Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails			
	🗌 Interim 🛛 Final		
	Date of Rep	ort 11/2/19	
Auditor Information			
Name: Patrick J. Zirpoli		Email: pzirpoli@ptd.net	
Company Name: Patrick J.	Zirpoli LLC		
Mailing Address: 149 Spru	ce Swamp Road	City, State, Zip: Milanville,	, PA 18443
Telephone: 570-729-806	1	Date of Facility Visit: 09/24	/19-09/25/19
Agency Information			
Name of Agency:         Governing Authority or Parent Agency (If Applicable):			
Perry County Prison			
Physical Address:         300 South Carlisle St.         City, State, Zip:         New Bloomfield PA 17068			
Mailing Address:     Same as Above     City, State, Zip:			
The Agency Is:	Military	Private for Profit	Private not for Profit
Municipal     County		□ State	Federal
Agency Website with PREA Information: perryco.org			
Agency Chief Executive Officer			
Name: Warden Karen Barclay			
Email: barclay@nmax.net Telephone: 717-582-2262			
Agency-Wide PREA Coordinator			
Name: Lt. David Wilt			
Email: dwilt@perryco.org Telephone: 717-582-2262		2	
PREA Coordinator Reports to: Warden Karen Barclay		Number of Compliance Manage Coordinator 1	ers who report to the PREA

Facility Information						
Name of Facility: Perry Coun	Name of Facility: Perry County Prison					
Physical Address: 300 South (	Carlisle Street	City, Sta	ate, Zip	):	New Bloomfield,	PA 17068
Mailing Address (if different from NA	above):	City, Sta	ate, Zip	):	NA	
The Facility Is:	Military			Priv	ate for Profit	Private not for Profit
Municipal	🖾 County			Stat	е	Federal
Facility Type:	F	Prison			$\boxtimes$ .	Jail
Facility Website with PREA Inform	nation: perryco.o	rg				
Has the facility been accredited w	vithin the past 3 years?	? 🗌 Ye	es 🗵	No		
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):						
Other (please name or describe: PA DOC Audit						
If the facility has completed any internal or external audits other than these that resulted in accreditation, please describe:						
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Pennsylvania Department of Corrections Audit						
Warden/Jail Administrator/Sheriff/Director						
Name: Karen Barclay		-				
Email: barclay@nmax.ne	t	Teleph	one:	71	17-582-2262	
Facility PREA Compliance Manager						
Name: Sgt. Greg Kline		_				
Email:gregkcpt@aol.comTelephone:717-582-2262						
Facility Health Service Administrator 🖾 N/A						
Name:						
Email:		Teleph	one:			

Facility Characteristics			
signated Facility Capacity: 136			
Current Population of Facility:	82		
Average daily population for the past 12 months:	103		
Has the facility been over capacity at any point in the past 12 months?	🗆 Yes 🛛 No		
Which population(s) does the facility hold?	🗆 Females 🛛 Males	Both Females and Males	
Age range of population:	25-50		
Average length of stay or time under supervision:	6 months		
Facility security levels/inmate custody levels:	Work release through ma	ximum security	
Number of inmates admitted to facility during the past	12 months:	540	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		486	
Number of inmates admitted to facility during the past in the facility was for <i>30 days or more:</i>	12 months whose length of stay	324	
Does the facility hold youthful inmates?			
Number of youthful inmates held in the facility during t facility never holds youthful inmates)	he past 12 months: (N/A if the	0 □ N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?		X Yes No	
	Erederal Bureau of Prisons		
	U.S. Marshals Service		
	U.S. Immigration and Customs Enforcement		
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	Bureau of Indian Affairs		
	U.S. Military branch		
	State or Territorial correctional agency		
	County correctional or detention agency		
	☐ Judicial district correctional or detention facility		
	City or municipal correctional or detention facility (e.g. police lockup or		
	city jail)		
	Other - please name or describ		
	$\square$ N/A		
Number of staff currently employed by the facility who	may have contact with inmates:	54	

