection. When inmates submit a request to attend programs and educational classes classification reviews the high risk of abusiveness list to ensure vulnerable inmates are protected. Prior to assigning an inmate a work position outside of the living unit the 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 lesbian/gay/bisexual and transgender. The Auditor asked each if they were housed in a living unit that was dedicated for LGBTI inmates. The Auditor was informed they were not 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 asked transgender inmates if staff meet with them to discuss the status of their incarceration. Transgender inmates stated the PREA Compliance Manager routinely meet with them to discuss how they are adjusting in the facility. The Auditor reviewed two transgender records. Each record included a PAC Checklist. The PAC Checklist was completed by the PREA Compliance Manager. The PAC Checklist was conducted two times each year on the transgender inmates who had been incarcerated more than a year. The PAC Checklist included the following information:

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

The Auditor reviewed the files of inmates who reported suffering sexual victimization while in the community and in an institutional setting. The Auditor conducted formal interviews with the inmates who reported suffering sexual victimization. Those who reported an incident while at the facility were asked if they have been housed in the same living unit with the alleged sexual abuser. Those inmates informed the Auditor they were immediately separated from the alleged abuser. Those

who informed the facility they had suffered sexual abuse in the community reported they were not aware of known abusers in their living units. The Auditor asked during interviews if any of the inmates attended programs, education, or work. The victimized inmates who answered "yes," reported they were maintained separately from abusers during programs, education, and work opportunities. Inmates who filed an allegation against staff stated they do not have interaction with the staff since making the allegation. Inmates who made an allegation in the facility informed the Auditor they do not have contact with the alleged abuser.

The Auditor reviewed the facility's Institutional Sexual Predator and Potential Sexual Assault Victim Reports. The facility had 80 inmates identified as potential sexual predators and 18 as potential sexual assault victims included on the reports. The reports appeared to house those identified as potential victims separately from those identified as potential abusers.

The facility provides transgender and intersex inmates PREA information upon admission and provides a comprehensive education within 30 days of admission. The facility's assessment form considers transgender and intersex inmate's views as to their vulnerability towards sexual victimization upon arriving at the facility. The facility's PREA Accommodation Committee (PAC) is required to conduct a semi-annual review of each transgender inmate's placement status. The PAC completes a PREA Accommodation Committee Reassessment Checklist. The PAC meets with the transgender or intersex inmate when conducting a reassessment. A mental health practitioner participates in the PAC. In cases where a transgender inmate requests a transfer or housing reassignment that does 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. All facility living units have showers and restrooms that allow transgender and intersex inmates the opportunity to shower separately from other inmates. The Auditor asked each transgender inmate interviewed if they could shower, change clothes and use the restroom without staff of the opposite gender seeing them do so. Each inmate stated they were able to do so, and they are never naked in the presence of a male staff member. All inmates interviewed by the Auditor was asked if they could shower, change clothes, and use the restroom without being seen naked. Some inmates stated there is always a chance they can be seen naked in their cell while they are changing clothes. One inmate informed the Auditor they can be seen naked in the shower from the officer's control station. The Auditor toured the area and ensured inmates could not be seen naked from the officer's station. The Auditor specifically asked transgender inmates how their showers were conducted in the facility. Transgender inmates stated they take a shower in an individual shower, separately from other inmates.

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

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

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

Conclusion:

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

115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections prohibits placing offenders at high risk for sexual victimization in Administrative Custody as a means of protection unless an assessment of all available alternatives has been made by Psychology and Security staff in conjunction with the Facility Manager/designee, and a determination has been made that there are no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the inmate in involuntary Administrative Custody for less than 24 hours while completing the assessment. Facility staff may place an alleged victim in Administrative Custody when the alleged victim requests or agrees to be temporarily secured in Administrative Custody.</p> <p>The agency's policy includes the following, but not limited to, alternative placement options:</p> <ul style="list-style-type: none"> • Relocation to a different housing unit; • Placement in a cell closer to the Corrections Officer's desk within the unit; • Z-Code; and/or • Placement in the Special Needs Unit (SNU). <p>Policy requires the Shift Commander clearly document the following information if an involuntary Administrative Custody assignment is made:</p> <ul style="list-style-type: none"> • The basis for the staff member's concern for the inmate's safety; • The other alternative means of separation that were explored; and • The reason why no alternative means of separation can be arranged. <p>Policy requires inmate access to programs, privileges, education, or work opportunities if the Shift Commander assigns an inmate to involuntary Administrative Custody for the purpose of protection from sexual victimization, to the extent possible. If access to such is restricted, the facility is required to document the following on the Involuntary Administrative Custody Services Access Restriction Form:</p> <ul style="list-style-type: none"> • The opportunities that have been limited; • The duration of the limitation; and • The reasons for such limitations. <p>PDOC allows facilities the ability to assign inmates to involuntary Administrative Custody only until alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed a period of 30 days. A Program Review Committee (PRC) shall ensure each inmate is reviewed to determine whether there is a continuing need for separation from the general population. The PRC is required to document its review findings.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 5 pg. 1-2</p> <p>Policy – DC-ADM 802 Administrative Custody Procedures, Section 1 pg. 1-2</p> <p>Policy – DC-ADM 802 Administrative Custody Procedures, Section 2 pg. 1,4</p> <p>Policy – DC-ADM 802 Administrative Custody Procedures, Section 3 pg. 1-2</p> <p>Involuntary Administrative Custody Services Access Restriction Form</p> <p>Initial Response Checklist – Alleged Victim</p> <p>Interviews with Staff</p> <p>Interview with Inmates</p> <p>Investigative Records</p> <p>Classification Records</p>

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 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 Restrictive Housing Unit supervisor informed the Auditor a review of each inmate's status in the RHU is conducted every seven days. The Auditor asked the RHU Lieutenant when the last time an inmate was placed in the RHU to ensure she was protected from sexual abusers. The Lieutenant informed the Auditor he is not aware of an inmate being placed in the RHU for that reason. The Auditor questioned the Lieutenant about inmate access to programs, work and education while housed in the RHU. The Lieutenant informed inmates in the RHU have access to such if no security concerns exist.

At the time of the audit there was no inmate housed in protective custody to maintain separation from likely abusers. The Auditor conducted an interview with the facility's Superintendent. The Superintendent was asked if she has the ability to transfer inmates. The Superintendent informed the Auditor she can transfer inmates to the agency's other female prison 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 – Muncy be transferred for the protection of sexual abuse. The facility has measures in place to ensure either the victim or aggressor is placed in another housing unit to maintain their safety.

The Auditor reviewed housing and classification records and discovered no inmate identified at high risk of sexual victimization was placed in involuntary segregation. The Auditor interviewed medical and mental health personnel. Medical and mental health staff are informed by security when inmates are identified at high risk of sexual victimization 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 supervisor. 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 inmates who reported an allegation of sexual abuse or sexual harassment within the

previous 12 months. The Auditor asked each inmate if her living unit assignment changed after making the allegation. Each informed the Auditor she was maintained separately from the alleged abuser. The Auditor asked each inmate if she was placed involuntarily in Administrative Custody. None stated they had been housed as such. None reported having additional contact with the alleged abuser after making the allegation.

The Auditor reviewed the investigative records of inmates who reported an allegation of sexual abuse at the facility. The records reveal the alleged victims were immediately separated from their alleged abusers. None of the alleged victims were placed in protective custody following their allegation in the facility. Housing records indicate the alleged victims were maintained in general population housing.

Conclusion:

The facility has appropriate procedures in place to ensure inmates identified at high risk of sexual victimization receive work, 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 during this audit period. The Auditor made observations, conducted a review of policies, procedures, classification records, housing records, investigative reports, and interviewed staff and inmates and determined the facility meets the requirements of this standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 329 1455 456">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 Muncy may report verbally or through written communication in the following manners:</p> <ul data-bbox="280 508 1442 667" style="list-style-type: none"> • Tell any staff member, contractor, or volunteer to immediately report the incident; • Tell any staff supervisor or manager to immediately report the incident; • Make a written request to any staff member, supervisor, or manager; • Send a written report to the third-party reporting address established with the Office of State Inspector General; or • Have a family member call to notify the facility or contact OSIG. <p data-bbox="240 696 1477 891">The agency's mail processing policy states, "...EXCEPTION: To preserve the confidentiality of inmates reporting allegations of sexual assault to the Pennsylvania State Police (PSP), an envelope addressed to BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110 is not required to include the inmate name or Department number." The person responsible for receiving reports of sexual abuse and sexual harassment at this address is a Pennsylvania State Police staff member designated as the PREA Coordinator. The PSP PREA Coordinator is not employed by the Pennsylvania Department of Corrections.</p> <p data-bbox="240 920 1485 1048">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.</p> <p data-bbox="240 1077 1477 1240">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 - Muncy has trained its Unit Managers, Shift Commanders and higher level staff to investigate allegations of sexual abuse and sexual harassment. All reports documented by staff are submitted on an Employee Report of Incident form.</p> <p data-bbox="240 1270 1493 1433">The agency had no inmates who were detained solely for civil immigration purposes at the time of the audit. The Pennsylvania Department of Corrections does not house persons detained solely for civil immigration purposes. The Processing of Receptions section of the Records Office Operations policy stipulates the department does not detain solely for civil immigration purposes. Policy requires the Records Office to contact the Records Administrator/Assistant Records Administrator by telephone for direction before declining the commitment of civil immigration detention.</p> <p data-bbox="240 1462 488 1489">Evidence Relied Upon:</p> <p data-bbox="240 1520 944 1547">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 1-4</p> <p data-bbox="240 1576 1018 1603">Policy – DC-ADM 803 Inmate Mail and Incoming Publications, Section 1 pg. 5</p> <p data-bbox="240 1632 935 1659">Policy – DC-ADM 11.5.1 Records Office Operations, Section 1 pg. 15</p> <p data-bbox="240 1688 716 1715">MOU with the Office of State Inspector General</p> <p data-bbox="240 1744 430 1771">OSIG Notifications</p> <p data-bbox="240 1800 542 1827">PREA Inmate Intake Handout</p> <p data-bbox="240 1856 378 1883">PREA Poster</p> <p data-bbox="240 1912 424 1939">Inmate Handbook</p> <p data-bbox="240 1968 454 1995">Rejected Grievances</p> <p data-bbox="240 2024 408 2051">Incident Reports</p> <p data-bbox="240 2080 408 2107">Agency Website</p>

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 this training.

The agency has a website that maintains a link to its PREA information. The public is informed how to file allegations on behalf of inmates. The public is provided the address 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 were required to document the allegation. The Auditor was informed staff is required to submit an Incident Report promptly to document the

allegation. Staff was asked how they could privately report allegations of sexual abuse or sexual harassment of inmates. Staff informed the Auditor they could report through the hotline, privately inform a supervisor, investigator or PREA Compliance Manager. Some staff stated they could report directly to the State Office of Inspector General.

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 inform the Shift Commander and/or PREA Compliance Manager. The Auditor asked each if they were required to document information they receive regarding sexual abuse or sexual harassment. Each stated they would be required to write a report 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 they can tell a staff member, call the hotline, write the PREA Coordinator, submit a request form, and/or have someone else make a report for them. The Auditor asked each if there were staff, they felt confident they could report an allegation of sexual abuse or sexual harassment to. Overall the inmates interviewed stated they felt confident verbally reporting an allegation to staff and they felt confident staff would respond appropriately. When asked if the inmates felt the allegation would be kept confidential the inmates were confident staff would maintain confidentiality. The Auditor asked each inmate if they were able to make an allegation without having to give their name. Most inmates interviewed understand they can make an allegation anonymously.

The Auditor reviewed 23 investigative records. Investigative records revealed staff are reporting allegations to supervisors. Investigative records include Incident Reports written by staff members who reported and witnessed incidents. The Auditor reviewed investigative records of incidents that were reported by third-party, the general abuse hotline, verbally to staff, by grievance and reported to the PREA Coordinator in writing. The Auditor reviewed documents that staff are accepting verbal reports and submitting Incident Reports of the knowledge or information related to an allegation of sexual abuse and sexual harassment. Investigative records reveal staff are immediately informing their supervisors and documenting the information. Investigations at the facility are conducted promptly and thoroughly.

