

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



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

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	State Correctional Institution at Muncy		
Physical address:	6454 Route 405 Muncy, PA 17756		
Date report submitted:	June 20, 2015		
Auditor Information			
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Date of facility visit:	December 3-5, 2014		
Facility Information			
Facility mailing address: (if different from above)	PO Box 180 Muncy, PA 17756		
Telephone number:	570-546-3171		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Governing authority or parent agency: (if applicable)			
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Agency Chief Executive Officer			

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Agency-Wide PREA Coordinator			
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AUDIT FINDINGS

NARRATIVE:

The second PREA audit in Pennsylvania Department of Corrections was conducted December 3 – 5, 2014. Approximately two weeks prior to the audit, the auditors received the PREA questionnaire with attached documents. The auditor contacted Just Detention International (JDI); used previous interviews of the Director, Contract Manager, and PREA Coordinator; and reviewed the Pennsylvania Department of Corrections website prior to the audit. JDI had not heard from any inmates at State Correctional Institution (SCI) Muncy. The auditor and the agency discussed additional documents required, recommended policy changes, and a tentative schedule. The night before the audit the facility provided a roster of all inmates housed at the facility; lists of inmates for specific categories to be interviewed; and a lists of all staff by duty position and shifts that were used to identify inmates and staff to be interviewed (random and specific category).

The auditor toured most of the facility on December 3, 2014, completing the tour over the following days. Following the tour, the auditor began the interviews. All required facility staff and inmates interviews were conducted on-site. Interviews included 12 random staff, two volunteers/contractors, 19 specialized staff, 26 random inmates (two of which refused, but still a minimum of one inmate from every housing area) and seven specific inmates who were identified as being in a designated group (e.g., disabled, limited English speaking ability, LGBTI, or who had reported a sexual abuse, etc.). Total interviews conducted were 33 staff and contractors/volunteers, and 32 inmates. Additionally, the auditor previously interviewed the PREA Coordinator, Agency Head, and contract administrator. Between interviews the auditor reviewed investigative records, training records, and inmate and staff records, and observed inmate PREA screenings, inmate PREA training, cameras and monitors, and tested the inmate phone system for reporting allegations. During the tour and interviews, a number of inmates stated inmates alledged PREA incidents to get what they wanted such as a change in cellmate, etc.

The auditor reviewed 28 of 40 investigations of PREA allegations. Of the 28 allegations: eight was staff sexual harassment (six unsubstantiated, two unfounded); four were staff sexual abuse (four unfounded); four inmate sexual harassment (four unsubstantiated); ten inmate on inmate sexual abuse (nine unsubstantiated, one unfounded); and two inmate consensual sex, which were not counted as sexual abuse but as sexual misconduct violation.

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

During the interim report writing period, the auditor reviewed modified policies; and additional documents. Superintendent Robert Smith, PREA Compliance Manager William Frantz, and PREA Coordinator Jen Feights and Carole Mattis were very helpful in coordinating the additional documentation. During the corrective action the agency and facility provided additional documentation to demonstrate compliance. The auditor made a site visit to observe some of the changes and interview inmates, some of whom wrote to the auditor following the audit. The auditor conducted 13 formal inmate interviews, and talked informally to staff and inmates during the day. The interviews were very positive, majority felt safe and had seen continued improvements in meeting PREA standards. One inmate thanked the auditor saying PREA and the PREA audit made a difference in her life and made the facility safer from sexual abuse. One of the interviews was by phone to another facility, that inmate had been transferred. She wanted to know when the auditor was going to audit her new facility because they did not know what PREA was and did not take PREA as serious as SCI Muncy leadership did. The auditor informed her a certified PREA auditor would be auditing that facility at a later date. One inmate had an issue, but it was not directly a PREA issue. She had been removed from her work detail after alledging misconduct by a staff member, and wanted to return to her work detail. The incident was unsubstantiated. She allowed the auditor to ask the Superintendent to talk to her about her situation. Superintendent Smith was aware of her request to move back to that work detail, the paperwork was on his desk and he was going to talk to her. Some of the inmates arrived since the audit, so the auditor asked about initial and follow-up screenings, and PREA information and training.

DESCRIPTION OF FACILITY CHARACTERISTICS:

SCI Muncy was originally designed to be an Industrial Home for Women. Architect Horace Trumbauer used the cottage system style prescribed by the Act of the Assembly, 25th of July, 1913. The first women were received in October, 1920. During the 1970's the facility became a coed facility till 1990 when the facility was switched back to just a female facility. In 1993 the security level of the facility was increased from a medium custody to close custody after a review by the Pennsylvania Department of Corrections. Today it confines minimum and medium custody female inmates. The total acreage for the facility is 793 acres with 30 acres inside the perimeter. There are a total of 72 buildings with 40 inside the perimeter. There are 15 housing units inside the perimeter. Housing units vary from open bays, rooms in cottages and cells. Only the infirmary and mental health unit have single cells. Other buildings included kitchen and dining room, laundry, chapel, education, medical/infirmary, warehouses, maintenance area, administration building, etc. The layout of the facility makes it look like a college campus. All the buildings Inmate population on the first day of the audit was 1369.

