

# PREA AUDIT: AUDITOR'S INTERIM SUMMARY REPORT



<b>Name of facility:</b>		State Correctional Institution at Pine Grove	
<b>Physical address:</b>		189 Fyock Road, Indiana, PA 15701	
<b>Date report submitted:</b>		October 19, 2015	
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<b>Date of facility visit:</b>		May 6 – 8, 2015	
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>		(724) 662-1837	
<b>The facility is:</b>	<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		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Agency Information</b>			
<b>Name of agency:</b>		Pennsylvania Department of Corrections	
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b>		1920 Technology Parkway, Mechanicsburg, PA 17050	
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<b>Agency Chief Executive Officer</b>			
<b>Name:</b> John E. Wetzel		<b>Title:</b> Secretary of Corrections	

[REDACTED]		
<b>Agency-Wide PREA Coordinator</b>		
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## AUDIT FINDINGS

### NARRATIVE:

The PREA Audit of the State Correctional Institution at Pine Grove (PNG), in Indiana, Pennsylvania was conducted from May 6 – 8, 2015, by Designated Auditor Charles J. Kehoe and Auditor David K. Haasenritter. The auditors had received the Pre-Audit Questionnaire and supporting documentation approximately two-weeks prior to the audit. The designated auditor contacted Just Detention International and was told that agency had no calls or information regarding Pine Grove. The Honorable Secretary of Corrections, John E. Wetzel, and the Department of Corrections (DOC) PREA Coordinator, Jennifer L. Feicht, were interviewed prior to an earlier audit. The auditors also reviewed the DOC Web site. The evening before the audit, Cheryl Henigin, the PREA Compliance Manager provided the auditors with a list of all the Pine Grove employees, a list of specialized staff, a list of all the offenders in the facility by housing units and a list of offenders in designated categories. The lists enable the auditors to identify staff and offenders they would interview during the audit.

The auditors wish to extend their deepest appreciation to Superintendent Eric P. Bush and his staff for their professionalism, hospitality, and kindness throughout the audit.

The auditor also wishes to compliment the DOC PREA Coordinator, Jennifer L. Feicht and PREA Manager, Cheryl Henigin for their outstanding work in organizing the electronic files that were provided to the auditors in advance of the audit. This enabled the audit to move forward very efficiently.

An Entrance Meeting was held at 8:20 a.m. on Wednesday, May 6, 2015 with Superintendent Eric Bush, PREA Coordinator and eight administrative staff members. The Superintendent provided the auditor with an overview of SCI Pine Grove and the offender population it serves. The Superintendent reported that the count that morning was 1,025 of which 22 offenders were under the age of 18. The auditor reviewed the audit schedule and provided the Superintendent with a list of offenders and staff he randomly selected to be interviewed from the offender list and staff list that was sent to him.

Following the Entrance Meeting, the auditor was given a complete tour of Pine Grove. The tour began at 9:15 a.m. A lunch break was taken at Noon and the audit was continued at 12:42. All the housing units were visited, as well as all areas where offenders are permitted, including those outside the security perimeter. Many of the housing units have classrooms attached. Sight lines were very good in most of the housing areas. Some modular housing units had a few blind spots, but correctional officers were positioned nearby to provide direct supervision and cameras were strategically placed. Pine Grove has 264 video cameras throughout the facility providing comprehensive coverage. The auditor pointed out one blind spot area in the laundry and clothing storage area. Before the audit ended, a camera was being installed. The auditor inspected several housing logs during the audit and saw the documentation

of the unannounced rounds. All shower areas provided privacy for offenders. During the audit, the auditors reviewed the video cameras and their storage capability.

Program areas included the Chaplains Services, library, and the school. In the school, four classes are held at a time during 90 minute blocks. There are six teachers in the school. The clerical pool is located in the programs building. Health care is provided by a team of 12 nurses, a doctor, and a physician's assistant. The doctor and physician's assistant are in the facility five-days per week. There is also a dentist and dental hygienist. There are medical cells in the medical annex for offenders who need close observation. Throughout the tour, the auditor observed the notices of this PREA audit in all the buildings, as well as posters that called attention to the DOC's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. There are also mental health observation cells in the medical suite.

The auditor was impressed by the overall appearance of the facility. The tour ended at approximately 2:15 p.m.

Following the tour, the auditor began the interviews and reviews of investigative files, training, and personnel files, offender files, and documents.

Eighteen offenders were interviewed. Those interviewed were randomly selected, by the auditor, from a list of all the offenders by their housing assignment at the facility. There was at least one offender interviewed from each housing unit. The auditors also interviewed 6 offenders in specialized areas including two youthful offenders, two offenders who were disabled or had limited English proficiency, one inmate who identified as gay, and one inmate in segregation (not for a PREA related event). No inmates disclosed a previous sexual abuse during screening or reported being sexually abused while at PNG.