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

Conclusion:

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

115.52	Exhaustion of administrative remedies
	<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="242 271 459 300">Auditor Discussion:</p> <p data-bbox="242 329 1481 423">The Pennsylvania Department of Corrections policy states, "Inmates shall not utilize the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse." Policy requires that grievance be rejected and forwarded to the facility Security Office and the PREA Compliance Manager for tracking and investigation.</p> <p data-bbox="242 454 1469 548">The agency's grievance policy includes a statement the grievance system is not meant to address incidents or an urgent or emergency nature including allegations of sexual abuse. The policy requires those incidents be reported as notated in the agency's Prison Rape Elimination Act policy.</p> <p data-bbox="242 577 488 607">Evidence Relied Upon:</p> <p data-bbox="242 633 924 663">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 3</p> <p data-bbox="242 692 911 721">Policy – DC-ADM 804 Inmate Grievance System, Section 1 pg. 1-2</p> <p data-bbox="242 748 459 777">Grievance Rejections</p> <p data-bbox="242 804 424 833">Inmate Handbook</p> <p data-bbox="242 860 446 889">Interviews with Staff</p> <p data-bbox="242 916 480 945">Interviews with Inmates</p> <p data-bbox="242 976 466 1005">Analysis/Reasoning:</p> <p data-bbox="242 1034 1485 1128">The Auditor conducted a review of the Inmate Handbook. The Inmate Handbook states, "A grievance regarding an allegation of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual abuse will not be addressed through the Inmate Grievance System and must be addressed through DC-ADM 008, 'PREA'."</p> <p data-bbox="242 1160 1489 1388">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. During interviews with inmates several informed the Auditor they could submit a grievance alleging sexual abuse or sexual harassment. When asked, each inmate understands the grievance would be rejected. Those inmates stated they felt confident the allegation would be handled appropriately if submitted on a grievance. The Auditor was also informed submitting a grievance is an avenue to inform staff of an allegation while remaining anonymous.</p> <p data-bbox="242 1417 1489 1612">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 Investigator and the PREA Compliance Manager.</p> <p data-bbox="242 1641 376 1671">Conclusion:</p> <p data-bbox="242 1700 1477 1895">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.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1461 488">The PDOC has a policy to offer and provide inmates with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. The PCM is responsible for ensuring inmate access during business hours. The Shift Commander is responsible for ensuring the support services are offered during “non-working” hours. Policy stipulates supportive services may be provided in person, during a non-monitored phone call, and/or in writing.</p> <p data-bbox="240 521 1485 712">The agency’s policy requires an inmate be offered the opportunity to talk with a victim advocate upon receipt of an allegation and receive continued care when they have been a victim of a facility sexual abuse, no matter if they reported the facility sexual abuse immediately, were reported abused at another facility or mad a delayed disclosure. Inmates are offered support services provided by a victim advocate during a forensic medical examination at the hospital. Policy requires the PCM inform inmates of the extent to which communications with the support services provider are monitored and the extent to which reports of abuse will be forwarded to authorities prior to giving them access to such services.</p> <p data-bbox="240 745 1477 869">Policy requires the PCM to arrange for the victim to meet with a victim advocate at the facility or by telephone, if the alleged victim wishes to speak with an advocate. The meeting should occur in a private area with video surveillance and no audio to ensure confidentiality. The facility has not placed a predetermined number of visits an inmate may have with a victim advocate.</p> <p data-bbox="240 902 1481 1025">Agency policy stipulates the agency will maintain a Memoranda of Understanding with a local rape crisis center where all department facilities are located. The PREA Compliance Manager in each facility coordinates victim services related to sexual abuse for his/her facility. The PCM is responsible to work with the Pennsylvania Coalition Against Rape to establish a Memorandum of Understanding.</p> <p data-bbox="240 1059 488 1086">Evidence Relied Upon:</p> <p data-bbox="240 1120 943 1146">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 15 pg. 1-2</p> <p data-bbox="240 1180 1018 1207">Policy - 11.5.1 Records Office Operations Procedure Manual, Section 1, pg. 1</p> <p data-bbox="240 1240 1090 1267">Policy - DC-ADM 803 Inmate Mail and Incoming Publications, Section 1, pg. 1, 10-14</p> <p data-bbox="240 1301 636 1328">Policy – DC-ADM 008 Attachment 14-F</p> <p data-bbox="240 1361 600 1388">Inmate Education Facilitators Guide</p> <p data-bbox="240 1422 504 1449">Inmate Education Booklet</p> <p data-bbox="240 1482 636 1509">Assurances to Victims of Sexual Abuse</p> <p data-bbox="240 1543 764 1570">Wise Option Plan of Action for Crisis Phone Contact</p> <p data-bbox="240 1603 480 1630">Inmate Handbook pg. 9</p> <p data-bbox="240 1664 485 1691">MOU with Wise Options</p> <p data-bbox="240 1724 542 1751">PREA Inmate Intake Handout</p> <p data-bbox="240 1785 440 1812">Wise Option Poster</p> <p data-bbox="240 1845 378 1872">PREA Poster</p> <p data-bbox="240 1906 435 1933">Interview with Staff</p> <p data-bbox="240 1966 469 1993">Interview with Inmates</p> <p data-bbox="240 2027 467 2054">Analysis/Reasoning:</p> <p data-bbox="240 2087 1477 2161">The Auditor reviewed a Letter of Agreement between the State Correctional Institution–Muncy and Wise Options. The most recent agreement was established on June 20, 2014. Wise Options agrees to provide confidential supportive services to the victim either by telephone, mail, or in person. Wise Options agrees to accompany a victim during a forensic medical examination at the hospital or other location where a forensic examination is to be conducted.</p>

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

The Auditor interviewed one inmate who participated in services with a victim advocate from Wise Options. The inmate informed the Auditor she met with the victim advocate multiple times. The meeting occurred in a private room that did not have recording or monitoring capabilities. The inmate was informed the meeting with the advocate was confidential. This was confirmed during an interview with the victim advocate. The Auditor asked the inmate if a PDOC or other staff member was in the room while she met with the advocate. No staff member was present during any of the meetings.

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.

Inmates are provided with the limitations on confidentiality prior to meeting with the Wise Options representative. The inmate is required to sign the written limitations on confidentiality prior to services rendered. The inmate can choose what information, if any, she would allow the representative to share with others. The form includes exceptions for consent to disclose.

The Auditor reviewed the agency's Inmate Handbook. Each inmate is provided a handbook. The Inmate Handbook includes the address to access free support services. The handbook stipulates the inmate may also contact the facility's PREA Compliance Manager to access for support services. The PCM informed the Auditor he 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 Wise Options 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, Wise Options, on posters in the facility.

The Auditor conducted formal interviews with facility investigators. Investigators stated victim advocates can accompany an inmate victim of sexual abuse during the forensics examination and during criminal interviews. An interview with the SANE revealed the hospital contacts the victim advocate 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. The inmates had noticed information posted on the walls. Each inmate informed the Auditor they had received written information in the agency's Inmate Handbook upon arrival. The facility posts information about Wise Options in housing units and support areas in the facility. The posted information includes the Wise Options telephone number and informs inmates they can contact Wise Options for emotional support and crisis support 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 Wise Options. Contact information for Wise Options is always available to the population on the posters in housing units and support areas. The Auditor reviewed the agency's policies, procedures, MOU, PREA Inmate Intake Handout, Inmate Handbook and interviewed staff and inmates to determine the facility meets the requirements of this standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>It is the policy of the Pennsylvania Department of Corrections to accept reports of sexual abuse and sexual harassment from uninvolved parties. The agency's 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.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 1, 3-4</p> <p>PREA Poster</p> <p>Agency Website</p> <p>PDOC Inmate Handbook</p> <p>PREA Inmate Intake Handout</p> <p>Inmate Education Booklet</p> <p>Inmate Education Facilitator's Guide</p> <p>Training Curriculum</p> <p>Third Party Reports</p> <p>Investigative Reports</p> <p>Interviews with Staff</p> <p>Interviews with Inmates</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the Pennsylvania Department of Corrections' website. The website informs the public how to make a report of sexual abuse or sexual harassment. The public is informed they can make a report by writing the Office of State Inspector General, 555 Walnut Street, 8th Floor, Harrisburg, PA 17101 to the attention of the PREA Coordinator.</p> <p>A review of the Inmate Handbook reveals inmates are informed how third parties may file an allegation of sexual abuse or sexual harassment on behalf of an inmate. During the inmate PREA education inmates are verbally informed how uninvolved parties may file sexual abuse and sexual harassment allegations on their behalf. A review of the Inmate Education Facilitator's Guide includes instructions for the facilitator to inform, "The third party reporting address will accept anonymous reports and is located on all PREA posters within this facility and on the Inmate 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."</p> <p>The Auditor observed PREA posters throughout the facility. The posters include instructions how third-party allegations of sexual abuse and sexual harassment can be filed on the inmate's behalf. The poster includes, "Send a written report to the third-party reporting address established with the 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.</p> <p>PDOC staff is required to accept all reports of sexual abuse and sexual harassment, including verbally, in writing, anonymously and by third-party. The Auditor conducted formal interviews 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 were required to accept and report any and all knowledge, information and suspicion of sexual abuse and sexual harassment.</p>

The Auditor conducted formal interviews with inmates. Each inmate was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. During interviews inmates informed the Auditor they could tell a staff member, write a request, write the PREA Coordinator, use the hotline, or have a third-party make an allegation for them. Inmates were aware they could make a report anonymously. All inmates interviewed were aware of the toll-free Abuse Hotline available for reporting general abuse. Several inmates informed the Auditor they would file an allegation through this avenue as they felt it is an avenue to allow them to remain anonymous. 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 and would report sexual abuse directly to a staff member. The Auditor observed the abuse hotline number on postings 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. Evidence was observed that third-party allegations of sexual abuse and sexual harassment were reported to facility personnel. The staff members who received the allegation reported the allegation to a supervisor and/or facility investigator. Each staff who received the allegation documented the information on an Incident Report. Each allegation was investigated promptly, to the fullest extent, and staff took immediate actions to ensure the alleged victim was safe from the alleged abuser. The Auditor observed evidence 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 the agency's policies, procedures, handbook, handouts, website, investigative reports and conducted interviews with staff and inmates to determine the facility meets the requirements of this standard.

115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>All agency staff, contractors and volunteers are required to immediately report any knowledge or suspicion related to the following:</p> <ul style="list-style-type: none"> • Sexual abuse; • Sexual harassment; • Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and • Staff neglect or violation of responsibilities that may have contributed to such incidents. <p>Policy requires staff report as many details as possible regarding the incident(s), including the following:</p> <ul style="list-style-type: none"> • Comprehensive description of the incident(s); • Names of all parties involved; • Date(s); • Time(s); • Place(s) of alleged incidents; and • Witness(es), if any. <p>Staff is prohibited from revealing any information related to an allegation of sexual abuse to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions. Staff are required to immediately report allegations of sexual abuse and sexual harassment to the Shift Commander/BCC Facility Director/PBPP District Director/Deputy District Director. Policy requires reports be held in strict confidence and shall precipitate the immediate commencement of an investigation.</p> <p>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.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 1-5</p> <p>Training Curriculum</p> <p>Employee Report of Incident</p> <p>Investigative Reports</p> <p>Interviews with Medical Professionals</p> <p>Interview with Mental Health Professional</p> <p>Interviews with Staff</p> <p>Interviews with Inmates</p> <p>Analysis/Reasoning:</p> <p>In addition to investigative records provided through the Online Audit System prior to the audit, the Auditor requested additional investigative records; a total of 23 investigative records were reviewed. The Auditor observed allegations were reported verbally to staff, by a third-party, through the grievance mechanism, abuse hotline and by the Office of State Inspector General. 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 in each allegation.</p>

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

During interviews with staff the Auditor questioned staff to gain an understanding of staff's ability to maintain confidentiality with any reported information obtained related to sexual abuse or sexual harassment. The Auditor asked staff to explain who they report or discuss details of a sexual abuse or sexual harassment allegation with. Staff informed the Auditor they only discuss details with supervisors, medical, 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 were required to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident. Each informed the Auditor they were required to report such. The Auditor asked how they would report the information. Personnel informed they immediately report the information to the Shift Commander 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. Medical and mental health practitioners stated there has not been a need to report such sexual victimization of an inmate. The Auditor was informed there is a general consent form in which they could fill out when obtaining written consent for reporting such information. Each medical and mental health person interviewed informed the Auditor they are mandatory reporters of sexual abuse that occurs in an institutional setting. Medical and mental health practitioners are mandatory reporters when learning of sexual victimization of a youthful inmate. They informed the Auditor they are required to report all sexual abuse allegations against a youthful inmate through the Child Line. There have been no sexual abuse allegations of a youthful inmate within the previous 12 months.