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:         0           Number of individual contractors who have contact with inmates, currently authorized to enter the facility:         95           Number of volunteers who have contact with inmates, currently authorized to enter the facility:         95           Number of volunteers who have contact with inmates, currently authorized to enter the facility:         95           Number of buildings:         95           Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been eracted (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or outinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.         1           Number of inmate housing units:         Bor and the regularity does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities and thics the question has been raised in particular as it relates to active the included to meet life safety codes. The unit contains sheeping space, sanitary facilities (including tointes, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with ordues	Number of staff hired by the facility during the past 12 months who may have contact with inmates:	7
to enter the facility:     95       Number of volunteers who have contact with inmates, currently authorized to enter the facility:     95       Physical Plant       Number of buildings:       Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is used to house or support protoreparational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.     1       Number of inmate housing units:     Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concorpt of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are offen included to meet If if safety codes. The unit contains sleeping space, sanitary facilities (including tolets, lavatories, and showers), and a dayroom or leisure space in differing socnifigurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of	Number of contracts in the past 12 months for services with contractors who may	0
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Number of single cell housing units: 3	Number of single cell housing units:	3
Number of multiple occupancy cell housing units: 7	Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units: 4	Number of open bay/dorm housing units:	4
Number of segregation cells (for example, administrative, disciplinary, protective 4		4
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)		Yes No N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?		Yes No

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Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		🛛 Yes 🗌 No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	medical services provided on-site?	
Are mental health services provided on-site?	Yes No	
/here are sexual assault forensic medical exams rovided? Select all that apply. <ul> <li>On-site</li> <li>Local hospital/clinic</li> <li>Rape Crisis Center</li> <li>Other (please name or describle)</li> </ul>		be:
	Investigations	
Cri	minal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:       ()		
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.		<ul> <li>Facility investigators</li> <li>Agency investigators</li> <li>An external investigative entity</li> </ul>
Select all external entities responsible for CRIMINAL NVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal nvestigations)  Local police department  Local sheriff's department  A U.S. Department of Justice  Other (please name or describle)  N/A		
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?		7
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply		<ul> <li>Facility investigators</li> <li>Agency investigators</li> <li>An external investigative entity</li> </ul>
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<ul> <li>Local police department</li> <li>Local sheriff's department</li> <li>State police</li> <li>A U.S. Department of Justice of</li> <li>Other (please name or describ)</li> </ul>	
	□ N/A	

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### Audit Narrative

#### **Pre-Onsite Audit Phase**

#### Audit Planning and Logistics:

I had the opportunity to discuss the audit process and expectations of both parties with the Facility PREA Coordinator Lt. David Wilt. We coordinated the dates for the onsite audits at the facility. During these conversations, we outlined an overall audit schedule and notified the facility of the estimated time of arrival on site.

#### Posting Notice of the Audit:

I forwarded the audit posting to the Facility PREA Coordinator on August 2, 2019. The posting included the dates of the audit, the purpose of the audit, my contact information, and a statement regarding the confidentiality of any communication received. The postings were placed throughout the facility, including all housing units, visiting areas, recreational areas, and all common areas. I verified the placement of the audit notices during the onsite portion of the audit during the facility tour and during the inmate and staff interviews. I did not receive any letters from staff nor inmates.

#### Review of Agency and Facility Policies, Procedures, and Supporting Documentation:

The facility PREA Coordinator provided me with a flash drive containing all facility policies and procedures, as well as documentation that all facility policies and procedures were practiced on a daily basis. They also provided me a completed PRE-Audit Questionnaire. The Policies, Procedures, and Documents reviewed during this phase of the audit are listed under Onsite Audit, with all documentation reviewed during the course of the audit.

#### **Outreach to Community Advocacy Organizations:**

I contacted the YWCA Greater Harrisburg, who provides victim advocacy. They knew of no issues at the facility.

#### **Onsite Audit Phase**

#### Site Review:

The onsite audit began on September 24, 2019 at 7:30 a.m. A short in briefing was held with available personnel. Immediately following the briefing, a facility tour was conducted. During the tour, I had the opportunity to view all areas of the facility. I interacted with both staff and inmates, as well as observed the interaction between the staff and inmates. I was able to verify the location of cameras throughout the facility, as well as the camera monitor locations. While on the housing units, I observed the related PREA information, Audit Posting, and applicable policies and procedures posted in the common areas, which are accessible to all inmates. These postings were further observed in common areas throughout the facility. While conducting the tour, I reviewed log books for the housing units, and tested the outside reporting telephone number.