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

SUMMARY OF AUDIT FINDINGS:

At the end of the audit 16 standards were not meet standard. During the interim report period, the agency and SCI Muncy provided documentation to demonstrate compliance with three additional standards. Mr. Frantz, Ms. Feight, and Ms. Mattis were very helpful in coordinating all the additional documentation.

During the corrective action period 13 standards had corrective actions to be completed. On May 15, 2015 SCI Muncy was found to have met all applicable standards. The final results of SCI Muncy PREA audit is listed below:

Number of standards exceeded: 1
Number of standards met: 41
Number of standards not met: 0
Non-applicable: 1

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

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

The Pennsylvania Department of Corrections has a written policy, DC-ADM-008 Prison Rape Elimination Act (PREA) Procedures Manual (dated June 30, 2014), mandating zero tolerance towards all forms of sexual abuse and sexual harassment. Previous PREA manual was dated July 25, 2008. Policy does not completely cover every standard, but Agency policies and procedures outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Other agency policies such as 4.1.1 Human Resources and Labor Relations, 13.2.1 Access to Health Care Procedures Manual, and DC-ADM 802 Administrative Custody Procedures, supplement the main PREA policies. SCI Muncy local policy is dated December 1, 2014. During the corrective action period, bulletins (DC-ADM-008-1 and 4.1.1-1) updating agency policies were published, facility policies were modified.

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

Mr. William Frantz is the PREA Compliance Manager. In Pennsylvania Department of Corrections the Corrections Classification Program Manager also serves as the PREA Compliance Manager. He works directly for the Deputy Superintendent. He has the authority to coordinate the facility's efforts to comply with the PREA standards. In the questionnaire it stated he did not have enough time to perform his PREA duties. During his interview, he stated he had enough time to perform his PREA duties, but at expense of his other duties. He believed his time spent on PREA duties will decrease based on the established systems he prepared for the audit; as staff get used to PREA requirements; and if the number of PREA allegations reduce. He was very knowledgeable of PREA standards and was actively involved in PREA activities since being assigned to perform PREA Compliance Manager duties. He coordinates and conducts training, provides info to staff and inmates, contacts PREA Coordinator for clarification and coordinates with facility leadership. Inmates and staff know he is the PREA Compliance Manager. Inmate victims were very positive of Mr. Frantz. Inmates

and staff in general were very favorable of Superintendent Smith, Deputy Superintendent McGinley, Lieutenant Shirley, and Mr. Frantz in handling issues.

Superintendent Smith understood the PREA standards and was supportive to making change in policy and culture to ensure the safety of staff and inmates from sexual assault and harassment. He constantly sent out bulletins reference PREA requirements and changes.

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

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

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

§115.13 – Supervision and Monitoring

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

Pennsylvania Department of Corrections ensures all facilities develop and document a staffing plan that is supplemented by video monitoring to protect inmates against sexual abuse. State Correctional Institution at Muncy has developed a staffing plan and makes its best efforts to comply with the plan. The staffing plan is reviewed annually by the facility and submitted to the PREA Coordinator for review. Additionally, every three years an agency team conducts an on-site review of the staffing plan. When determining staffing levels and cameras for the staffing plan, consideration was given to: generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant; composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws,

regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors. The staffing plan is reviewed annually by the facility using the above considerations along with the facility's deployment of video monitoring systems; and the resources the facility has available to commit to ensure adherence to the staffing plan. Staffing plan has resulted in additional positions. Per Superintendent and PREA Compliance Manager all positions are covered with overtime and part time positions. Initially the Moss Group assisted with camera plan per PREA Compliance Manager. Key players meet about the cameras monthly, and conduct a very thorough review of camera placement and other camera issues and improvements. At the time of the audit there were 332 cameras with various recording capabilities. Unannounced rounds are documented in logs, and are done randomly on all shifts by the Deputy Superintendents, PREA Compliance Manager, Captains, and Major. The agency has a policy that prohibits staff from alerting other staff members that supervisory staff rounds are occurring.

§115.14 – Youthful Inmates

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

Pennsylvania Department of Corrections makes its best efforts for youthful inmates to not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters; and avoids placing youthful inmates in isolation to comply with PREA standard 115.14 through designating specific facilities to confine youthful offenders.

No youthful inmates were at the facility at the time of the audit but the facility does have physical plant and procedures so that youthful inmate are not placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. While outside of housing units, the facility shall provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

During the second on-site visit, the auditor observed changes made to the area established for youthful inmates. Using the same building, the facility made structural changes to have a bigger area for the juveniles to be housed separate by sight, sound and physical contact with adult inmates. A few youthful inmates were present during the visit. Per observation and interview of a youthful inmate: youthful inmates are not placed in isolation to be housed separate from adults; and are given access to daily large-muscle exercise, legally required education services, including special education services, and other programs and opportunities while under direct supervision of a correctional officer if any of those opportunities are with adult inmates. SCI Muncy

should be commended for its outstanding efforts to continually improve in meeting PREA standards and keeping inmates safe from sexual abuse and sexual harassment.