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 facility sexual abuse investigators. Investigators were asked questions regarding third-party and anonymous reports. Investigators stated they conduct investigations of all allegations regardless of how the allegation is received or reported. Investigators stated every allegation is investigated to the fullest extent.

The Auditor conducted interviews with randomly 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. An overwhelming majority of the inmates stated they are confident staff would maintain confidentiality with the information reported to them. A majority of inmates interviewed informed the Auditor staff at the facility are responsive, respectful, and professional to the inmate population.

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, interviewed staff, contractors, medical and mental health practitioners, inmates, and determined the facility meets the requirements of this standard.

115.62	Agency protection duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 459 300">Auditor Discussion:</p> <p data-bbox="240 331 1485 488">The Pennsylvania Department of Corrections policy requires facility staff ensure appropriate and immediate action are taken to protect an inmate when learning an inmate is at risk of imminent sexual abuse. The facility screens each inmate for potential vulnerabilities and for tendencies for perpetrating sexual abuse within 24 hours of admission to the agency. Inmates who are discovered at substantial risk of imminent sexual abuse are given a "Z" code in which they may be housed in a living unit with a single cell and referred to a mental health practitioner.</p> <p data-bbox="240 519 488 546">Evidence Relied Upon:</p> <p data-bbox="240 577 922 604">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 4</p> <p data-bbox="240 636 911 663">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 1 pg. 4</p> <p data-bbox="240 694 671 721">Initial Response Checklist – Alleged Victim</p> <p data-bbox="240 752 480 779">BII Investigative Report</p> <p data-bbox="240 810 528 837">Secretary Letter of Approval</p> <p data-bbox="240 869 424 896">Housing Histories</p> <p data-bbox="240 927 448 954">Interviews with Staff</p> <p data-bbox="240 985 480 1012">Interviews with Inmates</p> <p data-bbox="240 1043 472 1070">Classification Records</p> <p data-bbox="240 1102 376 1128">Observations</p> <p data-bbox="240 1160 467 1187">Analysis/Reasoning:</p> <p data-bbox="240 1218 1485 1375">The facility reported one instance in which an inmate was determined to be at a substantial risk of imminent sexual abuse within the previous 12 months. The facility immediately protected the inmate population by restricting the alleged staff abuser from the facility. The Auditor reviewed the investigative records from the alleged incidents. The staff member was prohibited from entering the facility while the Bureau of Investigations and Intelligence conducted the investigation. Records reveal the staff member was criminally charged for his actions. To date the case is pending.</p> <p data-bbox="240 1406 1469 1563">The Auditor reviewed a letter from the PDOC Secretary. The letter indicates the Secretary reviewed the recommendations made after the BII investigation was complete. The letter indicates the Secretary approves the implementation of all recommendations made. The recommendation was to meet with the Lycoming County District Attorney for consideration of criminal charges. The BII recommended five criminal charges to be considered. The Secretary signed the review and approval letter.</p> <p data-bbox="240 1594 1493 1688">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:</p> <ul data-bbox="280 1742 1238 1836" style="list-style-type: none"> • 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) <p data-bbox="240 1868 1326 1895">Section F Determine Temporary Housing Status for Alleged Victim - Shift Commander includes the following:</p> <ul data-bbox="280 1944 1433 2105" style="list-style-type: none"> • 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 <p data-bbox="240 2136 1465 2163">The Auditor conducted formal interviews with inmates who reported an incident of sexual abuse at the facility, including the</p>

alleged victim from the allegation included above. The Auditor asked each inmate how quickly staff responded after learning of the sexual abuse. Each informed the Auditor staff responded quickly following the allegation. Each was asked if they were placed in involuntary Administrative Custody for their protection from sexual abuse. None of the alleged victims were placed in protective custody against their request. The Auditor asked each if she had contact with the alleged abuser after staff learned of their sexual abuse allegation. Each informed the Auditor they have been housed separately, do not work or program together and do not have contact with the alleged abuser.

The Auditor participated in a detailed tour of all facility areas. The Auditor observed multiple living units available to ensure an inmate who is at risk of imminent sexual abuse can be housed separately from abusers without having to place the alleged victim in segregated housing against their will. The facility has the option to transfer abusers or victims to another PDOC womens prison 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 her 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. Most inmates informed the Auditor they felt relatively safe in the facility. The Auditor asked each if they felt confident in staff's ability to ensure their protection. An overwhelming majority of inmates informed the Auditor they are confident in staff's ability to ensure their protection.

Conclusion:

The Auditor concluded the SCI - Muncy takes immediate and appropriate actions to ensure the protection of inmates who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed facility policy, 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.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1485 555">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.</p> <p data-bbox="240 589 1485 712">When the facility receiving an allegation that an inmate was sexually abused in a department facility can confirm that the allegation has been previously reported, entered into the PREA Tracking System (PTS) and investigated; such notification is not required. The facility receiving the allegation shall document the PTS incident number on the Notification of Sexual Abuse Allegation to Another Facility. A notification is required for all allegations that are not documented in the PTS.</p> <p data-bbox="240 745 1358 772">The agency's policy requires both facility PREA Compliance Managers coordinate to ensure the following occur:</p> <ul data-bbox="280 824 1461 1021" style="list-style-type: none"> • The facility housing the alleged victim completes applicable first responder duties and checklists; • The department facility where the alleged incident occurred conducts the investigation; • When an alleged victim reports an incident occurring in a department facility that is no longer in operation; it shall be the responsibility of the facility holding the inmate to complete the investigation based upon available information; • A thorough and expedient investigative process follows; and • The inmate receives information regarding the investigative outcome in a confidential and timely manner. <p data-bbox="240 1048 1453 1111">The SCI-Muncy reported there were 5 allegations made that an inmate was abused while confined at another facility. The SCI - Muncy reported receiving no allegation from another facility within the previous 12 months.</p> <p data-bbox="240 1137 488 1164">Evidence Relied Upon:</p> <p data-bbox="240 1198 943 1225">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 12 pg. 5-6</p> <p data-bbox="240 1254 437 1281">Traning Curriculum</p> <p data-bbox="240 1310 876 1337">Notification of Sexual Abuse Allegation to Another Facility Form</p> <p data-bbox="240 1366 446 1393">Interviews with Staff</p> <p data-bbox="240 1422 467 1449">Analysis/Reasoning:</p> <p data-bbox="240 1482 1485 1644">The SCI - Muncy received five notifications from inmates that alleged being sexually abused while incarcerated at another facility in the past 12 months. The Auditor reviewed each notification sent by the SCI – Muncy to other facilities. In each case reviewed by the Auditor there was verbal notification made followed by an email with the Notification of Sexual Abuse Allegation to Another Facility form completed. The form includes a summary of the allegation made by the inmate. None of the allegations required the alleged victim be sent for a forensic examination. The SCI – Muncy Warden notified each facility.</p> <p data-bbox="240 1677 1485 1937">A review of the five notifications revealed three were made within the required 72 hour time frame while two were made beyond 72 hours. One notification was made five days after learning of the alleged incident. The SCI - Muncy learned of the allegation on an upcoming holiday weekend. The Auditor observed the facility documented the inmate informed staff she reported the incident to the other facility when it occurred. The other facility reported the allegation to local authorities who unfounded the incident. The other allegation received by SCI - Muncy was reported eight days after learning of the allegation. The notification documented the inmate reported the allegation to the other facility after the alleged incident. The inmate informed SCI - Muncy staff the other facility investigated the incident. The notification to the other facility documented repeated attempts to contact the other facility.</p> <p data-bbox="240 1971 1485 2159">The Auditor conducted a formal interview with the SCI - Muncy Superintendent. The 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 - Muncy staff. The Superintendent ensures all allegations received from other facilities are reported to the SCI - Muncy Investigator and fully investigated. The facility has not received a notification from</p>

another facility that a former SCI - Muncy inmate alleged sexual abuse.

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.

Conclusion:

The Superintendent fully understand the requirement to report allegations to other confinement facilities and to ensure allegations received are investigated. Staff members at the SCI – Muncy facility understand the agency's requirement to immediately report allegations of sexual abuse and sexual harassment so allegations can be investigated. The Auditor reviewed the agency's policies, procedures, completed notifications and interviewed staff. Although the Auditor discovered two allegations were reported beyond the 72 hours, the facility received confirmation from each inmate they had reported the allegation while incarcerated at the other facility. The facility documented such on the notification forms. The Auditor determined the facility meets the requirements of this standard.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1484 389">The Pennsylvania Department of Corrections maintains a policy that requires the first security staff member to respond to an alleged sexual abuse perform the following steps:</p> <ul data-bbox="284 443 1493 672" style="list-style-type: none"> • Notify the Shift Commander • Immediately separate the alleged victim and abuser during the initial response. The necessity for continued or permanent separation from any individual must be supported by investigatory facts; • Secure any reported crime scene until appropriate steps can be taken to collect evidence; and • If the abuse occurred within the last 96 hours that still allows for the collection of physical evidence, request the alleged victim and ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p data-bbox="240 701 1382 759">Agency policy requires a non-security first responder to immediately notify the Shift Commander. Non-security first responders shall request the alleged victim not take actions that could destroy physical evidence.</p> <p data-bbox="240 788 1485 846">The Shift Commander is required by policy to ensure the alleged victim is immediately escorted to the medical department, if the alleged sexual abuse involved physical contact.</p> <p data-bbox="240 882 488 909">Evidence Relied Upon:</p> <p data-bbox="240 940 924 967">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 2</p> <p data-bbox="240 996 662 1023">SCI – Muncy Coordinated Response Plan</p> <p data-bbox="240 1052 518 1079">Shift Commander Checklist</p> <p data-bbox="240 1108 671 1135">Initial Response Checklist – Alleged Victim</p> <p data-bbox="240 1164 681 1191">Initial Response Checklist – Alleged Abuser</p> <p data-bbox="240 1220 896 1247">Initial Response Checklist – Alleged Victim of Non-Contact Abuse</p> <p data-bbox="240 1276 692 1303">Initial Response Pocket Card – Medical Staff</p> <p data-bbox="240 1332 608 1359">Initial Response Pocket Card – Staff</p> <p data-bbox="240 1388 442 1415">Training Curriculum</p> <p data-bbox="240 1444 456 1471">Investigative Reports</p> <p data-bbox="240 1500 659 1527">Interviews with Security First Responders</p> <p data-bbox="240 1556 707 1583">Interviews with Non-Security First Responders</p> <p data-bbox="240 1612 466 1639">Analysis/Reasoning:</p> <p data-bbox="240 1671 1457 1809">The facility has a coordinated response plan that outlines first responder duties following an incident of sexual abuse. The plan specifies actions taken by a security and non-security staff member. The first responder duties in the coordinated response plan align with the bulleted step included in the “Auditor Discussion” portion of this report. The plan directs nonsecurity staff to immediately notify the Shift Commander.</p> <p data-bbox="240 1839 1493 2134">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.</p>

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

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 victims safety. Supervisor 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.

The Auditor conducted a formal interview with a staff member who acted as a first responder to a previously alleged incident. The staff member stated the inmate was already separated from the alleged abuser. The inmate was being escorted to the RHU for behavioral reasons. The staff member immediately informed the Shift Commander and investigator. Based on the nature and timing of the allegation there was no crime scene that required preservation. The inmate was escorted to the medical area for medical services. The inmate was sent to the Williamsport Regional Medical Center for a forensic examination. The inmate later admitted she had not been sexually abuse and lied about the incident.