The inmate interviews began immediately following the facility tour. Interviews were conducted in a private interview room. The area provided privacy for the interviews. The inmates were randomly selected from inmates in the housing unit. During this process, I interviewed inmates in the following categories:

Interview Type	Number
Random Inmate Interviews	14
Youthful Inmates	0
Inmates with a Physical Disability	2
Inmates who are Blind, Deaf, or Hard of Hearing	1
Inmates who are Limited English Proficient	0
Inmates with a Cognitive Disability	3
Inmates who Identify as Lesbian, Gay or Bisexual	1
Inmates who identify as Transgender or Intersex	0
Inmates in Segregated Housing for High Risk of Sexual Victimization	0
Inmates who Reported Sexual Abuse	0
Inmates who Reported Sexual Victimization	
During Risk Screening	1
Total Inmate Interviews	22

During the interview process, several targeted categories of inmates were not being housed at the facility.

I conducted the interviews with all inmates, in the same manner, a preamble to the interview was relayed to the inmate explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No inmates refused to speak with me. All inmates were asked questions related to the Random Inmate Interviews, and if they were in a targeted category, I asked those additional questions. During the interviews, I utilized a copy of the initial PREA information received by inmates, Inmate Handbook, and Screening form to visually stimulate the inmate's recollection of their initial intake process.

Upon completion of the inmate interviews, the staff interviews were conducted throughout multiple locations in the facility, these interviews were all conducted in private. These interviews were conducted on both days of the audit. The facility was currently working three shifts, interviews were conducted on all shifts. During the process, I interviewed staff in the following categories:

Interview Type	Number
Random Staff Interviews	6
Intermediate or Higher-Level Staff Conducting	
Unannounced Rounds and Intake Staff	2
Line Staff who Supervise Youthful Inmates	0
Education and Program Staff who Work with	
Youthful Inmates	0
Medical and Mental Health Staff	1
Administrative Staff	1
Volunteers and Contractors	1
Investigative Staff and Staff on the Sexual	4
Abuse Incident Review Team	
Staff who Perform Screening	2

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Staff who Supervise Inmates in Segregated	
Housing	1
First Responders	1
Warden	1
PREA Coordinator and Designated to Monitor	
for Retaliation	1
	21
Total Staff Interviews	

I conducted the interviews with all staff in the same manner, a preamble to the interview was relayed to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No staff refused to speak with me. All staff, except for administration, were asked questions related to the Random Staff Interviews, and if they were in a targeted category. They were then asked questions pertaining to that area. During the interviews, I utilized a copy of any documentation related to a specifically targeted interview. These items were used to visually stimulate the staff's recollection on the daily practices at the facility.

The following is a list of documentation reviewed during the Pre-Audit, Onsite Audit and Post Audit Phases, with the applicable standard to each.

Documentation Reviewed Pre-Audit, Onsite Audit and Post Audit Phases	Applicable Standard
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Organizational Chart	Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.12: Contracting with other entities for the confinement of inmates
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Manpower and Staffing Analysis dated 9/25/18 And prior years dating back to 2015 Administrative meeting minutes Unit Logs (showing unannounced rounds) – all shifts PREA Unannounced Round report PREA Unannounced round Check Off Sheets	Standard 115.13: Supervision and Monitoring
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.14: Youthful inmates

Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Perry County Prison Policy and Procedures Manual Chapter: Search & Seizures Subject: Search of Inmates Perry County Prison Detainee Strip Search Form Perry County Prison Policy and Procedures Manual Chapter: Personnel Subject: Staffing PREA Training PowerPoint PREA Training Acknowledgment forms	Standard 115.15: Limits to cross-gender viewing and searches
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act PREA Training	Standard 115.16: Inmates with Disabilities and Inmates who are Limited English Proficient
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.17: Hiring and Promotion Decisions
Perry County Prison Policy and Procedures Manual Chapter: Personnel Subject: Hiring/Promotion/Discharge Employment application NCIC Records log for staff, contractors Personal Files with completed PREA Questions	
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.18: Upgrades to facilities and technologies
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Letter of Agreement with YWCA Greater Harrisburg	Standard 115.21: Evidence Protocol and Forensic Medical Examination
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.22: Policies to Ensure Referral of Allegations for Investigations
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act PREA Training PowerPoint 2016-2019 PREA Training Rosters Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors	Standard 115.31: Employee Training
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Completed Acknowledgement Forms Volunteer and Contractor Training Materials	Standard 115.32: Volunteer and Contractor Training

Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Posters on Units PREA Video Class Roster	Standard 115.33: Inmate Education
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Letter to PREA Auditors regarding specialized training Training Records for Investigators	Standard 115.34: Specialized training: Investigations
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.35: Specialized training: Medical and mental health care
Relias Training records Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act PrimeCare Policy Completed screening forms	Standard 115.41: Screening for risk of victimization and abusiveness
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act PREA Segregation Review Form	Standard 115.42: Use of screening information
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act PREA Segregation Review Form	Standard 115.43: Protective Custody
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act PREA Segregation Review Form Signed MOU for reporting line with Pennsylvania Department of Corrections. PREA Posters in English and Spanish	Standard 115.51: Inmate reporting
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.52: Exhaustion of administrative remedies
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Letter of Agreement with YWCA Greater Harrisburg	Standard 115.53: Inmate access to outside confidential support services
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Signed MOU for reporting line with Pennsylvania Department of Corrections. Facility website Inmate Handbooks	Standard 115.54: Third-party reporting

Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.61: Staff and agency reporting duties
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.62: Agency protection duties
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.63: Reporting to other confinement facilities
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Investigative reports	Standard 115.64: Staff first responder duties
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Investigative Reports	Standard 115.65: Coordinated response
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Employees Contract	Standard 115.66: Preservation of ability to protect inmates from contact with abusers
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Investigative Files	Standard 115.67: Agency protection against retaliation
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.68: Post-allegation protective custody
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Training Records for Investigators Investigative Files	Standard 115.71: Criminal and administrative agency investigations
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Investigative reports	Standard 115.72: Evidentiary standard for administrative investigations
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act Notification of Outcome of Investigation Investigative reports	Standard 115.73: Reporting to inmates
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act	Standard 115.76: Disciplinary sanctions for staff

Perry County Prison Policy and Procedures	Standard 115.77: Corrective action for
Manual Chapter: Inmates Rules, Regulations &	contractors and volunteers
Rights Subject: Prison Rape Elimination Act	
Perry County Prison Policy and Procedures	Standard 115.78: Disciplinary sanctions for
Manual Chapter: Inmates Rules, Regulations &	inmates
Rights Subject: Prison Rape Elimination Act	
Inmate handbook	
Perry County Prison Disciplinary Hearing	
Summary	
Cumberland-Perry Mental Health, Intellectual	
and Developmental Disabilities Office Master	
Contract/Letter of Agreement	
Perry County Prison Policy and Procedures	Standard 115.81: Medical and mental health
Manual Chapter: Inmates Rules, Regulations &	screenings; history of sexual abuse
Rights Subject: Prison Rape Elimination Act	Screenings, mistory of sexual abuse
PrimeCare Sexual Abuse Policy	
Notification of Medical Services Form	Standard 115 92: Access to amorganou
Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations &	Standard 115.82: Access to emergency medical and mental health services
Rights Subject: Prison Rape Elimination Act	
• •	
PrimeCare Sexual Abuse Policy	
Notification of Medical Services Form	Ctandard 115 02: Organize modical and montal
Perry County Prison Policy and Procedures	Standard 115.83: Ongoing medical and mental
Manual Chapter: Inmates Rules, Regulations &	health care for sexual abuse victims and
Rights Subject: Prison Rape Elimination Act	abusers
PrimeCare Sexual Abuse Policy	
Notification of Medical Services Form	Standard 115 96: Covuel obuga insident
Perry County Prison Policy and Procedures	Standard 115.86: Sexual abuse incident
Manual Chapter: Inmates Rules, Regulations &	reviews
Rights Subject: Prison Rape Elimination Act PREA Incident Reviews	
Incident Review Notes	
Perry County Prison Policy and Procedures	Standard 115.87: Data collection
Manual Chapter: Inmates Rules, Regulations &	
Rights Subject: Prison Rape Elimination Act	
Data Reports	
Perry County Prison Policy and Procedures	Standard 115.88: Data review for corrective
5 5	Standard 115.88: Data review for corrective
Manual Chapter: Inmates Rules, Regulations & Bights Subject: Prison Page Elimination Act	action
Rights Subject: Prison Rape Elimination Act	
Data Reports	Standard 115 90: Data starage, publication
Perry County Prison Policy and Procedures	Standard 115.89: Data storage, publication, and destruction
Manual Chapter: Inmates Rules, Regulations &	ลาน นธรแนบแบบ
Rights Subject: Prison Rape Elimination Act	
Data Reports Perry County Prison Policy and Procedures	Standard 115.401: Frequency and scope of
Manual Chapter: Inmates Rules, Regulations &	audits
	auuits
Rights Subject: Prison Rape Elimination Act	
Prior audit reports	Standard 115 402: Audit contants and findings
Perry County Prison Policy and Procedures	Standard 115.403: Audit contents and findings
Manual Chapter: Inmates Rules, Regulations & Bights Subject: Brison Page Elimination Act	
Rights Subject: Prison Rape Elimination Act	