§115.15 – Limits to Cross-Gender Viewing and Searches

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

Through review of policy and documentation, interviews and observation SCI Muncy does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners; nor does the staff search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Though it would document cross-gender strip searches and cross-gender visual body cavity searches, it has not done any during the audit cycle. Policy and procedures are implemented to enable inmates to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks. This was verified through observation during the on-site audit and through interviews with inmates and staff. Policy also covers video viewing. Pennsylvania Department of Corrections policy does allow cross-gender pat-down searches of female inmates but will be changing the policy and practice prior to August 20, 2015. SCI Muncy conducts cross-gender pat-down searches of female inmates by male staff per interviews with inmates and staff, though both note the number of cross gender pat down searches are being reduced.

The auditor observed most male staff announce presence when they enter the housing unit, but it was not consistently done and number of inmates from certain housing units stated certain male staff do not announce. Standard 115.15 (d) states "policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit." Policy was recently implemented and not consistently announcing opposite gender when they enter the housing area. The facility previously announced before it was stopped years ago, per inmates and staff some staff had never stopped announcing, while others currently do not always announce. Policy to again start announcing officially effective June 30, 2014. The facility put additional emphasis on announcing opposite gender when they enter the housing area to include Warden memorandums reemphasizing the need for male staff to announce when entering a housing area if no other male staff is present. During the corrective action period site visit, the auditor observed male staff announcing and inmate interviews confirmed male staff were making announcement with few exceptions.

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

The transgender inmate interviewed did not raise any issues with pat-down searches being conducted. During the corrective action period, the auditor and the Pennsylvania Department of Corrections developed training material on conducting pat down searches of transgender and intersex inmates. SCI Muncy immediately trained all staff on how to conduct pat down searches of transgender and intersex inmates. The auditor reviewed training records that the training was conducted. Policies were established through a bulletin (DC-ADM-008-01) and implemented during the corrective action period. The training material was also provided to the Pennsylvania Training Academy to be incorporated into the basic training instruction for searches and contraband.

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

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

The agency takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks are available in English and Spanish. The agency also has a contract for other language interpretations. The contracted language interpretation agency (Language Service Associates) was used during a previous audit for a Spanish speaking inmate interview, but was not used during this audit. Language Service Associates is contacted using a toll free line. Staff who speak a foreign language or who signs has been identified. SCI Muncy has four staff that speak Spanish; one who speaks German, one who speaks Portuguese; and one staff member who is proficient in sign language. This information is tracked at the agency level and made available for staff. Both inmates and staff stated inmates are not used as interpreters, especially if it is an issue with sexual abuse and sexual harassment. Staff on shift during interviews knew which staff members could speak Spanish. Spanish speaking inmates said information is provided and understood. Staff was used to translate during the interviews with limited English speaking inmates. Inmates seemed very comfortable with the staff translator who was from the education department. SCI Muncy had no blind or deaf inmates at the time of the audit. It should be noted during the corrective action period on-site visit, the Spanish speaking inmate previously interviewed had improved her English speaking skills to where the staff interpreter was rarely used to translate the interview.

§115.17 – Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Through review of personnel records and interviews it was determined Pennsylvania Department of Corrections has established a system of conducting criminal background checks for new employees and contractors who may have contact with inmates to ensure they do not hire or promote anyone who had engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent or refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. At the time of the audit, Pennsylvania Department of Corrections policy did not cover contractors reference background checks (115.17 (a)), though background checks were completed on contractors. During the corrective action period policies were updated through a bulletin.

Initial background checks use a number of systems to include NCIC files and local police checks. The agency uses a continuous system of background checks for employees that provides a notice whenever an employee is involved with law enforcement using National Crime Information Center (NCIC)/Commonwealth Law Enforcement Assistance Network (CLEAN)/ and Pennsylvania Justice Network (JNET) systems in lieu of doing background checks every five years. Contractors go through background checks every five years.

Pennsylvania Department of Corrections contacts previous employers to provide information which was verified by examples of requests and interviews. The agency imposes upon employees a continuing affirmative duty to disclose any misconduct to include sexual abuse or sexual harassment. HR staff acknowledged employees report before they receive the notice of law enforcement involvement is forwarded to the facility. Policy, personnel records, and interviews verified that the agency considers incidents of sexual harassment in hiring of staff. At the time of the audit, Pennsylvania Department of Corrections policy did not cover contractors reference considering incidents of sexual harassment in determining whether to hire a contractor 115.17 (b). During the corrective action period policies were updated through a bulletin, and practice was initiated.

At the time of the audit, SCI Muncy had not requested employees who may have contact with inmates directly about previous misconduct described in paragraph 115.17(a) in interviews or written self-evaluations conducted as part of reviews of current employees (115.17(f)). Pennsylvania Department of Corrections policy was updated to have employees asked about previous misconduct during their annual evaluations through use of a form. The form does include the requirements for employees to affirm each year during their written evaluations they have not engaged in any sexual abuse in a facility; engaged or attempted to engage in sexual activity by force; and has been administratively or civilly adjudicated of such activities. SCI Muncy provided two sets of forms (evaluations over two different months during the corrective action period) for personnel who had monthly evaluations conducted during the

corrective action period used to confirm no previous misconduct during written self evaluations.