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 Williamsport Memorial Medical Center. 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 facility reported 43 allegations of sexual abuse were received in the previous 12 months. The Auditor reviewed 23 investigative records. There were 10 instances in which the first person to learn of the allegation was a non-security staff member and no instance where a security staff member learned of the allegation. The non-security staff members immediately informed the Shift Commander following the allegation made by the inmate. Of the 43 allegations made, there were two instances in which the allegation was made within a time frame that allowed for the collection of forensic evidence. Staff took appropriate actions by separating the inmate and notifying a supervisor. The alleged victim and abuser were maintained separately following the allegation. Both alleged victims were transported to the hospital for 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.

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 repsonde to sexual abuse incidents. The Auditor reviewed agency policies, procedures, investigative records, 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
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 459 300">Auditor Discussion:</p> <p data-bbox="240 331 1493 423">The agency's policy requires each facility to develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan may be in the form of a local facility policy or documented facility specific plan.</p> <p data-bbox="240 454 1449 515">The facility utilizes the agency's specifically developed checklists to supplement the agency's coordinated response plan. The checklist requires staff to ensure actions in the coordinated response plan are followed.</p> <p data-bbox="240 546 488 573">Evidence Relied Upon:</p> <p data-bbox="240 604 924 631">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 1</p> <p data-bbox="240 663 662 689">SCI – Muncy Coordinated Response Plan</p> <p data-bbox="240 721 456 748">Response Checklists</p> <p data-bbox="240 779 547 806">Initial Response Pocket Cards</p> <p data-bbox="240 837 461 864">Investigative Records</p> <p data-bbox="240 896 399 922">Staff Interviews</p> <p data-bbox="240 954 466 981">Analysis/Reasoning:</p> <p data-bbox="240 1012 1490 1164">The Auditor reviewed the facility Coordinated Response Plan on the Online Audit System prior to arriving on site. The Auditor observed the plan did not include the required actions of investigators. The Auditor emailed the PREA Compliance Manager with the finding. The PREA Compliance Manager ensure the Coordinated Response Plan was updated to include required actions of investigators. The plan was sent back to the Auditor for review. The Auditor determined the updated plan was sufficient to meet the requirements of this standard.</p> <p data-bbox="240 1196 1493 1288">The State Correctional Institution – Muncy has developed a local written Coordinated Response Plan. The local plan includes specific actions required by first responders, supervisors and medical/mental health practitioners. The local plan is supplemented with agency policy attachments. The attachments include the following:</p> <ul data-bbox="282 1344 962 1503" style="list-style-type: none"> • Shift Commander Checklist • Initial Response Checklist – Alleged Victim • Initial Response Checklist – Alleged Abuser • Initial Response Checklist – Alleged Victim of Non-Contact Abuse • Instructions for PREA Evidence Retention <p data-bbox="240 1534 1465 1594">Coordinated response efforts of facility leadership and investigators are included on the response checklists and within the local plan. The facility includes first responder duties in its post orders to security personnel.</p> <p data-bbox="240 1626 1490 1816">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.</p> <p data-bbox="240 1848 1461 1977">The Auditor reviewed 23 investigative records of allegations made at the SCI - Muncy within the previous 12 months. A review of investigative records reveal 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 completed.</p> <p data-bbox="240 2009 1485 2139">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</p>

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 investigators. The Auditor determined not to place the facility under corrective action for this standard as Investigators have been trained and understand the actions required of them in the updated plan. The investigative response in the Coordinated Response Plan align with the agency's policies and training curriculum. After revisions were made, the Auditor determined the facility maintains an appropriate institutional plan that coordinates the actions of personnel following an incident of sexual abuse. Based on a review of the agency's policies, procedures, coordinated response plan and interviews with staff, the Auditor determined the facility meets the requirements of this standard.

115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Evidence Relied Upon:</p> <p>Policy – 4.1.1 Human Resources and Labor Relations, Section 5 pg. 1-3</p> <p>Memorandum from Secretary of Corrections</p> <p>Pennsylvania Doctors Alliance Agreement</p> <p>American Federation of State, County and Municipal Employees Agreement</p> <p>Correctional Institution Vocational Education Association, Pennsylvania State Education Association, National Education Association Agreement</p> <p>Federation of State Cultural and Educational Professionals Agreement</p> <p>Pennsylvania State Corrections Officers Association Agreement</p> <p>PSCOA Article 26, Discharge, Demotion, Suspension and Discipline</p> <p>Council 13, American Federation of State, County and Municipal Employees, AFL-CIO</p> <p>OPEIU Healthcare Pennsylvania Local 112 Memorandum of Understanding</p> <p>SEIU Local 668 Agreement</p> <p>Service Employees International Union Healthcare Pennsylvania, CTW, CLC Agreement</p> <p>Investigative Records</p> <p>Staff Interviews</p> <p>Inmate Interviews</p> <p>Analysis/Reasoning:</p> <p>The agency's policy allows the suspension of an employee pending an investigation when it can demonstrate the "nature of the allegations" are such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offense(s).</p> <p>The agency can suspend exempt employees for less than a full workweek for violations of written workplace policies applicable to all employees. This applies to generally applicable written work rules that prohibit serious workplace misconduct, which includes, but is not limited to sexual abuse and sexual harassment.</p> <p>The agency's policy regarding immediate suspensions and removal from the workplace are as follows:</p> <ul style="list-style-type: none"> • The employee must be provided a brief and informal hearing prior to being suspended pending an investigation. • Following the meeting the Superintendent/designee consults with the Regional Deputy Secretary to decide on whether to suspend the employee pending an investigation. • H-1 employees must be given 24 hours advance written notice of the informal hearing. <p>When an inmate allegation falls under the purview of the Prison Rape Elimination Act the Commonwealth has no requirement to provide 24 hours advance written notification of inmate or patient charges.</p> <p>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</p>

alleged staff abuser from contact with an alleged victim pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

The Auditor conducted interviews with command staff. Each was asked regarding actions taken against a staff member following an alleged sexual abuse. Command staff stated the inmate is protected from contact with the staff member pending the outcome of the investigation. The Superintendent has the authority to prohibit the alleged staff member abuser from contact with inmates.

The Auditor conducted an interview with the Superintendent. The Superintendent was asked if an employee has been disciplined after a substantiated allegation of sexual abuse. The Superintendent informed the Auditor the facility has not had to discipline or terminate an employee for such during this audit period. The agency has one pending case against a staff member. The Auditor questioned facility Investigators. Investigators informed the Auditor they have not had a case in which a staff member has been found to have committed sexual abuse against an inmate that has been finalized. The BII has investigated one allegation against a staff member. The investigation is complete and prosecution is pending. 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 interviewed one inmate involved in the allegation against a staff member mentioned in the previous paragraph. The Auditor asked the inmate if she was informed of the investigative results. The inmate was aware of the findings and that the staff member had been criminally charged. When asked if she has had any contact with the staff member after the allegation was made the inmate stated she has not had contact with the staff member.

The Auditor conducted formal interviews with other inmates who filed allegations against staff. Each was asked if they had any further contact with staff after making an allegation. Inmates who filed an allegation of sexual abuse stated they do not have further contact with the alleged staff abuser. Inmates who received an unfounded investigative result stated they see the staff member but do not have direct contact.

Conclusion:

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

115.67	Agency protection against retaliation
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 459 300">Auditor Discussion:</p> <p data-bbox="240 331 1430 423">The PDOC has a policy to ensure the protection of inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff or inmates. The agency requires the following protection methods in its policy:</p> <ul data-bbox="282 477 1362 636" style="list-style-type: none"> • Housing changes; • Transfers for inmate victims or abusers; • Removal of alleged staff or inmate abusers from contact with victims; • Constant video surveillance with audio recording (when supported by investigatory facts); and • In addition, the facility makes available emotional support services for inmates or staff who fear retaliation. <p data-bbox="240 667 1490 927">The designated monitor is required to monitor the conduct and treatment of inmates or staff who reported an allegation of sexual abuse or sexual harassment and of inmates who suffered sexual abuse or sexual harassment for at least 90 days. The monitor is required to determine if there are changes that may suggest possible retaliation by inmates or staff and to act promptly to remedy any such retaliation. The retaliation monitor is required to continue monitoring beyond the 90-day period in the event initial monitoring indicates a continuing need or is requested by the alleged victim when there is evidence of retaliation. Facilities are required to continue monitoring for retaliation upon inter-facility transfers. The PCM is responsible for forwarding the Department Retaliation Monitoring Form to the receiving facility's PCM or designee. The agency requires facilities monitor the following:</p> <ul data-bbox="282 981 663 1140" style="list-style-type: none"> • Disciplinary reports; • Housing reports; • Program changes; • Negative performance reviews; and • Reassignments of staff. <p data-bbox="240 1171 1477 1263">The agency places no obligation for staff to monitor retaliation if the investigation determines an allegation is unfounded or if the inmate is released from custody. The PDOC requires the department take appropriate measures to protect any other individual against retaliation if such individual expresses a fear of retaliation for cooperating with investigators.</p> <p data-bbox="240 1294 1342 1321">The agency's policy requires investigators perform the following when investigating potential acts of retaliation:</p> <ul data-bbox="282 1375 1485 1702" style="list-style-type: none"> • Review supporting documentation or reported evidence of retaliation; • Review and copy all housing unit logbooks, medical documentation, work-related reports, misconduct reports, inmate grievances, and other pertinent documentation as applicable to the potential retaliation; • Review all available and applicable video footage and save the video footage to a media storage device to submit with the investigative report. • Review applicable intelligence sources, such as, but not limited to; phone calls, mail monitoring, Inmate Cumulative Adjustment Records; • Interview the inmate or staff complainant(s) and obtain a written statement following the interview; • Determine whether the alleged retaliation is substantiated, unsubstantiated, or unfounded, and • When retaliation is substantiated, notify the PREA Compliance Manager. <p data-bbox="240 1733 488 1760">Evidence Relied Upon:</p> <p data-bbox="240 1792 943 1818">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 13 pg. 1-2</p> <p data-bbox="240 1850 943 1877">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 6-7</p> <p data-bbox="240 1908 456 1935">PCM Monthly Report</p> <p data-bbox="240 1966 533 1993">Retaliation Monitoring Forms</p> <p data-bbox="240 2024 440 2051">Training Curriculum</p> <p data-bbox="240 2083 504 2110">Inmate Education Booklet</p> <p data-bbox="240 2141 456 2168">Investigative Reports</p>

Interview with Retaliation Monitors

Interviews with Inmates

Analysis/Reasoning:

The agency's policy includes the requirements of PREA standard 115.66 to ensure inmates and staff are protected from retaliation by staff or other inmates. The SCI-Muncy 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 currently being monitored. The Auditor observed evidence the Retaliation Monitor is following the agency's policy regarding retaliation monitoring. There were no inmates who required monitoring beyond the 90-day period during the previous 12 months. Each staff member who monitored for retaliation was in a position as designated by the policy.

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

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

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

The following information is included on the form:

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

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

The Auditor conducted a formal interview with two staff members responsible for monitoring retaliation. The Auditor asked both staff members to explain what they review when performing monitoring duties. The Auditor was informed the monitors review disciplinary charges, classification actions, grievances, housing and programming changes. The DSCS explained he reviews evaluations, disciplinary actions, and shift assignments when monitoring employees. Each monitor completes the and signs the monitoring form for each inmate 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.

The Auditor asked each Retaliation Monitor what the maximum amount of time they monitor for acts of retaliation. Each informed the Auditor the agency does not designate a maximum amount of monitoring time but does require they monitor for a minimum of 90 days. Monitoring of an inmate or staff member continues until the threat of retaliation no longer exists or the inmate or staff member is no longer at the facility. The Auditor asked each monitor to explain what actions they take to ensure inmates are protected if they discover an inmate is being retaliated against. The monitors explained they recommend housing adjustments, programming assignment changes, education adjustments, and place disciplinary charges against the person who is retaliating against the inmate. Monitors ensure other support mechanisms are offered to the inmate and/or make referrals for support services. 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. One inmate interviewed by the Auditor stated she feels staff are retaliating against her after making the allegation. The Auditor

asked each inmate if they meet with staff since their allegation was made or reported. Each stated they meet with 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 inmates requests the monitoring stop the staff member continues until the 90 day period is complete or until no threat exists, whichever is longer. The Auditor reviewed the documents and investigative records associated with the inmate who felt retaliated against. Records reveal acts taken by staff appear to be justified by the facility.