Seventeen correctional officers were interviewed who were randomly selected by the auditor from all shifts. Twenty-one interviews were conducted with specialized staff or staff in a specialized area. These interviews included the Superintendent, PREA Manager, Intermediate/Supervisory staff who make unannounced rounds, the Health Administrator, a mental health professional, the Human Resources Manager, the Institutional Investigator, staff in segregate housing, the Counselor who conducts screening for risk of abuse or victimization, educational staff who work with youthful offenders, an Incident Review Team member, the staff member who monitors for threats of retaliation, a non-security staff member who can act as a first responder, and an Intake staff member. The auditors also interviewed two contractors and two volunteers. In total, the auditors conducted 62 interviews during the audit.

It should be noted that some of the employees have multiple responsibilities so some individuals were interviewed more than once if their duties covered more than one specialized PREA area.

The auditors were impressed by what the correctional officers and other staff know about PREA, the zero tolerance policy, offender rights regarding PREA, first responder duties, and evidence collection.

The auditors selected and carefully reviewed three personnel files and training records of correctional officers he had randomly interviewed. The files were very organized and contained all the necessary background check information and written documentation that the correctional officers received the required training and understood it.

The auditor also reviewed three offender files and saw documentation of offender education, intake screening, and risk of victimization. The DOC's offender files are very organized and provided detailed information on the offender.

The auditor reviewed 17 investigations regarding sexual harassment and two allegations of sexual abuse in the past year, with the PREA investigator. One allegation was made from another facility about Pine Grove. The facility that had the inmate in their physical custody conducted the investigation, per DOC policy. Of the 19 investigations, 15 were found to be unsubstantiated, two were found to be substantiated, one was unfounded and one was awaiting a determination. The majority of the allegations were reported through the grievance procedure. Approximately 14 of the allegations came from the Restricted Housing Unit and seven of those involved staff. All were unsubstantiated. The two substantiated allegations were inmate-on-inmate sexual abuse.

When the on-site audit was completed, the auditor conducted the Exit Meeting on Friday, May 8, 2015 at 2:05 p.m. While the auditors could not give the facility a final finding, as there some standards needing further clarification, the auditors did give an overview of the audit and thanked the Superintendent and his staff for their hard work and commitment to the Prison Rape Elimination Act.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

SCI Pine Grove is located four miles northeast of the Borough of Indiana, in Indiana County, Pennsylvania. Since 2013, the Borough of Indiana has been part of the Pittsburgh metropolitan area and has a population of approximately 14,000.

SCI Pine Grove was established to provide the Pennsylvania Department of Corrections youthful offender population a separate facility. Construction was started in May of 1998. The first offenders began arriving in January of 2001. The facility was dedicated on February 23, 2001. There are 29.5 acres inside the secure perimeter and 82 acres outside the perimeter. There are a total of 19 buildings inside and outside the perimeter. There are 8 housing units. Two housing units have both cells and dormitory-style housing. Approximately 40% of the population is 20 years of age or younger.

The academic program provides education through GED level. Academic and vocational programs include:

- Adult Basic Education (ABE)
- Literacy (English as a Second Language and Limited English Proficiency)
- Special Education
- Money-Smart/Pre-Vocational
- Federal Title I Program
- Building Custodial Maintenance
- Construction Building Trades (Carpentry)
- Computer Aided Drafting
- Business Education
- HVAC

Counseling and therapeutic programs include:

- Young Adult Offender's Program\*
- Batterer's Intervention
- Thinking for Change

- Violence Prevention – Moderate Intensity
- Violence Prevention – High Intensity
- Sex Offender Treatment Program
- Long Term Offenders
- Hepatitis C
- Medication Education
- Act 143 Victims Education
- Therapeutic Community (TC)
- AOD Dual Diagnosis
- AOD Outpatient
- PV Group
- Self-Help Groups

\* The Young Adult Offender’s Program is a therapeutic community which enables this population the opportunity to mature in a nurturing environment.

In addition to these programs, SCI Pine Grove delivers a robust community work program throughout the year that contributes nearly 8,000 hours of offender-hours of community service to nor-profit, faith-based, and governmental organizations. Groups that benefit from the community work program include the Indiana County Community Action Program, Lions Health Camp, local recreational programs and volunteer fire departments, and numerous churches.

SCI Pine Grove is a highly valued member of the Indiana County Community.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	1
Number of standards met:	42
Number of standards not met:	0
Non-applicable:	0

## **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

The Pennsylvania Department Corrections has a written policy, DC-ADM-008 Prison Rape Elimination Act (PREA) Procedures Manual (dated June 30, 2014), mandating zero tolerance towards all forms of sexual abuse and sexual harassment. A previous PREA manual was dated July 25, 2008. Policy does not completely cover every standard, but agency policies and procedures outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Other agency policies such as 4.1.1 Human Resources and Labor Relations, 13.2.1 Access to Health care Procedures Manual, and DC-ADM 802 Administrative Custody Procedures, supplement the main PREA policies.