At the time of the audit, Pennsylvania Department of Corrections policy did not require the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work (115.17(h)). It only provided the information if a former employee signed a release of information form. During corrective action period, policy was modified to provide the information even if the employee did not sign a release form and interviews confirmed agency staff would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

§115.18 – Upgrades to Facilities and Technology

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

By policy and interviews of the Pennsylvania Secretary of Corrections and PREA Coordinator; the agency considers the effect of the design, acquisition, expansion, or modification, and use of, installing, and modifications of monitoring technology upon the agency's ability to protect inmates from sexual abuse. There has not been any new facility in the last year.

Through interviews, observation during tours and camera purchase documentation they have improved security through the use of technology in areas the Warden, PREA Compliance Manager and Security Chief determined best needed. SCI Muncy changed some of the tilt pan zoom cameras in some of the housing areas to more fixed cameras that provided better coverage of the housing areas and eliminated limited capability with the tilt pan zoom cameras to see inmates in the showers. Additionally, they have added 20 cameras in housing units, laundry, commissary, chapel areas, etc.

§115.21 – Evidence Protocol and Forensic Medical Examinations

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

Policy and procedures outline evidence protocols that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal

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

The Pennsylvania Department of Corrections protocols were reviewed and found to be in line with DoJ's National Protocol for Sexual Assault Medical Forensic Examinations. SCI Muncy has an MOU with Williamsport Regional Medical Center to conduct forensic exams using SANE/SAFE staff. An inmate was provided a forensic exam using SANE/SAFE staff in the last year. Services are provided at no costs to the inmate. When requested, the Crime Victim Compensation fund pays for the forensic exam. The agency has an agreement with "Wise Options" (June 2014) to provide advocacy for and accompany victim to the hospital; provide confidential support services, accompany victim through court proceeding, and provide staff assistance and training on issues of sexual victimization and violence. SCI Muncy provided documentation that victim advocates from Wise Options provided services at the hospital.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

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

Through review of policies, documentations, MOUs, and interviews (staff and inmates), the Pennsylvania Department of Corrections and SCI Muncy: ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment; and that all allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The Pennsylvania Department of Corrections policy and MOU with the Pennsylvania State Police describes the responsibilities of both agencies. Through review of documents and interviews of staff and inmates it was determined an administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. The facility investigator initiates all investigations. There were 75 allegations during the audit cycle; 74 administrative, one criminal investigation.

§115.31 – Employee Training

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

All SCI Muncy staff had received training on PREA. Review of the lesson plans and slides identified the training did not include: 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; and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates (115.31 (a)). Interviews of staff demonstrated they understand the zero tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the reporting requirements and procedures. During the corrective action period, training slides were developed for the areas not covered and staff received the training. Auditor reviewed training slides and documents that staff understood the training.

Staff acknowledges receiving training prior to 2014. Training conducted in March and April 2014, was documented with the employee signature that employees understand the PREA training they received. Training at SCI Muncy is tailored for female inmates. Training academy provides the PREA training for the new recruits. The training academy was provided the subjects that needed to be incorporated into their current training curriculum.

§115.32– Volunteer and Contractor Training

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

Based on review of contractor and volunteer training records; interviews with the volunteer coordinator, volunteers, and contractors; all contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Interviews of contractors and volunteers demonstrated they were very knowledgeable of PREA, their responsibilities and the agency zero tolerance policy. The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received.

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

During the tour and interviews most inmates acknowledged the information being provided upon arrival, during orientation, posted throughout the facility (program and service areas); and constantly on the television. On the inmate channel before the menu for the meals for that day is displayed is PREA message/information. They definitely knew the agency zero tolerance policy; the difference between sexual abuse and sexual harassment; how to report; and that they have the right to be free from retaliation for reporting such incidents.

§115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Three SCI Muncy investigators received PREA investigator training in May 2014, developed by the MOSS Group from National PREA Resource Center website to supplement previous investigator training received. The training was documented for each investigator. SCI Muncy investigators also attend the general PREA training required of all employees, signing that they understood the training. The lesson plans, slides and sign-in sheets were reviewed and interview of investigators demonstrated they understood the how to conduct a sexual abuse investigation in a confinement setting and what their roles were. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigators were very knowledgeable of the procedures in conducting a sexual assault and interviewing a sexual assault survivor.

§115.35 – Specialized training: Medical and mental health care

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

Through review of the questionnaire, training records, and interviews, it was determined the medical and mental health care staff received the basic PREA training all staff or contractors receive as applicable, but not the specialized medical and mental health training (115.35(a)). There was no documentation that the specialized training for medical and mental health staff had been conducted (115.35 (c)). Interviews of medical and mental health staff demonstrated they had some knowledge of how to detect and assess signs of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical staff does not conduct forensic medical examinations.