The PREA Compliance Manager completes a monthly report. In addition to other information, the monthly report includes all inmates being monitored for retaliation during the reported month. The PCM attaches a spreadsheet including each individual's name, allegation type, monitor, alleged abuser, date of allegation, and the dates of the periodic meetings with the inmate or staff member. The spreadsheet includes the date the monitoring forms are due to the PCM.

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

Conclusion:

The SCI - Muncy has designated specific staff responsible for monitoring acts of retaliation against inmates and staff as required by this standard. The staff members responsible for monitoring for retaliation were well educated in their responsibilities of such. The Auditor reviewed the agency's policies, procedures, investigative reports, 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="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 329 1461 421">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="240 452 488 479">Evidence Relied Upon:</p> <p data-bbox="240 510 884 537">Policy – DC-ADM 802 Administrative Custody, Section 1 pg. 1-2</p> <p data-bbox="240 568 884 595">Policy – DC-ADM 802 Administrative Custody, Section 2 pg. 1,4</p> <p data-bbox="240 627 884 654">Policy – DC-ADM 802 Administrative Custody, Section 3 pg. 1-2</p> <p data-bbox="240 685 911 712">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 5 pg. 1</p> <p data-bbox="240 743 469 770">Classification Records</p> <p data-bbox="240 801 461 828">Investigative Records</p> <p data-bbox="240 860 692 887">Interview with Segregated Housing Unit Staff</p> <p data-bbox="240 918 469 945">Interview with Inmates</p> <p data-bbox="240 976 378 1003">Observations</p> <p data-bbox="240 1034 466 1061">Analysis/Reasoning:</p> <p data-bbox="240 1093 1481 1319">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="240 1350 1477 1473">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="240 1505 1490 1628">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 1682 716 1774" style="list-style-type: none"> • The opportunities that have been limited; • The duration of the limitation; and • The reason for limitations. <p data-bbox="240 1805 1461 1897">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. This review is documented on the DC-141 Other Report form.</p> <p data-bbox="240 1928 1477 2123">The Auditor conducted formal and informal interviews with staff who supervise inmates in segregation housing. The Auditor asked if they have supervised an inmate who has been placed in segregation housing after allegedly suffering sexual abuse for their protection. Each informed the Auditor they had not supervised an inmate in the segregated housing area strictly for protection from sexual abuse. Staff were asked if inmates in segregation housing have access to programs, education, work and other privileges, when possible. The Auditor was informed all inmates in segregated housing have access to such, if no security concerns exist.</p>

The Auditor conducted a formal interview with a Lieutenant that supervises the segregated housing area. The Lieutenant stated any inmate placed in RHU involuntarily for their protection will have access to privileges, work, education and programs to the extent security concerns allow. The Auditor was informed no inmate has been placed in segregated housing for her protection from sexual abuse against her will. The Auditor questioned the Lieutenant about documenting restrictions. The Lieutenant is clear on the requirements of the agency's policy for any inmate placed in segregation against her will. The Auditor asked the Lieutenant about the placement of youthful inmates in the RHU. The Lieutenant stated the facility does not place youthful inmates in the RHU. The youthful inmate housing unit has its own restrictive cell inside. If a youthful inmate needs restrictive housing they are placed in the restrictive cell in the Youthful Offender Unit (Y.O.U.).

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 and a review is conducted by the PRC at least every 30 days. The Lieutenant stated the facility conducts a weekly review of all inmates in restrictive housing.

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 womens facility if there is a legitimate security concern and the inmate meets the criteria of that facility. The Auditor asked if there were any inmates placed in segregation for protection as a sexual abuse victim in the last 12 months. The facility reported there were no inmates placed in segregation for protection from sexual abuse.

The Auditor participated in a detailed tour of the facility, including the Restrictive Housing Unit and Y.O.U. 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 reviewed 23 investigative records. A review reveals no inmate was placed in RHU for protection against sexual abuse against their will.

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

Conclusion:

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

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1469 524">Sexual Abuse Investigators at the SCI-Muncy 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:</p> <ul data-bbox="280 577 1485 1240" style="list-style-type: none"> • Investigations into allegations occurring in the distant past and made by anonymous report shall be conducted comprehensively, objectively, and timely with documented efforts equal to similar efforts vested in current allegations made by known parties; • Interview the inmate complainant(s) and obtain an Inmate Written Statement of Sexual Abuse/Harassment following the interview; • Interview all inmate and staff witnesses and obtain an Inmate Written Statement of Sexual Abuse/Harassment or Staff Written Statement of Sexual Abuse/Harassment from the inmate(s) or staff following the interview; • When appropriate, interview all alleged abusers and obtain written statements utilizing the designated form for inmate(s) or staff; • Review all available video footage and save the video footage to a medial storage device to submit with the investigative report; • Review applicable intelligence sources which may provide insight into the veracity of the allegation, such as, but not limited to: phone calls, mail monitoring, Inmate Cumulative Adjustment Records; • Review and copy corroborating evidence, including but not limited to: all housing unit logbooks, medical documentation, work-related reports, misconduct reports, inmate grievances, electronic door reports, and other pertinent documentation specific to the allegation of sexual abuse and include the documentation in the investigative report; • Review PREA Tracking System entries for the alleged abuser to determine if potential patterns exist; and • Make an effort to determine whether staff actions or failures to act contributed to the abuse, specifically as it applies to administrative investigations. <p data-bbox="240 1272 1485 1563">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.</p> <p data-bbox="240 1594 1485 1756">The Security Office is required to refer all allegations of potentially identified criminal behavior to the Bureau of Investigations and Intelligence or Pennsylvania State Police for prosecution. Investigators are required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus an additional 5 years. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment.</p> <p data-bbox="240 1787 1445 1845">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.</p> <p data-bbox="240 1877 1362 1935">At the time of the audit there were 24 facility staff who had received specialized training to conduct sexual abuse investigations in confinement facilities.</p> <p data-bbox="240 1966 488 1993">Evidence Relied Upon:</p> <p data-bbox="240 2024 868 2051">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18</p> <p data-bbox="240 2083 922 2110">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 4</p>

Investigator Training Records

Interview with Sexual Abuse Investigators

Investigative Records

PDOC Secretary's Approval Notice

Court Docket Sheets

Bureau of Investigations and Intelligence Notices

Observations

Analysis/Reasoning:

The Auditor conducted a formal interviews with facility Sexual Abuse Investigators. Investigators discussed the procedure they utilize when conducting investigations. Each Investigator starts the process with a review of information concerning the alleged victim and abuser. They interview the alleged victim, alleged perpetrator and any witnesses, including staff witnesses. The Auditor asked what each Investigator looks for when reviewing information. Each Investigator explained they review criminal histories, disciplinary history, grievances, Incident Reports submitted regarding the victim, abuser, and witnesses and previously filed complaints. Investigators review video monitoring when available and attempt to determine the credibility of the 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. Investigator do make attempts to discover if staff actions or lack thereof contributed to an incident of sexual abuse or sexual harassment. Staff security rounds and video footage are reviewed to assist in making the determination. The Auditor asked each Investigator to explain the types of evidence they attempt to gather during the investigative process. Investigator explained they gather video footage, Incident Reports, Inmate Request Forms, grievances, telephone recordings, account records, emails, staff logs, testimonies, logbooks and any other relevant documents and items which could be considered evidence to support their determination. Investigators explained they begin investigations as soon as they are received. During off hours the Investigator is called into the facility to complete a sexual abuse investigation. Shift Commanders conduct a preliminary fact finding.

The Auditor asked Investigators if they conduct investigations of allegations that are reported anonymously and by third-party. Each investigator has conducted such investigations. Each Investigator informed the Auditor they conduct an investigation to the fullest extent, regardless of how the investigation is reported. Investigators 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.

The Auditor asked each Investigator what their role is when an outside agency conducts investigations in the facility. Investigators explained the Pennsylvania State Police Investigator conducts criminal investigations in the facility. SCI – Muncy Investigators cooperate with the PSP Investigator. The facility Investigator provides all documents, video footage and any other evidence required by the PSP Investigator. Facility Investigators complete any tasks requested of the PSP during their investigation. The Auditor was informed the assigned PSP Investigator has a good working relationship with facility personnel. The Auditor was informed the PSP Investigator responds quickly to facility personnel and communicates well with them.

The facility allows trained Unit Managers to conduct sexual harassment investigations. Sexual abuse investigations are conducted by the PREA Lieutenant. Facility Shift Commanders and trained higher-level staff are authorized to conduct a preliminary investigation. Preliminary findings are forwarded to the PREA Lieutenant for a complete investigation. Each allegation of sexual harassment in the previous 12 months was investigated by a facility trained investigator. The Auditor reviewed 23 investigative records from the previous 12 months. A review of the records revealed the following allegations:

- 17 allegations were inmate-on-inmate
- 6 allegations were staff-on-inmate
- 10 allegations were inmate-on-inmate sexual abuse
- 3 allegations were staff-on-inmate sexual abuse
- 7 allegations were inmate-on-inmate sexual harassment
- 3 allegations were staff-on-inmate sexual harassment

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

- 2 inmate-on-inmate sexual abuse were substantiated
- 4 inmate-on-inmate sexual harassment were substantiated

- 3 inmate-on-inmate sexual abuse were unsubstantiated
- 3 inmate-on-inmate sexual harassment were unsubstantiated
- 5 inmate-on-inmate sexual abuse were unfounded
- 0 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
- 2 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. The investigative record includes a timeline of events concerning the video review. The investigator documented if, staff actions or lack thereof, contributed to an incident of sexual abuse or sexual harassment in investigative reports. 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. Investigators explained they review institutional history, previous information provided, previous allegations, and inmate statements during interviews. The Auditor observed facility investigators are documenting the behind credibility assessments.

In the last 12 months the facility reported a total of 84 allegations reported by inmates. There were 43 allegations of sexual abuse and 41 allegations of sexual harassment made in the last 12 months. 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 – Muncy Investigator is required to refer every allegation 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 allegations to the PSP for criminal investigation. Records reveal the PSP is determining to proceed with criminal charges. The Auditor reviewed an investigative record conducted by the Bureau of Investigations and Intelligence. The BII investigative record revealed the BII proceeds with criminal charges when warranted.

The Auditor conducted a review of SCI-Muncy Sexual Abuse Investigators 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 Investigators computer. The Investigator has a unique username and password to access investigative files. Investigators explained all investigative files are maintained for a minimum of 5 years after the abuser has been released or a staff abuser is no longer employed with the PDOC. The Auditor asked the SCI - Muncy Investigators if they require inmates to submit to a polygraph examination at any time during an investigation. Investigators 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-Muncy facility.