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 very 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.

Ms. Cheryl Henigin is the PREA Compliance Manager. In Pennsylvania Department of Corrections the Corrections Classification Program Manager also serves as the PREA Compliance Manager. She works directly for the Deputy Superintendent. She has the authority to coordinate the facility's efforts to comply with the PREA standards.

## **§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 contracts include the contractor's 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 include a statement of general monitoring. Latest renewals include the monitoring of contracted facility for PREA compliance. Jails they contract with have begun to contract for PREA audits, and one received a PREA audit prior to this audit.

## §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)

Section 6.3.1 of the Facility Security Procedures Manual, Section 15, Correctional Officer Staffing System describes how the department will conduct a staffing survey for each facility in cooperation with the Central Office Staffing Audit Team. The procedure also states:

“Should a facility be required to create a new post necessitating additional positions or to reclassify or delete a post or position prior to the Corrections Officer Staffing Audit being conducted, the Facility Manager will prepare an **Interim Staffing Survey Request (Attachment 15-G)** for review by the respective individuals as indicated in this section.” This procedure was revised in August of 2009, before the PREA standards were approved, and does not mention the role of the PREA Coordinator or the PREA Compliance Manager.

The Staffing Audit Reports and the Interim Staffing Survey Requests that were provided to the auditors did not include the items listed in Section (a) (1) through (11) (i.e., Generally accepted detention and correctional practices; judicial finding of inadequacy, any findings of inadequacy from Federal investigative agencies, etc.). However, in the interview with the Superintendent, he did assure the auditor that these areas were taken into consideration. In addition, there was documentation in other areas that these points were discussed, including the need for additional cameras. The revised (1) through (11) will be considered whenever the staffing plan is rewritten.

The facility did provide documentation that an Interim Staffing Survey Request was submitted based on an approved proposal to expand the Youthful Offender Program.

The DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training does state the responsibilities of the PREA Coordinator and states:

“Work with each facility on an annual basis to assess, determine and document whether adjustments are needed to: the staffing plan, deployment of the video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan. The statewide PREA Coordinator will also review any documentation for non-compliance with a staffing plan.”

Following the audit and before the Interim Report was submitted, the auditor received a memo from the PREA Coordinator stating that she had received the latest staffing plan (February 11, 2015) and reviewed same. Although the PREA Coordinator was not at the meeting during which the staffing plan was discussed, she does concur with the plan.

The facility did provide the auditors with minutes of quarterly Security and Review Committee meetings and Monthly PIDS Committee meetings. In these documents there was ample documentation that the PREA Compliance Manager was an active participant in the meetings.

The top administrative staff do conduct unannounced rounds on a monthly basis on all shifts. Administrators are assigned one of three zones to inspect and must complete the rounds in

their zones during the month. Rounds are documented in unit logs by an entry in red ink. In addition, detailed written documentation is required on the PREA Administrative Tour Form which includes a checklist of areas to be inspected. The auditors reviewed the reports and found they provided valuable information and met all the requirements of the standards for unannounced rounds. The randomness of the rounds as to date and time helps to ensure that staff will not call ahead to alert other staff that the rounds are being conducted.

### **§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)

One of the main objectives of PNG is to provide a safe and secure environment for youthful offenders and to offer programs and services that are age appropriate. The facility provides separate housing for young men under 18. The auditor was told at the start of the start of the tour that there were 22 youthful offenders under the age of 18 in the facility. The auditor interviewed one youthful offender in his housing unit and one youthful offender in the restricted housing unit. Both youth reported they are separated from adult offenders in their housing units. When outside, youthful offenders are always under direct supervision. No physical contact is ever permitted between younger inmates and the adult offenders.

The young offenders reported that approximately 20 hours of recreation is available to them per week. Education classes and other programs are available to the youth in the general population. The youth who was in the restricted housing unit reported that he receives two hours of schooling two-days per week, and also participates and in a drug and alcohol program. He stated he was placed in the RHU because of his behavior, not for PREA reasons.

### **§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 Pine Grove 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. SCI Pine Grove is a male facility and thus is non-applicable to standard 115.15 (b) reference cross-gender pat-down searches of female inmates, absent exigent circumstances. Pennsylvania Department of Corrections policy does allow cross-gender pat-down searches of female inmates but will be changing the policy, and the female facility the auditor audited has reduced the number of cross-gender pat-down searches of female inmates by male staff per interviews with inmates at SCI Muncy.

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 (115.15 (f)). At the time of the audit the facility immediately began training staff on how to conduct pat down searches of transgender and intersex inmates. The auditor reviewed the training slides during the audit, and received training records demonstrating the staff had received the training during the report writing period.