During the corrective action period the auditor reviewed the lesson plan and slides for the specialized medical and mental health training and documents that demonstrated the medical and mental health staff received the training. The training conducted in February and March included: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

The auditors reviewed policy, randomly selected screening forms, and interviewed staff who conduct the screens and inmates. All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. The screening is completed within 72 hours of arrival by policy, observation of screening and check of inmate records. The initial screening is completed by the registered nurses. Between 20 – 30 days the facility reassesses the inmates risks of victimization or abusiveness and by policy the inmates risks level is reassessed again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The reassessments are done by the unit counselors. The

auditor reviewed random screening forms to include those that were reassessments between 20 – 30 days. The reassessment screens did not begin till September 2014. The auditor also had staff screeners conduct a screen of the auditor as if he was the inmate. The inmate population remembers being asked the questions and being screened upon arrival. The process was done very professional. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. The screening instrument is objective in determining if inmate is at risks for victimization or abusiveness. Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other inmates.

Prior to and during the audit the screening form did not include the screener making an assessment of whether the inmate was gender nonconforming (115.41(d)(7)); nor did the staff conducting the screen ask the inmate if they had a developmental disability (115.41(h)). Asking for developmental disability was in policy but not on form. During the report writing period the agency modified the form, trained the screening staff, and the facility implemented the revised form that now include the screener asking the inmate if she has a developmental disability and the staff makes an assessment of whether the inmate is gender nonconforming. SCI Muncy provided copies of completed screens that meet all parts of the standard to the auditor during both the report writing period and corrective action period.

§115.42 – Use of Screening Information

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

By agency policy, a “Z” code is given to inmates who are vulnerable to include vulnerable to sexual assault and is given a single cell. Other vulnerable reason includes danger to self, danger to others, mental health problems, medical problems. Long term inmates can also get single cell if space is available. SCI Muncy was not using the screening information to determine housing and bed assignments per interview of staff (115.42(a)). The staff said they were not provided the information from the screen and was using good correctional judgement based on other information. During the corrective action period, unit management staff was provided the information and used the screening form information and decisions to determine housing and bed assignments with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. These decisions are made on a case by case basis using information from the screen, assigned PREA classification, and good correctional judgment. The auditor was provided examples of the screening information and documents that documented the screening forms were being used to determine housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

By policy lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates are not housed in dedicated facilities or housing units; transgender or intersex inmates are reassessed twice each year and their own views with respect to his or her own safety are given serious consideration; and they have the opportunity to shower separately. SCI Muncy had one transgender male inmate during the audit. The transgender male inmate was housed in general population and not a dedicated housing area; he was asked for his view of his own safety and given the opportunity to shower separately. The showers in his housing unit were single so he did not have to ask to shower separately. During the interview of the transgender male inmate, he said he felt uncomfortable but felt safe at the facility. Transgender inmates are reassessed every six months. Per interview of the Superintendent and PREA Compliance manager, a transgender inmate view of safety is given serious consideration.

Agency policy was not clear on how to determine whether a transgender or intersex inmate would be assigned to a facility for male or female inmates (115.42(c)). During the corrective action period, agency policies were modified to ensure facility assignments, and programming for transgender and intersex inmates would be done on a case by case basis by the Transgender Review Personnel based on safety/security needs, housing availability, inmate opinion, gender identity, and genitalia.

§115.43 – Protective Custody

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

Agency policy (DC-ADM 802 Administrative Custody Procedures) states inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after the first two months by policy. There were no inmates in protective custody who were high risks for sexual victimization to interview. Staff interviews verified inmates at high risks of sexual victimization are not placed in involuntary segregation unless other measures have been assessed, and that none had been placed in involuntary segregation. There were no inmates in segregation involuntarily for sexual victimization at the time of the audit.

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

were placed in segregated housing for involuntary protection they would have access to programs, privileges, education, and work opportunities.

The only transgender inmate was in general population and reported he did not feel at risk of sexual violence at the facility.

§115.51 – Inmate Reporting

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

Through interviews of inmates, staff and review of policies, inmate handbooks and posters it was determined the Pennsylvania Department of Corrections and SCI Muncy provide multiple internal and external ways for inmates to report sexual abuse and sexual harassment. Inmates can report verbally and in writing to staff; Pennsylvania website provides for third party reporting; and inmates can report to outside agencies such as Pennsylvania Crime Stoppers Tip Line (*77) to include anonymously, and write to PCAR, or BCI (Bureau of Criminal Investigations). The tip hotline also lists a pin number specifically for the Pennsylvania Crime Stoppers Tip Line, so that the calls would be confidential because the PIN number is a general pin number not tied to a specific inmate. The auditor called the Pennsylvania Crime Stoppers Tip Line and discussed the process with staff that monitor the phone line. During the revisit to the facility, the Pennsylvania Crime Stoppers Tip Line phone system had been stopped per request of the tipline due to abuse. Inmates can still write to the Pennsylvania Crime Stoppers Tip Line. Four of the investigations of PREA allegations reviewed by the auditor started through a phone call to the tip line. Inmates could still write to the tipline. Examples of inmate reporting through different means were reviewed when investigative cases were reviewed, most were done verbally to staff or through the tip line. One filed a grievance which went immediately to investigations to be processed through investigative channels. Staff accept reports made verbally, in writing, anonymously, and from third parties, and are promptly document any verbal reports. During interviews most inmates stated they felt comfortable reporting sexual abuse and harassment to the SCI Muncy staff. Most allegations were reported to staff by inmates. Most inmates knew they could report retaliation.

Staff can report privately by calling, emailing or writing the Pennsylvania Crime Stoppers or reporting to the PREA Coordinator or Compliance Manager.