Conclusion:

The Auditor determined SCI - Muncy Investigators are conducting appropriate, objective and thorough sexual abuse and sexual harassment investigations. Facility Investigators have received appropriate training to conduct sexual abuse and sexual harassment investigations in a confinement setting. Each allegation in the previous 12 months, including sexual harassment and sexual abuse was investigated by a trained facility Investigator. The Auditor reviewed facility policy, 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="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 459 300">Auditor Discussion:</p> <p data-bbox="242 331 1492 488">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="242 519 488 546">Evidence Relied Upon:</p> <p data-bbox="242 577 924 604">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 2</p> <p data-bbox="242 636 564 663">Investigator Training Curriculum</p> <p data-bbox="242 694 456 721">Investigative Reports</p> <p data-bbox="242 752 515 779">Interview with Investigators</p> <p data-bbox="242 810 466 837">Analysis/Reasoning:</p> <p data-bbox="242 869 1476 1025">The Auditor conducted formal interviews with 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 Investigators to explain their understanding of preponderance. Each Investigator explained preponderance is more evidence one way or the other. Investigators stated fifty-one percent of evidence is sufficient to substantiate an allegation.</p> <p data-bbox="242 1057 1476 1285">The facility's policy requires, "In administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated." The Auditor reviewed the PDOC Sexual Abuse Investigator training curriculum. The training curriculum includes a section discussing evidentiary standard. The section includes a preponderance of evidence to substantiate an allegation of sexual abuse. The training curriculum defines preponderance as, "The greater weight of the evidence to decide in favor of one side or the other. This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence."</p> <p data-bbox="242 1317 1445 1375">The Auditor reviewed 23 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 1406 376 1433">Conclusion:</p> <p data-bbox="242 1464 1436 1554">The Auditor was able to determine Investigators utilize preponderance as the basis for their determinations. The Auditor reviewed agency policies, procedures, investigative reports, interviewed facility Investigators and determined the facility meets the requirements of this standard.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1485 555">The Pennsylvania Department of Corrections policy requires inmates be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy requires the PCM make the notification to the inmate within five business days of closure of the investigation. The PCM is required to use the agency's PREA Investigation – Inmate Notification Form. If the investigation is conducted by another law enforcement agency, the PCM or Security Office is required to request the relevant information from the investigating agency in order to inform the inmate within ten business days of receipt of the information. Agency policy requires inmates be notified of actions taken following an allegation of sexual abuse against a staff member when:</p> <ul data-bbox="284 611 1485 768" style="list-style-type: none"> • The staff member is no longer posted within the inmate's unit; • The staff member is no longer employed at the facility; • The department learns that the staff member has been criminally charged related to sexual abuse within the facility; or • The department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 801 1485 857">Following an inmate's allegation that he/she has been sexually abused by another inmate, the PCM will subsequently inform the alleged victim whenever:</p> <ul data-bbox="284 913 1485 1003" style="list-style-type: none"> • The department learns that the alleged abuser has been criminally charged related to sexual abuse within the facility; or • The department learns that the abuser has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 1037 1485 1093">Policy mandates the notifications occur even when an inmate has been transferred to another facility within the PDOC. There is no obligation to inform an inmate of the above listed actions if the inmate is released from the agency's custody.</p> <p data-bbox="240 1126 488 1153">Evidence Relied Upon:</p> <p data-bbox="240 1187 938 1214">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 10</p> <p data-bbox="240 1247 459 1274">Investigative Records</p> <p data-bbox="240 1308 708 1335">PREA Investigation – Inmate Notification Form</p> <p data-bbox="240 1368 480 1395">Notifications to Inmates</p> <p data-bbox="240 1429 480 1456">Interviews with Inmates</p> <p data-bbox="240 1489 528 1516">Interviews with Investigators</p> <p data-bbox="240 1550 464 1576">Analysis/Reasoning:</p> <p data-bbox="240 1610 1485 1834">The Auditor conducted a formal interview with Sexual Abuse Investigators. Investigators 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 facility had one case where criminal charges were placed on a staff member; the inmates assigned Counselor made the notification. The BII investigated and placed criminal charges against the alleged abuser. The inmate was informed in writing. The Auditor was informed receiving such information from the BII and the PSP is not difficult as facility personnel have a good working relationship with each.</p> <p data-bbox="240 1868 1485 2092">The Auditor reviewed 23 investigative records. Ten were allegations of sexual harassment and 13 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. The alleged victim is required to sign the notification form upon being notified of the results.</p> <p data-bbox="240 2125 1485 2181">The Auditor interviewed inmates who alleged sexual abuse at the facility. Each inmate was asked if they were notified of the investigative results at the conclusion of the investigation. Each stated they were notified of the investigative results. Inmates</p>

informed the Auditor their counselor provided the results on a form. The Auditor interviewed one inmate who was involved in a substantiated allegation against a staff member. The inmate was informed the allegation was substantiated and the staff member was restricted from the facility. The notice also informed the offender the facility was awaiting disposition of the court. At the time of the audit the prosecution was pending.

The SCI – Muncy 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.

Conclusion:

The Auditor concluded the SCI - Muncy 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="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1493 622">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="240 656 1477 745">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="240 779 488 806">Evidence Relied Upon:</p> <p data-bbox="240 840 922 866">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 17 pg. 1</p> <p data-bbox="240 900 1018 927">Policy – 4.1.1 Human Resources and Labor Relations, Section 7, pg. 1, 5-6, 9</p> <p data-bbox="240 960 962 987">Policy – 4.1.1 Human Resources and Labor Relations, Section 4 pg. 1-3</p> <p data-bbox="240 1021 962 1048">PDOC Bulletin 4.1.1 - 1 Human Resources and Labor Relations, pg. 1-2</p> <p data-bbox="240 1081 568 1108">Sample Letter RILD Acceptance</p> <p data-bbox="240 1142 448 1169">Investigative Report</p> <p data-bbox="240 1202 448 1229">Interviews with Staff</p> <p data-bbox="240 1263 456 1290">Investigative Reports</p> <p data-bbox="240 1323 464 1350">Analysis/Reasoning:</p> <p data-bbox="240 1384 1477 1529">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 1563 1477 1753">The SCI - Muncy Investigators refer 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. 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. Facility Investigators cease investigatory efforts until the criminal prosecution is complete or until notified by the criminal Investigator they may continue with their investigation.</p> <p data-bbox="240 1787 1477 1977">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 2011 1477 2157">The facility reported one staff member had been found in violation of agency sexual abuse policies in the past 12 months. The Auditor reviewed the investigative record of the alleged incident. The record reveals the employee was immediately restricted from entering the facility. The BII conducted a criminal investigation and referred the finding for prosecution. The facility has not formally disciplined the employee as it is pending prosecution. If the employee is prosecuted the agency will formally recommend the employee be terminated. The PCM informed the Auditor the facility will complete formal discipline</p>

once the criminal prosecution is complete. The Auditor reviewed evidence the facility is taking immediate action to ensure inmates are protected from staff after an allegation is made against a staff member.

The Auditor conducted a formal interview with the facility Superintendent. The Superintendent has the authority to suspend an employee for violating the agency's sexual abuse policies. The Superintendent immediately removes the employee from contact with the alleged abuser. The nature of the allegation and immediate findings dictate the Superintendents actions. The Superintendent may assign the employee to another post without inmate contact or restrict the employees access to 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 formally disciplined in the previous 12 months for violating the agency's sexual abuse and/or sexual harassment policies.

Conclusion:

The Pennsylvania Department of Corrections has an appropriate policy to ensure SCI - Muncy 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, sample resignation letter, 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
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections has a policy which mandates contractors and volunteers who engage in sexual abuse are prohibited from contact with inmates. Policy states contractors and volunteers are subject to the following:</p> <ul style="list-style-type: none"> • Any contract employee or volunteer who violates department’s zero tolerance policy shall be subject to appropriate disciplinary or administrative action; • When an allegation is made involving a contractor or volunteer, this person shall be removed from contact and communication with the alleged victim until the conclusion of the investigation; • If a contractor or volunteer violates this procedures manual, other than by engaging in sexual abuse, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates; • Any contractor or volunteer who has been found to have engaged in sexual abuse shall have their access to department facilities revoked, and shall be reported to professional licensing bureaus and law enforcement agencies, unless the activity was clearly not criminal; and • Contract agency hiring, firing, and promotional practices must comply with the National PREA Standards. <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 17 pg. 1</p> <p>Interviews with Staff</p> <p>Interviews with Contractors</p> <p>Training Curriculum</p> <p>Training Records</p> <p>Analysis/Reasoning:</p> <p>The SCI - Muncy 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. There have been no volunteers who have performed services in the facility in 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. Medical contractors interviewed by the Auditor understand the agency reports criminal acts of sexual abuse to their licensing body.</p> <p>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 a recently approved volunteer and all contractors. Each was provided the training and signed the verification form.</p> <p>The facility’s leadership, including the PCM is aware of the requirement to notify relevant licensing bodies following a contractor or volunteer’s participation in a criminal act of sexual abuse. Command staff informed the Auditor a contractor or volunteer would be prohibited from inmate contact if determined to have participated in an act of sexual abuse. The facility does not notify relevant licensing bodies if the volunteer or contractor engaged in an act of sexual abuse that is clearly not criminal. The facility notifies the Department of Education if a DOE employee commits a criminal act of sexual abuse.</p> <p>The Superintendent was asked if she has disciplined a contractor or volunteer within the previous 12 months. The Superintendent has not had the need to discipline a volunteer or contractor for violation of sexual abuse and/or sexual harassment policies. The Superintendent informed the Auditor the contractor or volunteer would immediately be removed from the facility for violating sexual abuse policies. If the incident is sexual harassment the volunteer or contractor would be removed from contact with the alleged victim pending results of the investigation.</p> <p>Conclusion:</p>

The SCI - Muncy 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.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The agency's policy is to subject inmates to disciplinary sanctions for participating in an act of inmate-on-inmate sexual abuse, violating the zero-tolerance policy, or following a criminal finding of guilt for inmate on inmate sexual abuse. Discipline sanctions are issued pursuant to a formal disciplinary process. Inmates will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions consider the following:</p> <ul style="list-style-type: none"> • Are commensurate with the nature and circumstances of the sexual abuse, sexual harassment or retaliation committed; • The inmate's discipline history; and • The sanctions imposed for comparable offenses by other inmates with similar histories. <p>The discipline process is required to consider whether an inmate's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.</p> <p>Agency policy requires facilities that offer Sex Offender Treatment Programs refer the inmate to the program for evaluation to determine whether or not the inmate is appropriate for the program, and if the inmate will be required to complete the program as part of the sanctions as a condition to access programming or other benefits. The SCI-Muncy does offer sex offender treatment programs. If a sexual assault results in a formal legal charge and criminal conviction the aggressor will be referred for assessment. The facility offers the opportunity to voluntarily participate in sex offender treatment. The SCI-Muncy is required to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Agency staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish enough evidence to substantiate the allegation.</p> <p>Sexual activity between inmates is prohibited within agency facilities. Any inmate found to have participated in sexual activity (even consensual) is disciplined for such activity. If sexual activity between inmates is found to be consensual the Pennsylvania Department of Corrections personnel may not consider the sexual activity as an act of sexual abuse.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 17 pg. 2</p> <p>Policy – DC-ADM 801 Inmate Discipline, Section 1 pg. 5</p> <p>Policy – DC-ADM 801 Inmate Discipline, Section 3 pg. 1-5</p> <p>Policy – 13.8.1 Access to Mental Health Care, Section 11 pg. 15</p> <p>Review of Misconduct #19 form</p> <p>Interviews with Sexual Abuse Investigators</p> <p>Interviews with Medical Practitioners</p> <p>Interviews with Mental Health Practitioners</p> <p>Interviews with Inmates</p> <p>Investigative Records</p> <p>Inmate Treatment Records</p> <p>Inmate Discipline Records</p> <p>Analysis/Reasoning:</p> <p>The facility reported one inmate had been disciplined in the previous 12 months for violating sexual abuse policies. The Auditor reviewed the disciplinary record of of the inmate. The investigation determined the allegations against the inmate were substantiated. The inmate received a disciplinary charge for the violation. The facility Investigator placed misconduct</p>

charges on the inmate following the conclusion of the investigation. The inmate perpetrator was required to attend a formal disciplinary hearing process. The inmate was found guilty and issued a disciplinary custody sanction by the Disciplinary Hearings Examiner.

The Auditor reviewed the records of inmates who were found to have participated in a consensual sexual act. Both inmates were formally discipline for their participation. Each inmate was charged with engaging in sexual acts with others. Each received a disciplinary custody sanction. The disciplinary record of each inmate revealed the facility did not consider the consensual act as sexual abuse.