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

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

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 language interpretations. Staff who speak a foreign language or sign have been identified. Both inmates and staff stated inmates are not used as interpreters, especially if it is an issue with sexual abuse and sexual harassment. Staff on shift during interviews knew which staff members could speak Spanish. Spanish speaking inmates said information is provided and understood. SCI Pine Grove had no blind or deaf inmates at the time of the audit.

### **§115.17 – Hiring and Promotion Decisions**

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

Through review of policies, personnel records and interviews, it was

determined Pennsylvania Department of Corrections has established a system for conducting criminal background checks for new employees and contractors who may have contact with inmates to ensure they do not hire or promote anyone who had engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent or refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. Initial background checks use a number of systems to include NCIC files and local police checks. The agency uses a continuous system of background checks for employees that provides a notice whenever an employee is involved with law enforcement using National Crime Information Center (NCIC)/Commonwealth Law Enforcement Assistance Network (CLEAN)/ and Pennsylvania Justice Network (JNET) systems in lieu of doing background checks every five years. Contractors go through background checks every five years.

Policy, personnel records, and interviews verified that the agency considers incidents of sexual harassment in hiring of staff. The Pennsylvania Department of Corrections contacts previous employers to provide information of possible PREA violations. Pine Grove provided examples of requests they had sent to previous employers for work history information. This was also confirmed in the interview with the Human Resources Manager. The agency imposes upon employees a continuing affirmative duty to disclose any misconduct to include sexual abuse or sexual harassment.

At the time of the audit, Pine Grove did not request employees, who may have contact with inmates, directly about previous sexual misconduct described in 115.17 paragraph (a). Standard 115.17 (f) states: "The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees."

Department of Corrections policy was recently updated to include this requirement, using a newly created form. During the report writing period Pine Grove began documenting the requirement for staff with scheduled evaluations in May and June. The Audit team required at least three examples from July to document compliance with the standard. On July 23, 2015, the PREA Compliance Manager provided the auditors with six (6) examples of completed forms that employees have signed.

### **§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)

PNG has 264 cameras throughout the facility. Two recent renovation projects, a fixed weight area in the gym and a restricted housing unit expansion, took into consideration the effect of the design/modifications upon the institution's ability to protect inmates from sexual abuse.

The PREA Compliance Manager provided documentation that confirmed that she and other administrators were involved in both projects and made a final inspection of the renovations to the gym before the inmates were allowed to use the new area.

### **§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 maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, and requirements for forensic medical exams. The Pennsylvania State Police conduct 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 Pine Grove has an MOU with a hospital to conduct forensic exams using SANE/SAFE staff. Services are provided at no costs to the inmate when requested.

### **§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)

The DOC PREA policy DCM – 008, with an Issue Date of June 25, 2015 and Effective Date of August 7, 2015, (this policy and these procedures superseded those issued by the Secretary of Corrections as DC-ADM 008 on June 25, 2014 and DC-ADM 008-01 issued on January 25, 2015) addresses the agency's policy and procedures related to the Prison Rape Elimination Act, including the procedures regarding the investigation of sexual assault and sexual harassment. Allegations of sexual abuse and sexual harassment can be investigated internally by a facility staff member who has been trained to conduct PREA investigations.

The Office of Special Intelligence and Investigations (OSII) can also conduct an investigation and is the primary investigative body for the department. The OSII can also request the assistance of the Pennsylvania State Police. A Memorandum of Agreement (MOU) has been signed between the two departments. The procedures on the Web site articulate the responsibilities of the various agencies.

### **§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 Pine Grove staff had received training on PREA. Review of the lesson plans and slides identified the training included: the agency zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews of staff demonstrated they understand the zero tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the reporting requirements and procedures. On site the auditor randomly checked additional training records of correctional officers, medical and investigators for PREA training provided to all staff and for specialized training for medical, mental health and investigators. All training had occurred. PREA training for all staff included a quiz.

Pennsylvania Department of Corrections female facilities tailor the training for staff, as this auditor has also audited a Pennsylvania Department of Corrections female facility.

Staff acknowledges receiving training in 2013; random training records did document PREA training in 2013, 2014, and 2015. Staff training was documented with the employee signature that employees understand the PREA training they received. Training academy provides the PREA training for the new recruits.

### **§115.32– Volunteer and Contractor Training**

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

All contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

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

### **§115.33 – Inmate Education**

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

During intake, inmates are provided information through a PREA pamphlet and inmate rule book (both available in English and Spanish) that explain the agency's 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.

During the tour and interviews most inmates acknowledged the information being provided upon arrival and during orientation. They definitely knew the agency zero tolerance policy.

### **§115.34 – Specialized Training: Investigations**

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

SCI Pine Grove investigators received PREA investigator training, 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 Pine Grove 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 interviews of investigators demonstrated they understood how to conduct a sexual abuse investigation in a confinement setting and their roles. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and

evidence required to substantiate a case for administrative action or prosecution referral. Interviews of investigators verified their knowledge of conducting investigations.