§115.52 – Exhaustion of Administrative Remedies

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

Does Not Meet Standard (requires corrective action)

X Non-applicable

Per agency grievance policy, inmates cannot file a grievance for sexual abuse and assault. If it is filed, it is sent straight to the investigator for investigation and processing in accordance with investigation policies. Inmates can file a grievance for sexual harassment; one of 12 sexual harassment allegations the auditor reviewed were through the grievance process.

§115.53 – Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

SCI Muncy has an agreement with Wise Options to provide inmates with access to the outside victim advocate for emotional support services related to sexual abuse by giving inmates mailing addresses. Letters to Wise Options is considered privileged mail and is not checked. The PREA Compliance Manager can call Wise Options for a victim advocate for the inmate if requested. Inmate interviews confirmed the inmates were informed and knew of the confidential support services provided.

§115.54 – Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Pennsylvania Department of Corrections web site has a PREA section on their home page, which has a link to how to make a third party report. Third party reports can go to the agency or to the tips hotline phone number or link. At the time of the audit it was only for reporting sexual abuse and not sexual harassment. Posters at the facility provide the inmates a telephone number and link family friends can report sexual misconduct to include retaliation as a third party. Discussion with inmates demonstrated they knew how third party reporting could be accomplished.

§115.61 – Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Pennsylvania Department of Corrections policy and fliers require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. The policy and fliers do not cover reporting any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Review of investigative files; and interviews of staff and inmates verified staff immediately report to the facility's designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility's designated investigator. During staff interviews, staff knew their requirements to report all allegations of sexual abuse, sexual harassment, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews of medical and mental health staff identified they are required to report sexual abuse.

Pennsylvania Department of Corrections policy did not address the requirement to report allegations of sexual abuse when the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, to the designated State or local services agency. During interviews, staff knew of the requirement.

During the corrective action period Pennsylvania Department of Corrections policy was updated to include reporting staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, and to report any alleged sexual abuse with a alleged victim under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, to the designated State or local services agency.

§115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

this is normally done by moving one of them to other side of compound so they do not cross paths. One inmate stated it takes a while for this to happen and could still cross paths.

Questionnaire said one case. Auditor reviewed and determined the incident was not a case of an inmate being subject to a substantial risks of imminent sexual abuse.

§115.63 – Reporting to Other Confinement Facilities

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

Pennsylvania Department of Corrections policy requires upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred; notification will be done within 72 hours, documented and will provide support in the investigation. SCI Muncy has received three allegations that occurred at another facility from inmates; and once received notice of an allegation from an inmate at another facility that occurred at SCI Muncy. The Superintendent, PREA Compliance Manager and investigator knew the process for both type of cases as explained during their interview. Documentation was reviewed of the incidents. Notification was done on the same day of being made aware of the allegation to the Superintendent of those facilities. The incident that was reported from another facility was investigated and the information was provided to the facility that the alleged victim was confined.

§115.64 – Staff First Responder Duties

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

Pennsylvania Department of Corrections policies specify procedures to respond to an allegation of sexual abuse for both security and non-security staff. Good training, reinforced by a check sheet listing the steps to take as a first responder, prepared SCI Muncy staff to properly respond to allegations of sexual abuse. Random interviews with staff confirmed both security and non-security staff knew upon learning of an allegation that an inmate was sexually abused they should: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate,

washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

§115.65 – Coordinated Response

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

The agency PREA policy and SCI Muncy written institutional plan coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Review of investigations and interviews with staff confirmed they were knowledgeable about their responsibilities and the coordinated duties and collaborative responsibilities.

SCI Muncy written institutional plan (December 1, 2014) covers more than coordinated response to an incident of sexual abuse but also covers procedures for unannounced rounds, PREA risk tool, reporting, and incident reviews.

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

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

During the audit the auditor was informed there had been one collective bargaining agreement entered into or renewed since August 2012 recently and provided to the auditor to review after the audit. The renewal does not address 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. The change was simply an addendum. The base document was not provided, but agency policy does not restrict facility administrators from removing staff from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The auditor was informed the base document does not restrict removing or disciplining a staff member and an example of a staff being moved from contact with inmates was provided. Auditor was provided documentation that demonstrated a correctional officer was suspended without pay pending investigation for sexual assault in the facility.

§115.67 – Agency Protection Against Retaliation

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

Pennsylvania Department of Corrections has established a policy to protect all inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and has designate which staff members or departments are charged with monitoring retaliation for inmates. The PREA Compliance Manager by policy and in practice monitored inmates; a Deputy Superintendent by policy and practice monitored staff for retaliation.

The PREA Compliance Manager would employ protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The PREA Compliance Manager stated he had to employ protective measures, usually separating the inmates into different housing units.

By policy and practice, SCI Muncy monitors for at least 90 days, and if continuing need dictates beyond 90 days. During the audit, the PREA Compliance Manager provided documented demonstrating checks with inmates, check of inmate files, disciplinary reports, housing, or program changes reviewed as part of the monitoring process. Interviews further confirmed monitoring for retaliation was being conducted. Interviews of the Superintendent, PREA Compliance Manager, and inmates demonstrated monitoring was being conducted.