At the conclusion of the Onsite Audit, an exit conference was held with the administration. At this time, I provided an overview of the audit findings during the onsite audit portion.

During the onsite audit portion, I found the staff to be extremely respectful and very knowledgeable in not only sexual safety but the overall safety of the facility. The interviewed inmates confirmed this and felt that the facility is safe overall.

During the staff interviews, I found that the staff took ownership not only of the immediate areas they worked in but the facility overall. This staff attitude helps in creating a respectful culture at the facility.

#### Post Audit:

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of each standard were met. This assurance was made by triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After taking all of these factors into account, I found that the facility has met all of the standards and are in compliance with the Prison Rape Elimination Act National Standards for Prisons and Jails.

## **Facility Characteristics**

The Perry County Prison is located in New Bloomfield Pennsylvania. The immediate area around the facility is best described as a rural area, with some commercial properties. Just north of the facility is New Bloomfield, which is the county seat. The prison was built in 1990 with the surveillance system being updated in August and September of 2015. The facility has recognized other areas of concern and has installed cameras in these areas also.

The Mission of the Perry County Prison is established as follows:

The Perry County Prison is responsible for the CARE, CUSTODY, and CONTROL, of individuals committed to the facility

- 1. The Perry County Prison is part of the Criminal Justice System of Perry County. Its primary function is to incarcerate individuals as directed by the Judiciary (i.e. District Justice, Common Pleas Court) in such a manner which assures maximum possible safety/security for the public, the Prison Staff, and the incarcerated individual.
- 2. The Perry County Prison shall "Detain" individuals as identified above who are awaiting Judicial Disposition.
- 3. The Perry County Prison shall provide a "Punishment" option to the Judiciary via the disposition of being "Sentenced" for a determined period of time to this facility.
- 4. The Perry County Prison will endeavor to provide the opportunity for "Treatment" programs which may assist the incarcerated individual to prepare for responsible community living. These programs may include Religious Counseling/Worship, GED Instruction, D&A Education, Life Planning, Trusty/Work Release participation.
- 5. The Perry County Prison shall be planned, developed, and administered to meet the requirement of the U.S. Constitution.
- 6. The Perry County Prison is a Drug-Free, Alcohol-Free, and Tobacco-Free workplace.is to detain prisoners as directed by the courts, provide a physical environment that assures maximum possible safety for the public, prison staff and inmates and provide treatment services and programs that offer inmates the opportunity for positive personal change.

The facility is contained in one building, which includes the administrative offices. The facility has 7 housing units, with one of the units being a work release unit with dormitory style housing.

The outdoor recreational yards are not utilized, the inmates utilize the indoor gym for recreation.

The facility does not hold any female inmates, all female inmates committed to Perry County are housed at Cumberland County. The females are processed through the booking area but are immediately transported out of the facility by the Perry County Sherriff's Office. Cumberland County has been audited.

The facility is designed with a main corridor and all of the housing units are off of this main corridor. The central control is located within this corridor, which allows the central control officers full view of the corridor.

The facility is equipped with a full kitchen and employs full time staff to prepare the food with minimal inmate workers being utilized.

## **Summary of Audit Findings**

#### Standards Exceeded

### Number of Standards Exceeded: 7

List of Standards Exceeded:

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Standard 115.13: Supervision and monitoring