### **§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 that all staff or contractors receive. The specialized medical and mental health training 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. Medical staff at the facility do not perform nor are they trained to conduct forensic examinations.

### **§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)

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 process started in September 2014, and was recently revised to include the screener determining if the inmate was gender non-conforming. The screening is completed within 72 hours of arrival by policy, observation of screening and check of inmate records. Between 20 - 30 days the facility reassesses the inmates' risks of victimization or abusiveness and by policy the inmate's risk level is reassessed again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The auditor reviewed random screening forms to include those that were reassessments between 20 - 30 days. The auditor also had staff screeners conduct a screening of the auditor as if he were the inmate. The inmate population remembers being asked the questions and being screened upon arrival. Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other inmates.

## §115.42 – Use of Screening Information

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

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. These decisions are made on a case by case basis using information from the screening, assigned PREA classification, and good correctional judgment. By agency policy, a "Z" code is given to inmates who are vulnerable to include vulnerable to sexual assault and is given a single cell. Other vulnerable reason includes danger to self, danger to others, mental health problems, medical problems. Long term inmates can also get single cell if space is available. By policy lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates are not housed in dedicated facilities or housing units; transgender or intersex inmates are reassessed twice each year and their own views with respect to his or her own safety are given serious consideration; they have the opportunity to shower separately. Agency policy ensure facility assignments, and programming for transgender and intersex inmates would be done on a case by case basis by the Transgender Review Personnel based on safety/security needs, housing availability, inmate opinion, gender identity, and genitalia.

## §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.

## **§115.51 – Inmate Reporting**

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

Through interviews of inmates, staff, and review of policies, inmate handbooks and posters, SCI Pine Grove demonstrated multiple internal and external ways for inmates to report sexual abuse and sexual harassment. Inmates can report verbally and in writing to staff; Pennsylvania DOC Web site provides for third party reporting; inmates can report to outside agencies such as Pennsylvania Coalition Against Rape (PCAR), or Bureau of Criminal Investigations (BCI) to include anonymously. At one time, inmates were allowed to contact the Pennsylvania Crime Stoppers Tip Line phone system, but it was stopped per request of the tipline due to abuse. Inmates could still write to the Pennsylvania Crime Stoppers Tip Line. Staff accept reports made verbally, in writing, anonymously, and from third parties,

## **§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)

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

## **§115.53 – Inmate Access to Outside Confidential Support Services**

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

SCI Pine Grove has a Letter of Agreement with Alice Paul House to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses to Alice Paul House. Mail is not checked going out. PREA Compliance Manager or counselor can call the outside victim advocate for the inmate if requested, and the inmate can then talk to them over the phone or in person. The auditor interviewed Alice Paul House staff, there seemed to be a very good working relationship between Alice Paul House and SCI Pine Grove, they seemed very professional and willing to provide support.

### **§115.54 – Third-Party Reporting**

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

Pennsylvania Department of Corrections Web site has a PREA section, which is easily accessible. The PREA section has five sub links, one of which is how to make a third party report. Third party reports can go to the agency or to the tips hotline phone number or link. Posters at the facility provide the inmates with a telephone number and a link that family friends can use to 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)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Section 3 C. of Policy and Procedure DC-ADM 008 describes the Methods of Reporting for Staff, Contractors, Volunteers, and Interns. All random staff, contractors, and volunteers interviewed stated that they were trained on reporting procedures and that the people they should tell should be limited to those who have a need to know. The facility provided three case examples of reports that had been made including one that had been made through the Crime Stoppers Hotline. Those interviewed also knew that the reports would be sent to the facility's designated investigator.

The Superintendent reported that there have been no allegations of sexual abuse or harassment involving a youthful offender under 18 or a developmentally disabled inmate in the past year.

### **§115.62 – Agency Protection 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)

All staff, contractors, and volunteers interviewed knew that if a sexual abuse or substantial risk of imminent sexual abuse was reported, the first priority would be the protection of the inmate (victim or potential victim).

## §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)

The facility reported three incidents of allegations that were reported to PNG staff that occurred in other DOC facilities. (Albion, Camp Hill, and Graterford). While the initial reports were documented and detailed, there was no documentation that the Superintendent of PNG made contact with the other three Wardens/Superintendents. DC-ADM 008 Section 3 E. 1. b. requires that the facility manager of the facility that received the allegation notify the facility manager at the other location. The standard also states “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.” From the reports, it appears the notifications were made by the PREA Compliance Manager. In two cases, the notification was made to captains and in the third case it was made to the Deputy Superintendent for Centralized Services.