A formal interview with mental health practitioners reveals they are involved 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 facility Investigators. Investigators were asked if they had ever placed disciplinary charges on an inmate for violating sexual abuse and/or sexual harassment policies. The Auditor was informed they have placed disciplinary charges on inmates for such violations. The Auditor asked the Investigators if they place charges on inmates if the incident is unsubstantiated. Each Investigator stated they only places 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. Mental health personnel stated they do try to address underlying reasons for perpetrators of sexual abuse. The Auditor was informed if sexual abusers do not cooperate with mental health 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 Auditor reviewed the treatment records of the alleged abuser in the substantiated allegation discussed above. Treatment records revealed mental health practitioners attempted to conduct an evaluation of the inmate. Records reveal the inmate declined to participate.

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

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

Conclusion:

The Auditor discovered the agency maintains policies 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, disciplinary records, 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
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy requires staff to offer a follow-up meeting with a medical or mental health professional and must occur within 14 days of arriving at the facility for any inmate who informs staff he previously experienced or perpetrated sexual abuse. The policy applies to any inmate who reported whether the abuse occurred in an institutional setting or in the community. Staff are required to document the offering of the meeting on the PREA Risk Assessment Tool.</p> <p>Policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.</p> <p>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.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 10, pg. 1</p> <p>Policy - 13.8.1 Access to Mental Health Care, Section 1, pg. 1, 14</p> <p>PREA Risk Assessment Tool</p> <p>PRAT Training Curriculum</p> <p>Classification Records</p> <p>Mental Health Confidential Disclosure Statement</p> <p>Medical and Mental Health Record</p> <p>Authorization for Release of Information</p> <p>Interviews with Medical Practitioners</p> <p>Interviews with Mental Health Practitioners</p> <p>Interviews with Inmates</p> <p>Analysis/Reasoning:</p> <p>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.</p> <p>The Auditor randomly selected 15 inmate records and specifically selected 15 records to review. The records reviewed were of the inmates chosen by the Auditor for formal interviews. In addition, the Auditor reviewed 10 records provided in the Online Audit System. During a review of 40 records the Auditor discovered 13 reported suffering sexual abuse during their initial risk assessment in booking. The Auditor reviewed the records of the 7 inmates who previously suffered sexual victimization while incarcerated. A review of the records revealed each inmate was offered a follow-up meeting with a mental health practitioner. Some of the inmates accepted a meeting with the mental health practitioner while others did not. Mental health practitioners screen each new inmate who enters the facility. Each meeting accepted by the inmates occurred within 14 days of their</p>

arrival.

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. The Auditor asked mental health practitioners if they meet with inmates who are offered a follow up within 14 days. Medical practitioners stated they meet with those inmates within a couple days of being offered a follow up meeting. Mental health practitioners informed the Auditor they will receive phone calls or emails from nursing staff informing them of a follow-up. Mental health practitioners also stated they screen each new inmate so they are informed when a new arrival has previously suffered sexual abuse or committed an act of sexual abuse.

The Auditor asked mental health practitioners if they meet with sexual abusers. The Auditor was informed they receive follow-up notifications from the nurse 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. Mental health practitioners informed only those who need to know. Mental health practitioners stated they obtain written informed consent prior to sharing information related to sexual victimization suffered in the community. Mental health has notified the Child Line for abuse allegations against a youthful inmate. The Auditor was informed medical and mental health practitioners are mandatory reporters for youthful inmates. During a review of the 40 inmate records the Auditor observed one inmate was identified with previous charges of a sexual crime. The Auditor observed mental health routinely attempts to meet with each inmate identified as a sexual abuser.

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, unless the inmate is below the age of 18.

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

The Auditor conducted an interview with one inmate who was identified as a sexual abuser. The inmate was asked if she was offered a meeting with a mental health practitioner. The inmate informed the Auditor she was offered a meeting with a mental health practitioner. The inmate declined the follow-up meeting. Mental health practitioners informed the Auditor they attempt to meet with an evaluate 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.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Pennsylvania Department of Corrections policy requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The facility offers victims of sexual abuse timely information about and timely access to sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Policy requires if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the alleged victim and shall immediately notify the appropriate medical and mental health practitioners. The SCI-Muncy maintains 24-hour medical coverage.</p> <p>Evidence Relied Upon:</p> <p>Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 4-9</p> <p>Policy – DC-ADM 008 Attachment 14 – If You are the Reported Victim of Sexual Abuse</p> <p>Assurances to Victims of Sexual Abuse Form</p> <p>Hospital Discharge Summary</p> <p>Nursing Evaluation Tool</p> <p>Medical/Mental Health Contact Notes</p> <p>Investigative Records</p> <p>Inmate Medical Records</p> <p>Interviews with Medical Practitioners</p> <p>Interview with Sexual Assault Nurse Examiner</p> <p>Interviews with First Responders</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with medical and mental health professionals. Medical and mental health professionals were asked if they feel medical services provided at the SCI - Muncy 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 access to 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.</p> <p>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 Wise Options. 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 stated they offer pregnancy testing and emergency contraception to victims of sexual abuse, when appropriate.</p> <p>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. The evaluation and treatment services are documented in the inmate's electronic medical record. None of the records reviewed included a victim being offered information or sexually transmitted diseases testing as there have been no incident where it was medically necessary to do so. The Auditor did not observe emergency contraception or pregnancy testing was offered as there have been no incident where such was required. Medical forms require the offering of the testing and the results of such be documented in the inmate's medical record upon doing so.</p> <p>The facility sent two inmates for a forensic examination in the previous 12 months. The Auditor reviewed the records of both</p>

inmates. One inmate admitted she made a false allegation. The Auditor reviewed the medical record of the other inmate. Following the alleged incident, the inmate was immediately seen by facility medical personnel and transported to the hospital for a forensic examination. The discharge summary did not include any sexually transmitted infection prophylaxis, pregnancy testing, or emergency contraception in the discharge order as it was not medically necessary to do so.

The Auditor reviewed investigative records of inmates who made an allegation of sexual abuse. Each investigative record included the Initial Response Checklist. The checklist includes the date and time the inmate was sent to the medical section for treatment. The records include the Shift Commander Checklist. The Shift Commander Checklist includes a section requiring the Shift Commander to document the victim's transportation to the hospital for forensic evidence collection and treatment. The Shift Commander Checklist requires notification be made to mental health practitioners. In both cases where the inmate was sent for a forensic examination each inmate was immediately assessed by medical personnel. The facility maintained documentation in each inmate's medical record and in investigative records.

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.

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 Williamsport Regional Medical Center. The SANE stated sexually transmitted infection prophylaxis is offered at the time of the examination. The SANE stated she allows a victim advocate to attend the examination at the victim's request.

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, pregnancy testing and emergency contraception when ordered by the physician. The Auditor reviewed agency policies, procedures, medical records, investigative records and interviewed staff, medical practitioners, mental health practitioners, inmates, and determined the facility meets the requirements of this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 459 297">Auditor Discussion:</p> <p data-bbox="240 331 1445 423">The PDOC policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all inmates who have been allegedly victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:</p> <ul data-bbox="280 477 1461 568" style="list-style-type: none"> • Follow-up services; • Treatment plans; and when necessary • Referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. <p data-bbox="240 600 1485 725">The PDOC policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse. The policy requires medical and mental health services be provided consistent with a community level of care.</p> <p data-bbox="240 757 1458 815">All medical and mental health treatment services are provided to inmate victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 846 1493 1041">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.</p> <p data-bbox="240 1072 488 1099">Evidence Relied Upon:</p> <p data-bbox="240 1131 1011 1158">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 14 pg. 5, 7, 9, 10</p> <p data-bbox="240 1189 924 1216">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 10 pg. 1</p> <p data-bbox="240 1247 932 1274">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 9 pg. 4-5</p> <p data-bbox="240 1305 925 1332">Policy - 13.8.1 Access to Mental Health Care, Section 1 pg. 2, 13-16</p> <p data-bbox="240 1364 414 1391">Medical Records</p> <p data-bbox="240 1422 557 1449">Hospital Discharge Instructions</p> <p data-bbox="240 1480 475 1507">Mental Health Records</p> <p data-bbox="240 1538 619 1565">Interviews with Medical Professionals</p> <p data-bbox="240 1597 668 1624">Interviews with Mental Health Professional</p> <p data-bbox="240 1655 480 1682">Interviews with Inmates</p> <p data-bbox="240 1713 466 1740">Analysis/Reasoning:</p> <p data-bbox="240 1771 1489 2022">The Auditor conducted formal interviews with medical and mental health professionals. Mental health practitioners do not stipulate a minimum or maximum amount of time they meet with victims and abusers. The Auditor was informed mental health practitioners meet with victims and abusers if medically necessary. Treatment and evaluations occur as needed and until treatment plans determine a need no longer exists. The Auditor asked what services are provided to inmate victims of sexual abuse. Mental health practitioners informed the Auditor inmate victims participate in counseling sessions, 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. Mental health practitioners stated they do create and follow treatment plans.</p> <p data-bbox="240 2054 1489 2145">The Auditor asked each medical and mental health practitioner if they feel their services are consistent with a community level of care. Medical and mental health practitioners feel their services are consistent with a community level of care. The Auditor was informed sccess to care in the facility is better than access to care in the community. Medical practitioners stated</p>

inmates are offered testing for sexually transmitted infections. The facility does offer pregnancy tests as medically appropriate. 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's record reveals the inmates who accepted the meeting met with a mental health practitioner within 14 days following the notification. Mental health practitioners screen each inmate upon arrival at the facility.

The Auditor reviewed the medical records of inmates who reported an allegation of sexual abuse at the facility. The records indicate inmates were sent to the medical section for evaluation and treatment. Medical practitioners are required to indicate testing for sexually transmitted diseases, pregnancy testing, and emergency contraception, when medically appropriate. Inmates are offered a follow up meeting with a mental health practitioner after alleging victimization or abusiveness that occurred at the facility. Records reflect mental health practitioners conducted a mental health assessment of each known abuser within 60 days of learning of the abusiveness. The Auditor reviewed the record of one inmate who was the alleged abuser in a substantiated allegation. Mental health practitioners attempted to conduct an evaluation with the inmate. The inmate refused to participate in services. The refusal was documented in the inmate's record. The mental health practitioners interviewed by the Auditor stated they attempt to meet with all known abusers to attempt to identify and address underlying reasons for committing acts of sexual abuse. Mental health practitioners informed the Auditor they develop treatment plans for each inmate under their care. The Auditor was informed such meetings occur within days of learning of the abuse.

Conclusion:

The facility's medical and mental health practitioners offer counseling, treatment, sexually transmitted infections prophylaxis, lawfully related pregnancy services, 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, interviewed medical and mental health practitioners, medical records, mental health records, and conducted interviews with inmates, staff, and determined the facility meets the requirements of this standard.