Pennsylvania Department of Corrections policy did not address individual who cooperates with an investigation that expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation (115.67(e)). During the corrective action period, Pennsylvania Department of Corrections updated the policy with a bulletin include the agency taking appropriate action to protect individuals who cooperated with an investigation and expressed fear from retaliation.

§115.68 – Post-Allegation Protective Custody

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

Pennsylvania Department of Corrections policy (DC-ADM 802 Administrative Custody Procedures) states inmates who have suffered sexual abuse shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from abusers. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after the first two months by policy. Staff interviews verified inmates who had suffered sexual abuse would not be placed in involuntary segregation unless other measures have been assessed. Agency policy also states inmates placed in segregated housing involuntarily for protection from sexual abuse would have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities were restricted, the facility would document: what was limited, duration of limitation, and reasons for limitation.

Per interview with the Superintendent, PREA Compliance Manager, staff, and inmates there was no instances of using segregation housing to protect an inmate who had alleged to have been sexually abused. Alternate protective measures are used in lieu of protective custody.

§115.71 – Criminal and Administrative Agency Investigations

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

Based on review of 28 investigations, policies, and interviews of investigators and inmates it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly, and objectively for all allegations. All investigators used have received special training in sexual abuse investigations. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. Pennsylvania Department of Corrections does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

SCI Muncy investigators start all investigations and conducts administrative investigations. All investigations are started the same day as the allegation. By policy investigations must be completed within 30 days. If an allegation appears to be criminal in nature, the investigator will call Pennsylvania State Highway Patrol who conducts all criminal investigations. An MOU between Pennsylvania State Police and the Pennsylvania Department of Corrections for investigations of allegations of sexual crimes was signed in September 2013. The MOU includes responsibilities of each agency to include Pennsylvania State Police responsibilities to meet standards in 115.21 and 115.71. The MOU includes Pennsylvania State Police responsibility to keep Pennsylvania Department of Corrections Office of Special Investigations and Intelligence

(OSII) informed of the status of the investigation to include referral for prosecution to appropriate prosecutorial agency. OSII staff provide technical assistance and support to the facility investigator for administrative investigations, and normally review all allegations against staff.

The auditor reviewed 28 investigations of PREA allegations. Of the 28 allegations: eight was staff sexual harassment (six unsubstantiated, two unfounded); four were staff sexual abuse (four unfounded); four inmate sexual harassment (four unsubstantiated); ten inmate on inmate sexual abuse (nine unsubstantiated, one unfounded); and two inmate consensual sex, which were not counted as sexual abuse but as sexual misconduct violation.

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

§115.72 – Evidentiary Standard for Administrative Investigations

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

Review of the agency and facility policies, review of investigations, and interview of investigators confirm SCI Muncy imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

§115.73 – Reporting to Inmate

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

Agency policy requires the inmate be notified: following an investigation into an inmate's allegation that he or she suffered sexual abuse whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded; subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit or employed at the facility, staff member has been indicted on a charge or convicted on a charge related to sexual abuse within the facility; and if sexually abused by another inmate subsequently inform the alleged victim whenever the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. A review of investigations completed, and notification memorandums indicated that inmates were informed of the outcome of the investigations whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. Notifications to inmates of the results of the investigations and action in writing had just started prior to the audit (only eight had been done), previously was not done or done verbally. The auditor required the facility to provide any new notices till he was satisfied notification procedures were firmly in place. One inmate informed the auditor she received the notice after it was slipped under her door, which her roommate could have seen. The auditor also recommended the facility present the notification in person and have the inmate sign receiving the notice which they immediately implemented. The auditor reviewed five additional notifications following the audit. Interviews during the revisit confirmed SCI Muncy was notifying the inmates in writing and in person of the results of the investigations, and inmates signed receiving notification. No alleged abusers were indicted or convicted of a charge of sexual abuse within the facility that required such notification.

§115.76 – Disciplinary Sanctions for Staff

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

Per Pennsylvania Department of Corrections policies, bulletins, posters, and interviews with staff: staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. No staff have been terminated during this audit period. One was suspended one day for sexual harassment. There were no substantiated sexual abuse case.

§115.77 – Corrective Action for Contractors and Volunteers

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

Agency policies prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews with the PREA Compliance Manager and Superintendent confirmed one contractor was banned from facility and terminated during the audit cycle. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

§115.78 – Disciplinary Sanctions for Inmates

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

Per Pennsylvania Department of Corrections policies and interviews with staff, inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories; and considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior. Pennsylvania Department of Corrections policies prohibits all sexual contact between inmates. Interviews with the Superintendent further verified sanctions are commensurate with the nature and circumstances of the abuse committed; and SCI Muncy considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior.

At the time of the audit, Pennsylvania Department of Corrections policies did not address standard 115.78 (f) for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. During the corrective action period Pennsylvania Department of Corrections policy incorporated the standard. There has been no inmate charged with false reporting during the audit period.