The auditors requested that if any new allegations were made regarding sexual abuse or sexual harassment in another facility that documentation be provided that the facility followed the requirements of the standard. On July 23, 2015, the PREA Compliance Manager sent the auditors two (2) reports that documented that the PNG Superintendent reported two allegations of sexual abuse that had occurred in two other facilities to the superintendents of those facilities and documented those contacts. The facility meets the standard.

## §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)

PNG has a detailed protocol that it follows in the event of a sexual abuse. The Staff Pocket card provides step-by-step instructions on what is to be done in the first critical minutes of an incident. There are also forms that identify needed information; the Response to Allegation of Sexual Abuse Checklist – Initial Response Victim, the Allegation of Sexual Abuse Checklist – Initial Response Abuser, and the Allegation of Sexual Abuse Checklist – Shift Commander Cover Sheet.

DC-ADM 008 Section 4 A. describes the protocol that will be followed by a first responder when an allegation of abuse is reported.

All the security and non-security staff knew exactly what to do if they were a first responder.

## **§115.65 – Coordinated Response**

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

DC-ADM 008 Section 4 describes the protocols that will be followed by first responders, medical and mental health practitioners, investigators, and facility leadership when an allegation of sexual abuse is reported. Ample documentation was provided to the auditors, through a review of investigation files and interviews with employees, that facility staff at these various points know their responsibilities and the duties and responsibilities of their colleagues in other departments in the event of a sexual abuse incident.

## **§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)

An Arbitration Award on November 6, 2014 amended the previously existing collective bargaining agreement by changing the effective date from July 1, 2014 and changing the ending to June 30, 2017. The award also amended specific sections of the agreement regarding wages and benefits. PREA was referenced in one specific section saying the employer did not have to give 24-hour notification of an inmate's allegation to an employee per a section of the contract.

On January 12, 2015, the Secretary of Corrections issued a memorandum to the Superintendents, Bureau Directors, and Regional Directors that clarified procedures to be followed when placing an employee on Suspension Pending Investigation status. These revised procedures were the result of recent arbitration awards and court decisions and were effective immediately. Nothing in these procedures limits the DOC'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.

## **§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)

Policy and Procedures DC-ADM 008 Section 2 b. (3) state that the PREA Compliance Manager is responsible for monitoring for retaliation when an inmate reports an allegation of sexual

abuse or harassment. If an employee is subjected to retaliation or fears retaliation for reporting an allegation he or she will be monitored for retaliation by the Deputy for Centralized Services (DSCS). The PREA Compliance Manager documents her monitoring on a Retaliation Monitoring form that checks for retaliation in several areas. PNG can employ multiple housing measures, including housing unit changes or transfers for either the victim or the abuser, or both. Emotional support services are also available to the victim, and the Compliance Manager will also arrange for the inmate to see his counselor, as needed.

The Superintendent reported on April 6, 2015 that PNG has had no allegations of sexual abuse that would cause any staff member to be monitored for 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)

DC-ADM 008 Section 2. 5. Protective Custody states:

#### “Protective Custody

Inmates at a high risk for sexual victimization or inmates that have alleged abuse shall not be placed involuntarily in Administrative Custody (AC) as a means of protection unless an assessment of all available alternatives has been made by Psychology and Security staff in conjunction with the PREA Compliance Manager, and a determination has been made that there is no other available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the inmate in involuntary AC for less than 24 hours while completing the assessment. (§115.43[a])(§115.68)

- a. The staff must consider other alternative placements for an alleged victim and make the appropriate placement. (§115.43[c])
- b. Placement in AC is permissible when the victim requests or agrees to it.
- c. Alternative placements can include, but are not limited to, any one, or combination of, the following temporary options:
  - (1) moving to a different housing unit;
  - (2) placement in a cell closer to the Corrections Officer’s desk within the unit;
  - (3) Z-Code; and/or
  - (4) placement in the Residential Treatment Unit (RTU)/ Special Needs Unit (SNU).

- d. If an involuntary AC housing assignment is made in accordance with Subsection A.5.a. above, the Shift Commander shall clearly document on the DC-141, Part 1, Duty Officer Report (Other), the following information: (§115.43[d])
  - (1) the basis for the staff member’s concern for the inmate’s safety; (§115.43[d][1])
  - (2) the other alternative means of separation that were explored; and
  - (3) the reason why no alternative means of separation can be arranged. (§115.43[d][2])
  
- e. If the Shift Commander assigns an inmate to involuntary AC 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. If the facility restricts access to these opportunities, the facility shall document in the Involuntary Administrative Custody Services Access Restriction Form (Attachment 2-C): (§115.43[b])
  - (1) the opportunities that have been limited; (§115.43[b][1])
  - (2) the duration of the limitation; and (§115.43[b][2])
  - (3) the reasons for such limitations. (§115.43[b][3])
  
- f. The facility may assign inmates to involuntary AC only until an alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed 30 days. (§115.43[c])
  
- g. In accordance with Department policy DC-ADM 802, “Administrative Custody Procedures,” at least every 30 days, the Program Review Committee (PRC) shall ensure each inmate is reviewed to determine whether there is a continuing need for separation from the general population. This review shall be documented on the DC-141, Part 3, Employee Report of Incident (Other). (§115.43[e])”

There was no one in AC at the time of the audit who was there because they were the victim of a sexual assault.