Standard 115.21: Evidence protocol and forensic medical examinations

Standard 115.31: Employee training

Standard 115.34: Specialized training: Investigations

Standard 115.51: Inmate reporting

Standard 115.71: Criminal and administrative agency investigations

#### Standards Met

#### Number of Standards Met: 38

Standard 115.12: Contracting with other entities for the confinement of inmates Standard 115.14: Youthful inmates Standard 115.15: Limits to cross-gender viewing and searches Standard 115.16: Inmates with disabilities and inmates who are limited English proficient Standard 115.17: Hiring and promotion decisions Standard 115.18: Upgrades to facilities and technologies Standard 115.22: Policies to ensure referrals of allegations for investigations Standard 115.32: Volunteer and contractor training Standard 115.33: Inmate education Standard 115.35: Specialized training: Medical and mental health care Standard 115.41: Screening for risk of victimization and abusiveness Standard 115.42: Use of screening information Standard 115.43: Protective Custody Standard 115.52: Exhaustion of administrative remedies Standard 115.53: Inmate access to outside confidential support services Standard 115.54: Third-party reporting Standard 115.61: Staff and agency reporting duties Standard 115.62: Agency protection duties Standard 115.63: Reporting to other confinement facilities Standard 115.64: Staff first responder duties Standard 115.65: Coordinated response Standard 115.66: Preservation of ability to protect inmates from contact with abusers Standard 115.67: Agency protection against retaliation Standard 115.68: Post-allegation protective custody Standard 115.72: Evidentiary standard for administrative investigations Standard 115.73: Reporting to inmates Standard 115.76: Disciplinary sanctions for staff Standard 115.77: Corrective action for contractors and volunteers Standard 115.78: Disciplinary sanctions for inmates Standard 115.81: Medical and mental health screenings; history of sexual abuse Standard 115.82: Access to emergency medical and mental health services Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers Standard 115.86: Sexual abuse incident reviews Standard 115.87: Data collection Standard 115.88: Data review for corrective action

Standard 115.89: Data storage, publication, and destruction Standard 115.401: Frequency and scope of audits Standard 115.403: Audit contents and findings

#### **Standards Not Met**

Number of Standards Not Met: 0 List of Standards Not Met:

## PREVENTION PLANNING

# Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

#### All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ⊠ Yes □ No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ⊠ Yes □ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ⊠ Yes □ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
   Xes 
   No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) □ Yes □ No ⊠ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
   □ Yes □ No ⊠ NA

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- **Does Not Meet Standard** (*Requires Corrective Action*)

Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act dictates the agency's mandated zero tolerance toward all forms of

sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. This policy furthermore defines all sexual abuse and sexual harassment.

I reviewed the policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

The Perry County Prison has appointed a PREA Coordinator who is a shift Lieutenant and a PREA Compliance Manager who is a Sergeant. In PREA related issues they report directly to the Warden. The PREA Coordinator oversees all operational aspects of the PREA Standards at the Prison, and the efforts to ensure continuing compliance with the PREA Standards. During his interview, he related that he has sufficient time and authority to develop, implement, and oversee efforts to ensure continuing compliance with the PREA Coordinator to be well versed in the PREA Standards and their daily application to the operations at the Prison. The PREA Compliance Manager stated that he would assist in the daily operations related to PREA. During the onsite audit, I found that the PREA Coordinator and all staff involved in the implementation of the standards act as a team, this includes all of the investigators as well as the Warden.

During the staff interviews at the facility, I was informed that the PREA Coordinator or PREA Compliance Manager is always accessible to answer questions and provide advice on PREA related issues. I was also advised that they will make rounds throughout the facility to ensure that they are consistent in the application of the policies that apply to PREA.

Prior to the onsite audit, all documentation was reviewed, during the onsite portion, I observed the policies in daily practice, and this was further confirmed during my interviews with both staff and inmates.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the facility's overall commitment to sexual safety.

# Standard 115.12: Contracting with other entities for the confinement of inmates

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.12 (a)

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) □ Yes □ No ⊠ NA

#### 115.12 (b)

 Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) □ Yes □ No ⊠ NA

#### Auditor Overall Compliance Determination

	Exceeds Standard (Substantially exceeds requirement of standards)
$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (Requires Corrective Action)

The facility does not hold any contracts with other entities for the housing of inmates. The facility has an agreement with the Cumberland County Prison for the housing of Female inmates. The Cumberland County prison follows the PREA Standards, and is in the process of being audited.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.13: Supervision and monitoring

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  $\boxtimes$  Yes  $\square$  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  $\boxtimes$  Yes  $\square$  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  $\boxtimes$  Yes  $\Box$  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  $\boxtimes$  Yes  $\square$  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  $\boxtimes$  Yes  $\square$  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  $\boxtimes$  Yes  $\Box$  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ⊠ Yes
   □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ⊠
   Yes □ No □ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ⊠ Yes □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ⊠ Yes □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ⊠ Yes □ No