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

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

During the audit it was determined neither agency or facility policies required medical and mental health follow-up meeting within 14 days for those inmates who experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community (115.81(a) and (b)). The practice of offering a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening for a prison inmate who experienced prior sexual victimization or had previously perpetrated sexual abuse was not always done during the audit cycle, but once it was started it became established practice. Review of those cases that did accept the offer and received follow-up, demonstrated the follow-up was within 14 days. Interviews of medical and mental health staff, and inmates confirmed follow-up meetings are scheduled and conducted. Inmate interviews confirmed follow-up for recent cases had been offered and those that accepted the offer stated the follow-up with a medical and mental health practitioner was very helpful. During the corrective action period Pennsylvania Department of Corrections policies were updated.

§115.82 – Access to Emergency Medical and Mental Health Services

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

Review of Pennsylvania Department of Corrections policies, SCI Muncy policy DC-ADM-008 Muncy, hospital documentation, Wise Option MOU, Williamsport Regional Medical Center Standard of Care form, facility SCI Muncy fliers, and interviews with staff and inmates confirm inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services from medical and mental health staff. Treatment was provided timely and without financial costs to victims of sexual abuse.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Pennsylvania Department of Corrections policies, SCI Muncy DC ADM 008 (Muncy) policy, review of medical records, and interviews with staff demonstrate there is on-going medical and mental health care for sexual abuse victims and abusers. Treatment is at no costs to the inmates. Interview of staff documented facilities provides victims with medical and mental health services consistent with community level of care; and if victim of a sexual abuse is penetrated, she shall be offered a pregnancy test, and if pregnant the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning such abuse, and treatment is offered.

§115.86 – Sexual Abuse Incident Reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Pennsylvania Department of Corrections policy identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews. Incident reviews by policy are to be done within 15 days of the investigation being completed. Reviews were recently started before the audit. Prior to the audit only four of the 42 sexual abuse investigations not unfounded received a sexual abuse incident review. The incident reviews that were conducted were not always conducted within 30 days of the investigation being completed. The four sexual abuse incident reviews were very thorough, covers more areas than required by the standard, and resulted in changes, specifically an increase in number of cameras and a switch to more fixed cameras to replace some of the tilt, pan, zoom cameras. Reviews are reviewed by the central office, which internally recognized medical and mental health staff were not part of the reviews. The auditor requested additional reviews be provided during the report writing phase and corrective action phase, which the facility provided and the reviews did include medical and mental health staff.

During the corrective action period the facility provided documentation for five new sexual abuse incident reviews. All were done timely; included medical and mental health staff on the review teams; and were very thorough in reviewing factors that may have led to the assault by reviewing, physical plant, technology, policies and practices to better prevent, detect, or respond to sexual abuse.

§115.87 – Data Collection

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

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

DC-ADM-008 did not require the agency to collect accurate, uniform data for every allegation of sexual abuse from every private contract for confinement of its inmates. DC-ADM-008-1 bulletin addresses the standard to collect from private facilities, and the PREA Compliance Manager has notified facilities of the requirement to provide the data.

§115.88 – Data Review for Corrective Action

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

The Pennsylvania Department of Corrections policy requires the agency to review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. Per the interview with the PREA Coordinator, she reviews the data collected to assess and make recommendations how to improve the effectiveness of its sexual abuse and sexual harassment program. SCI Muncy received additional resources for camera upgrades and renovation of the juvenile housing area. The 2013 annual report was published December 10th and posted on the web site December 19, 2014. This was the first annual report. The report included comparison of agency wide statistics from 2012 and 2013; allegations and findings by facility; and improvements in implementing PREA policies. The agency statistics showed a large increase in reported allegations. The increase in reported allegations could be due to improved reporting systems and understanding of PREA. There was an overall increase in allegations, but very few cases were substantiated. In 2013, SCI Muncy had 20 inmate on inmate sexual abuse or harassment allegations (three substantiated; 17 unsubstantiated) and 32 staff on inmate sexual abuse or harassment allegations (25 unsubstantiated; seven unfounded). The report is posted on the Pennsylvania Department of Corrections website. The home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, frequently asked questions, PREA resource links, DoJ Surveys and annual report.

§§115.89 – Data Storage, Publication, and Destruction

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

The agency ensures that data collected pursuant to § 115.87 is properly stored and securely retained. The agency had maintained its sexual abuse data collected pursuant to § 115.87 to date, which had not been ten years. The agency website has recent DoJ Survey of Sexual Violence reports that have the aggregated sexual abuse data for its facilities under its direct control, private facility data was not provided. Website does have a PREA section with a lot of good information to include aggregated sexual abuse data, from facilities under its direct control. The 2013 Annual report with aggregated sexual abuse data posted on website December 19, 2014. Before making aggregated sexual abuse data publicly available, Pennsylvania Department of Corrections removes all personal identifiers.

There is no policy that requires the agency to maintain sexual abuse data for at least 10 years after the date of the initial collection (115.89(d)). During the corrective action period, PREA policies were updated requiring the sexual abuse data collected be maintained for at least 10 years after the date of the initial collection and private facility data would be collected and aggregated in future data posted on the web site. Additionally, the 2013 annual report was published December 10th and posted on the web site December 19, 2014, which provides additional agency aggregate data and data by facility not found in the DoJ Survey of Sexual Violence reports.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature



Date