**§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)

Investigations of PREA allegations within the facility are conducted by one of three trained investigators, a Captain and two Lieutenants. If the case appears to be going toward a

criminal investigation, the OSII or the Pennsylvania State Police will be brought in to handle the criminal investigation.

The auditor reviewed 19 investigations files with the investigator at PNG. Of the total, 15 were found to be unsubstantiated, 2 were substantiated, and 1 was unfounded. There was no report for one investigation that involved another facility. Of the two substantiated cases, one involved an allegation of inmate-on- inmate sexual abuse and the other was an allegation of harassment. The auditor found that the investigations were done promptly (the vast majority were completed in less than thirty days; a few were completed within 60 days). All the investigations were thorough and objectively written for all allegations including third-party and anonymous reports.

The DOC's Policy and Procedures DC-ADM 008, Section 5 is completely devoted to Investigating Allegations of Sexual Harassment and/or Sexual Abuse.

All investigations, criminal and administrative, are documented in writing. The Superintendent reported on April 2, 2015 there were no criminal investigations for sexual assault within PNG during the past year.

The interview with the investigator confirmed that the DOC's Policy and Procedures are consistent with the requirements of the standard.

### **§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)

The DOC policy DC-ADM 008, Section 5 A. 9. States: "In administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment/sexual abuse are substantiated. (§115.72)."

### **§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 a sample of the 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. This practice had recently started prior to the audit so the facility was requested to continue to provide any new reports provided to the inmate which they did during the report writing period. The auditor also recommended the facility have the inmate sign receiving the notice which they also implemented.

During the report writing period the facility provided additional documentation demonstrating inmates are informed as to whether a sexual abuse or harassment allegation had been determined to be substantiated, unsubstantiated, or unfounded.

### **§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)

Policy and Procedures DC-ADM 008, Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment and Retaliation states:

#### A. “Staff Discipline

1. Any employee who violates Department sexual abuse or sexual harassment policies by engaging in, failing to report, or knowingly condoning sexual abuse or sexual harassment of an inmate shall be subject to appropriate disciplinary or administrative action up to and including termination (§115.76[a]).
2. When an allegation is made involving a staff member, contract service provider or volunteer this person will be removed from contact with the alleged victim until the conclusion of this investigation.
3. In the event that a staff member is terminated, or resigns in lieu of discharge, for violation of this procedures manual, the Bureau of Human Resources (BHR) will notify the Office of Special Investigations and Intelligence (OSII) to determine if a potential criminal violation exists and notify any relevant licensing bodies. If the violation meets criminal standards, OSII will refer the matter to the District Attorney’s Office that has jurisdiction over the affected facility. (§115.76[d])”

The Superintendent reported that no PNG staff member has been disciplined for any PREA violation with an inmate.

## **§115.77 – Corrective action for contractors and volunteers**

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

DC-ADM 008 Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation states:

“Corrective Action for Contractors and Volunteers

Contractors and volunteers are subject to the following:

1. When an allegation is made involving a contractor or volunteer, this person will be removed from contact with the alleged victim until the conclusion of this investigation;
2. 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 (§115.77[b]); and
3. any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. (§115.77[a])”

The Superintendent reported that there have been no reports or PREA allegations involving contractors or volunteers in the past year.

## **§115.78 – Disciplinary sanctions for inmates**

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

DC-ADM 008 Section 7 – Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation states:

C. Inmate Discipline

1. Inmates shall be subject to disciplinary sanctions pursuant to the formal disciplinary process, 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. (§115.78[a])
2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. (§115.78[b])
3. The disciplinary process shall 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. (§115.78[c])

4. When an inmate is found guilty of a Class 1 Misconduct related to sexual abuse, the Unit Manager shall refer the inmate to the Sex Offender Treatment Program for evaluation to determine whether or not the inmate is appropriate for the program, and if the inmate will be required to complete the program as part of the sanctions or as a condition to access programming or other benefits. (§115.78[d])

5. The facility may discipline an inmate for sexual contact with staff only if it is substantiated that the staff member did not consent to such contact. (§115.78[e])

6. 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. (§115.78[f])

7. A reporting inmate may only be subjected to discipline if the report is determined to be unfounded with proven malicious intent at the conclusion of a full investigation. (§115.78[f])

8. The Department prohibits all sexual activity between inmates and may discipline inmates for such activity. The Department will not deem such activity to constitute sexual abuse if the Department through the investigative process, determines that the activity is not coerced or forced. (§115.78[g])

The PNG has a sex offender program and would make the services in that program available to the abuser in the event of a sexual abuse.