#### 115.13 (b)

In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes 

 No
 NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Imes Yes □ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ⊠ Yes □ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ⊠ Yes □ No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higherlevel supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☑ Yes □ No
- Is this policy and practice implemented for night shifts as well as day shifts? ⊠ Yes □ No

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#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- □ **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 has developed a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility has taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the aforementioned policy and the 2018/2019 staffing plan and development process. I further questioned the staff on the policy and the ability to fully staff the facility at all times. I was informed that the facility would fill posts with overtime if needed to be at the full complement. The staffing plan was completed in September of 2018, I further reviewed staffing plans dating back to 2015 to ensure consistency in the development of the staffing plans. During the Warden and PREA Coordinator interviews they confirmed that the staffing plan is determined by the administration.

During the interviews with the administration at the facility, I further confirmed a daily review of the staffing at the facility. The administration meets on a regular basis; this includes the administration. During this meeting the overall facility operations are discussed to include staffing.

The staffing plan has not been deviated from within the last 12 months. I confirmed during staff interviews that any posts would be filled with overtime if needed.

The administration meets on a regular basis to review incidents that have occurred at the facility, as well as discussing normal facility operation. During these meetings, they discuss any adjustments that may need to be made to the staffing plan, deployment of video monitoring and other technologies, and any resources available. This was confirmed during the staff interviews.

The facility has implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds take place during all shifts at the facility. The facility has a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring. I further confirmed the rounds are occurring through the staff and inmate interviews as well as reviewing the logs generated on the housing unit officers. During the onsite audit I viewed several Supervisors making the unannounced rounds throughout the housing units. The rounds are documented by the supervisors, this documentation was reviewed during the onsite audit.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the facility's overall commitment to sexual safety.

## Standard 115.14: Youthful inmates

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ⊠ Yes □ No □ NA</li>

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ⊠ Yes □ No □ NA</li>
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ⊠ Yes □ No □ NA</li>

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)</li>
   ☑ Yes □ No □ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ⊠ Yes □ No □ NA</li>
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)</li>
   Yes 

   No
   NA

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 has the ability to house juvenile offenders. The juvenile offenders would be housed in a separate housing unit with no contact with adult offenders. The overall construction of the housing units would provide sight and sound separation. The facility has not housed any juvenile offender in the past

12 months, but has housed them prior to that. During the interviews I confirmed that the juvenile offenders were housed separately from adult offenders, and when outside of the housing unit they were under direct supervision. Correctional officers are assigned to supervise the housing unit, and the juvenile offenders would be under the officer's supervision while on the housing unit. The juveniles are offered recreation on a daily basis; this occurs in the recreation yard connected to the unit.

I further confirmed through the staff interviews that the juvenile offenders would be offered programming and education services.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.15: Limits to cross-gender viewing and searches

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

 Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Xes 
 No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
   □ Yes □ No □ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) □ Yes □ No ⊠ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ⊠ Yes □ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) □ Yes □ No ⊠ NA

#### 115.15 (d)

 Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ⊠ Yes □ No

- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ⊠ Yes □ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ⊠ Yes □ No

#### 115.15 (e)

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ⊠ Yes □ No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ⊠ Yes □ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances or when performed by a medical practitioner. I confirmed this procedure during staff and inmate interviews, as well as a review of the policy. I also confirmed that the facility had not conducted a search under these circumstances within the past 12 months.

The above policies outline procedures and practices that enable inmates to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The policy further dictates that staff of the opposite gender announces their presence when entering an inmate housing unit. These practices were confirmed during the staff and inmate interviews

as well as during the facility tour when I observed the announcements taking place. The toilets in the celled housing units are offset from the door, which restricts viewing while toileting. The showers are located in an area away from the cells and have shower curtains to prevent cross-gender viewing while showering. The open dormitory housing unit has curtains for the showers and the toilets are out of view. During the inmate interviews I confirmed that they have privacy while showering and performing bodily functions, all of the interviewed inmates confirmed that they are never seen by opposite gender staff in these situations.

The facility does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it is determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. I further confirmed the practices during the staff and medical interviews.