115.86	Sexual abuse incident reviews
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 459 300">Auditor Discussion:</p> <p data-bbox="240 331 1485 524">The Pennsylvania Department of Corrections policy is to conduct a Sexual Abuse Incident Review at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated, whether the investigation was conducted by the facility Security Office or by the Bureau of Investigations and Intelligence. The facility does not conduct a review if the allegation has been determined to be unfounded following BII's review of the investigation. The Agency requires the Sexual Abuse Incident Review occur within 15 working days of receipt of BII's notification the investigation was deemed satisfactory.</p> <p data-bbox="240 555 1465 680">Policy stipulates the review is conducted to look retrospectively at the incident to ensure that the incident was managed in compliance with procedures; to gather data relevant to enhancing understanding of prison rape; to proactively identify training deficiencies, and to sensitize staff members to possible "red flags" associated with such incidents so that they may become better at detecting preventable incidents.</p> <p data-bbox="240 712 810 739">The PDOC policy requires the review committee include:</p> <ul data-bbox="282 792 810 985" style="list-style-type: none"> • Deputy Superintendent for Centralized Services; • Deputy Superintendent for Facilities Management; • Licensed Psychology Manager/designee; • Corrections Health Care Administrator/designee; • Security Office representative; and • Major of Unit Management or Major of the Guard. <p data-bbox="240 1016 1398 1075">The PREA Compliance Manager is directed by policy to chair the committee. The PCM collaborates with the Facility Manager to determine the exact composition of the committee based on the nature of the incident.</p> <p data-bbox="240 1106 970 1133">Agency policy requires the review committee conduct the following tasks:</p> <ul data-bbox="282 1187 1485 1550" style="list-style-type: none"> • Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; • Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility; • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; • Assess the adequacy of staffing levels in that area during different shifts; • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and • Consider information such as housing assignment, measures taken as a result of the allegation, need for follow-up for the inmate victim, etc. <p data-bbox="240 1581 1477 1671">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.</p> <p data-bbox="240 1702 488 1729">Evidence Relied Upon:</p> <p data-bbox="240 1760 922 1787">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 16 pg. 1</p> <p data-bbox="240 1818 676 1845">PREA Sexual Abuse Incident Review Form</p> <p data-bbox="240 1877 427 1904">Investigation Files</p> <p data-bbox="240 1935 699 1962">Interview with Incident Review Team Member</p> <p data-bbox="240 1993 466 2020">Analysis/Reasoning:</p> <p data-bbox="240 2051 1485 2141">The SCI – Muncy reported 43 allegations of sexual abuse during the previous 12 months. The Auditor determined the facility was required to conduct 12 sexual abuse incident reviews following substantiated or unsubstantiated investigative findings. Thirty-one of the allegations were unfounded by facility investigators.</p>

The Auditor conducted a review of 23 investigative records. Investigative records include the PREA Sexual Abuse Incident Review Reports. In each substantiated and unsubstantiated case, the Incident Review Team met and discussed the incident within 30 days of the conclusion of the investigation. The investigation is concluded when the Bureau of Investigations and Intelligence has reviewed the investigative report. 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 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 30 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 reviewed one incident review report that included recommendations for approval. The review team determined an alleged abuser be moved to another housing unit that had increased visibility through the video monitoring system. The recommendation was approved and the facility implemented the recommendation after the inmate completed disciplinary custody time. The report revealed the recommendation was made to increase the protection of other inmates from the alleged abuser.

Conclusion:

The Auditor determined the facility is conducting incident reviews within 30 days of the conclusion of each substantiated and

unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review. The Auditor reviewed agency policies, procedures, PREA Sexual Abuse Incident Review Forms, conducted an interview with an Incident Review Team Member, and determined the facility meets the requirements of this standard.

115.87	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 459 300">Auditor Discussion:</p> <p data-bbox="240 331 1461 488">PDOC policy requires the Prison Rape Elimination Act Compliance Division (PCD) collect accurate, uniform data for every allegation of sexual abuse at facilities under the department's direct control utilizing a standardized instrument and set of definitions. Every report, complaint, or allegation of sexual abuse and/or sexual harassment occurring within department facilities is entered into the PREA Tracking System to track all incidences of sexual abuse and sexual harassment for U.S. Department of Justice reporting purposes. The incident-based data must be aggregated annually by the PCD.</p> <p data-bbox="240 519 1469 645">Policy requires the collected data include, at a minimum, the data necessary to answer all questions from the most recent version of the United States Department of Justice's, Survey of Sexual Violence. After receiving the Survey of Sexual Violence, the PDOC is required to submit the previous calendar year's data to the U. S. Department of Justice no later than June 30th.</p> <p data-bbox="240 676 1477 770">The Pennsylvania Department of Corrections requires private facilities make notifications and request a PREA tracking number through the BCC-Management Operations Center. The BCC PREA Captain/designee is required to enter the report into the PREA Tracking System.</p> <p data-bbox="240 801 488 828">Evidence Relied Upon:</p> <p data-bbox="240 860 943 887">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 1-2</p> <p data-bbox="240 918 911 945">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 2 pg. 2</p> <p data-bbox="240 976 983 1003">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 18 pg. 2, 9-10</p> <p data-bbox="240 1034 943 1061">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 17 pg. 1-2</p> <p data-bbox="240 1093 480 1120">PREA Tracking System</p> <p data-bbox="240 1151 564 1178">Surveys of Sexual Victimization</p> <p data-bbox="240 1209 408 1236">Agency Website</p> <p data-bbox="240 1267 448 1294">Interviews with Staff</p> <p data-bbox="240 1326 464 1352">Analysis/Reasoning:</p> <p data-bbox="240 1384 1469 1473">The Auditor reviewed the agency's 2019 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:</p> <ul data-bbox="280 1527 772 1684" style="list-style-type: none"> • Inmate-on-inmate Nonconsensual Sexual Acts • Inmate-on-Inmate Abusive Sexual Contact • Inmate-on-Inmate Sexual Harassment • Staff-on-Inmate Sexual Misconduct • Staff-on-Inmate Sexual Harassment <p data-bbox="240 1715 1477 1939">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 2019. The report was completed by the Director of Standards, Audits and Accreditation and submitted to the U. S. Department of Justice before June 30th of 2020. The 2019 Annual PREA Report and 2019 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 2019 and Surveys of Sexual Victimization from 2011 through 2019. The PREA Coordinator is currently working to upload the 2020 reports to the agency website.</p> <p data-bbox="240 1971 1445 2128">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</p>

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, Surevey 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, interviewed staff, and determined the agency meets the requirements of this standard.

115.88	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 459 300">Auditor Discussion:</p> <p data-bbox="240 331 1469 423">The Pennsylvania Department of Corrections policy requires a review of collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted in an attempt to:</p> <ul data-bbox="282 477 1469 568" style="list-style-type: none"> • Identify problem areas; • Take corrective action on an ongoing basis; and • Prepare an annual report of its findings and corrective actions for each facility, as well as the department as a whole. <p data-bbox="240 600 831 627">Policy requires the data review report include the following:</p> <ul data-bbox="282 680 1482 972" style="list-style-type: none"> • The number of allegations made at each facility; • The number of substantiated, unsubstantiated, and unfounded investigations completed as of December 31 of each year; • The number of ongoing investigations as of December 31 for each facility; • The report shall compare the rates of incidents for each facility from the preceding year to the current report year; • Any additional information that is required by the Survey of Sexual Violence required by the Department of Justice, Bureau of Justice Statistics; and • The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide and assessment of the department's progress in addressing sexual abuse. <p data-bbox="240 1003 1493 1095">Policy allows the PDOC to redact specific identifying information so that no individual is identifiable. In addition, the PDOC may redact specific material from the reports when publication would present a clear and specific danger to a facility but must indicate the nature of the material redacted.</p> <p data-bbox="240 1126 488 1153">Evidence Relied Upon:</p> <p data-bbox="240 1184 943 1211">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 1-2</p> <p data-bbox="240 1243 400 1270">Annual Reports</p> <p data-bbox="240 1301 408 1328">Agency Website</p> <p data-bbox="240 1359 363 1386">BJS Survey</p> <p data-bbox="240 1417 435 1444">Interview with Staff</p> <p data-bbox="240 1476 464 1503">Analysis/Reasoning:</p> <p data-bbox="240 1534 1485 1691">The Auditor reviewed the Pennsylvania Department of Corrections website. The agency maintains annual reports which include its findings and corrective actions for each facility and the agency as a whole. Each report is accessible through the agency website by accessing the "Prison Rape Elimination Act" link 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 2019.</p> <p data-bbox="240 1722 1482 1881">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 2019 annual report listed no specific problem areas or corrective actions specific to the SCI - Muncy. The report includes agency progress in prevention, detection and response to allegations of sexual abuse.</p> <p data-bbox="240 1912 1485 2072">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.</p> <p data-bbox="240 2103 1485 2161">The PDOC Secretary approves the agency's annual report prior to publishing on the agency website. The annual report is signed by the Secretary, Executive Deputy Secretary, Director of Standards, Audits, Assessments, and Compliance, Chief of</p>

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. The 2020 agency report is currently being reviewed by the Secretary. Once approved and signed, the annual report will be forwarded for uploading on the agency website.

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="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 239">Auditor Discussion</p> <p data-bbox="240 271 459 300">Auditor Discussion:</p> <p data-bbox="240 329 1493 524">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="240 555 488 584">Evidence Relied Upon:</p> <p data-bbox="240 611 924 640">Policy – DC-ADM 008 Prison Rape Elimination Act, Section 20 pg. 2</p> <p data-bbox="240 667 408 696">Agency Website</p> <p data-bbox="240 723 389 752">Annual Report</p> <p data-bbox="240 779 445 808">Interviews with Staff</p> <p data-bbox="240 835 376 864">Observations</p> <p data-bbox="240 896 464 925">Analysis/Reasoning:</p> <p data-bbox="240 952 1490 1084">The Auditor conducted a formal interview with 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 ritten facility data is maintained in locked offices and electronic data on computers. Access to electronic information requires a unique username and password. and is only accessible to select staff.</p> <p data-bbox="240 1111 1484 1274">The Auditor reviewed the agency website. The website included annual sexual abuse data collection in an annual report published on its website. Data published on the agency website begins in the year 2013 and through 2019. 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.</p> <p data-bbox="240 1301 373 1330">Conclusion:</p> <p data-bbox="240 1357 1406 1422">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
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 459 295">Auditor Discussion:</p> <p data-bbox="242 331 1473 423">Each facility under the direct control of the Pennsylvania Department of Corrections had been audited at least once during the previous three-year audit cycle. During the current audit cycle, the Pennsylvania Department of Corrections has audited 12 facilities. The agency suspended audits during this three-year cycle in an effort to mitigate the risk of COVID-19.</p> <p data-bbox="242 454 488 479">Evidence Relied Upon:</p> <p data-bbox="242 510 533 535">Previous PREA Audit Report</p> <p data-bbox="242 566 368 591">Facility Tour</p> <p data-bbox="242 622 461 647">Interactions with Staff</p> <p data-bbox="242 678 494 703">Interactions with Inmates</p> <p data-bbox="242 734 466 759">Analysis/Reasoning:</p> <p data-bbox="242 795 1490 990">The agency scheduled one third of its facilities to be audited during each year of the current audit cycle. The agency has twelve final reports published on its website for audits conducted during this audit cycle. All twelve audits were conducted during the first year of the audit cycle. The agency suspended audits during the second year of the audit cycle due to COVID-19. The Audit of the SCI - Muncy is the second audit conducted during the third year of this audit cycle. The agency complied with this standard during the first two audit cycles and had planned for compliance during this cycle. Absent COVID-19, the agency ensures at least one-third of its facilities are audited each year of an audit cycle.</p> <p data-bbox="242 1021 1465 1182">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="242 1214 1485 1375">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 video while onsite. Inmates were allowed to correspond with the Auditor prior to and while on site. One inmate wrote a letter to the Auditor while onsite and provided the letter to facility staff. Facility staff provided the letter to the Auditor while onsite.</p> <p data-bbox="242 1406 1453 1532">The Auditor reviewed the SCI - Muncy's PREA Audit Report from July 2019 and observed the facility complied with all standards without corrective action. The facility was found to exceed PREA standard 115.11. 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="242 1563 1423 1624">The 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.</p> <p data-bbox="242 1655 1481 1816">On July 6, 2021 the Auditor sent a letter to be posted in all inmate living areas that included the Auditor's address. The Auditor sent the facility an English and Spanish version of the notice. The Auditor received written correspondences from inmates prior to arriving on site for the audit. 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 July 7, 2021. The notices were posted 46 days in advance of the Auditor's arrival.</p> <p data-bbox="242 1848 1473 1908">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="242 1939 375 1964">Conclusion:</p> <p data-bbox="242 1995 1302 2020">The Auditor determined the State Correctional Institution - Muncy meets the requirements of this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency has published its previous PREA Audit reports on its website.</p> <p>Evidence Relied Upon:</p> <p>Agency Website</p> <p>Previous PREA Audit Reports</p> <p>Analysis/Reasoning:</p> <p>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 12 PREA Audit reports published for the current audit cycle. The agency has not conducted audits of one-third of its facilities during each year of this audit cycle. COVID-19 mitigation efforts mandated by Federal, State and local agencies prohibited the facility from conducting audits in facilities. The agency restricted efforts to mitigate the risk of COVID-19.</p> <p>Conclusion:</p> <p>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.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
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).)	yes
	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).)	yes
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).)	yes
	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).)	yes
	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).)	yes
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.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

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.)	yes
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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.)	yes
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.)	yes
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.)	no
	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.)	no
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