The Superintendent reported that there have been no substantiated cases of inmate-on-inmate sexual abuse at the facility in the past year.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

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

All inmates at PNG are screened pursuant to 115.41. If the screening indicates the inmate has experienced prior sexual victimization the inmate will be offered a meeting with a medical or mental health professional within 14 days of admission. If the screening indicates that the inmate had a prior history as a sexual abuser, that inmate will also be offered a follow-up meeting with a mental health professional within 14 days. Information regarding earlier sexual abuse is limited to medical and mental health staff and other staff who have a need-to-know to carry-out treatment plans, management decisions, and security decisions, including housing and bed assignments, work details, and education programs. PNG obtains informed consent from an inmate before reporting information about prior criminal victimization.

The agency provided documentation of the evaluations to the auditors.

## **§115.82 – Access to emergency medical and mental health services**

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

The interview with the health care professional confirmed that any victim of sexual abuse in PNG would receive timely (defined as immediate), unimpeded access to emergency medical treatment and crisis intervention services. The health care and mental health providers would determine the nature and scope of these services based on their professional judgements. If no medical staff are on duty at the time of an incident, correctional officers know they are to immediately notify the on-call health professional or mental health professional.

Inmates will be offered immediate information about sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.

These services would be provided to the inmate without cost regardless of whether the victim names the abuser or cooperates in the investigation.

PNG has Letters of Agreement with Alice Paul House that would provide emotional support to a victim of sexual abuse and with the Indiana Regional Medical Center for forensic services.

## **§115.83 – Ongoing medical and mental health care for sexual abuse victims and 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)

PNG will offer on-going medical and mental health treatment to all inmates who have been sexually victimized. The treatment would include appropriate follow-up and referral to community services for continued care following their transfer or release. The nurse and mental health professional both said that the level of care an inmate receives in PNG exceeds the community level of care.

Inmates who have been sexually victimized while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

These services would be provided without cost to the inmate.

PNG would attempt to conduct a mental health evaluation of the abuser of an inmate-on-inmate sexual assault within 60 days of learning of the abuse history and offer treatment when deemed appropriate.

## **§115.86 – Sexual abuse incident reviews**

- 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)

In the DC-ADM 008 Section 6 – Sexual Abuse Incident Review the agency describes its protocols for the Incident Review Team.

The auditor interviewed two members of the Incident Review Team. The auditor was told that the team had only met on one occasion and that was in response to an inmate-on-inmate allegation of sexual abuse. The auditor was told that all the elements in the standard were taken into consideration.

The team has a form that will capture the most essential information regarding the findings of the Incident Review Team

The auditor reviewed the minutes of an Incident Review Team meeting and found them to be very comprehensive and detailed.

## **§115.87 – Data Collection**

- 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 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). Pennsylvania Department of Corrections aggregates the incident-based sexual abuse data. Pennsylvania Department of Corrections maintains, reviews, and collects data from sexual abuse and sexual harassment reports, investigation files, and sexual abuse incident reviews. Before facility sexual abuse investigations and incident reviews are finalized, they are reviewed by the Pennsylvania Department of Corrections for approval. The DOJ Survey of Sexual Violence for 2011, 2012, and 2013 was provided during audit. The agency had not obtained incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The PREA Coordinator briefed they were beginning to collect data from private facilities in 2015.

## **§115.88 – Data Review for Corrective Action**

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

Does Not Meet Standard (requires corrective action)

The Pennsylvania Department of Corrections reviews 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. The 2013 annual report was published December 10th and posted on the web site December 19th, 2014. On September 18, 2015, the PREA Coordinator sent the auditors the 2014 Annual Report and notified the auditors that Annual Report was published on the DOC Web site. On September 22, 2015, the auditors notified the PREA Coordinator that the Annual Report now meets the requirements of the standard.

**§§115.89 – Data Storage,  Publication, and  Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency ensures that data collected pursuant to § 115.87 are securely retained. The agency Web site has recent DOJ Survey of Sexual Violence reports that have the aggregated sexual abuse data for facilities under its direct control; private facility data was not provided. Per discussion with PREA Coordinator it is being collected in 2015 to be aggregated and posted on the Web site. The agency had maintained its sexual abuse data collected pursuant to § 115.87 to date, which had not been ten years. Web site 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 was posted on Web site December 19th, 2014. However, the standard requires in (b) that the data from facilities under its direct control and private facilities with which it contracts is readily available to the public at least annually through its Web site..."

On September 18, 2015, the PREA Coordinator sent the auditors the 2014 Annual Report and notified the auditors that Annual Report was published on the DOC Web site. On September 22, 2015, the auditors notified the PREA Coordinator that the Annual Report now meets the requirements of the standard.

**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.



October 19, 2015

Auditor Signature

Date