The facility has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This was confirmed by reviewing the provided training materials. I further verified this training during staff interviews.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ⊠ Yes □ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ⊠ Yes □ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ⊠ Yes □ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ⊠ Yes □ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ⊠ Yes □ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ⊠ Yes □ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ⊠ Yes □ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ⊠ Yes □ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ⊠ Yes □ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☑ Yes □ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ⊠ Yes □ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
   ☑ Yes □ No

#### 115.16 (c)

■ Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Vestor No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 has taken appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These steps include effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The facility outlines the response to inmates in these categories in the policy. The facility will utilize bilingual staff or an interpretation line for non-English speaking inmates. The Classification Officer stated that she will utilize these services when needed, she also explained that she will explain the PREA information to inmates who have cognitive disabilities, are of low intelligence, or who have mental health issues.

The facility has taken steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient. The facility has bilingual staff and utilizes interpretation services for foreign language interpretation. This was confirmed through staff interviews and policy review.

The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants. The interviewed facility investigators are aware of the approved interpreters and confirmed during their interview that they utilize these services.

During the inmate interviews, I interviewed inmates with Cognitive Disabilities and hard of hearing. All of these inmates related that the staff further explained the sexual abuse and sexual harassment policies, and ensured that the inmates understood the reporting avenues.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

### Standard 115.17: Hiring and promotion decisions

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

 Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ⊠ Yes □ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ⊠ Yes □ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ⊠ Yes □ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☑ Yes □ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ⊠ Yes □ No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ⊠ Yes □ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ⊠ Yes □ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ⊠ Yes □ No

#### 115.17 (d)

 Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ⊠ Yes □ No

#### 115.17 (e)

 Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ⊠ Yes □ No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Simes Yes Description No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ⊠ Yes □ No

#### 115.17 (g)

#### 115.17 (h)

Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Ves Delta No Delta NA

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- $\boxtimes$
- **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 does not hire or promote anyone who has contact with inmates, nor enlists the services of any contractor who has contact with inmates, who:

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

The agency asks all applicants and contractors who may have contact with inmates directly about previous misconduct described above in both a written application and interview for hiring and promotions. The facility further imposes an affirmative duty to disclose any such misconduct. This practice is outlined in the facility policies. The practice was confirmed during review of the personnel files and during the staff and contractor interviews. The facility administration confirmed that they take into consideration any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor.

During the hiring process the facility performs a criminal background records check through NCIC, and contacts all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This practice was confirmed during the staff interviews and review of the NCIC log, and personnel files.

I confirmed with the staff and through review of the NCIC log that a criminal background records check through NCIC is conducted before enlisting the services of any contractor.

The facility conducts criminal background checks on all employees and contractors every five years. This was confirmed through interviews and review of the NCIC logs.

The policies state that any material omissions regarding any of the above misconduct, or the provision of materially false information, will be grounds for termination. During the interview with the Warden she confirmed that any employee would be terminated for these actions.

During the administration interviews they confirmed that the facility 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.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.18: Upgrades to facilities and technologies

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

 If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes 
 No 
 NA

#### 115.18 (b)

 If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  $\Box$  Yes  $\Box$  No  $\boxtimes$  NA

#### Auditor Overall Compliance Determination

	Exceeds Standard (Substantially exceeds requirement of standards)
$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (Requires Corrective Action)

The facility has made no substantial expansion to this facility nor is any planned. During the interviews, I confirmed that if any expansion or acquisition of facilities takes place, the overall security and safety is taken into consideration, including the sexual safety of the inmates.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.21: Evidence protocol and forensic medical examinations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

 If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 ☑ Yes □ No □ NA

#### 115.21 (b)

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ⊠ Yes □ No □ NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ⊠ Yes □ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ⊠ Yes □ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ⊠ Yes □ No

#### 115.21 (d)

Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ⊠ Yes □ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) □ Yes □ No ⊠ NA
- Has the agency documented its efforts to secure services from rape crisis centers?
   ⊠ Yes □ No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ⊠ Yes □ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ⊠ Yes □ No

#### 115.21 (f)

If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ⊠ Yes □ No □ NA

#### 115.21 (g)

Auditor is not required to audit this provision.

#### 115.21 (h)

 If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) □ Yes □ No ⊠ NA

#### Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- 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 is responsible for the administrative investigations, the Pennsylvania State Police are responsible for the criminal investigations. These investigations are initially responded to utilizing a team approach, where the administration, medical, and PREA Investigators will initially be notified. The facility investigators will respond to conduct the administrative investigation, if the investigation is

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deemed to be criminal the administrative investigation will immediately stop and the criminal investigation will commence. The criminal investigators from the Pennsylvania State Police are sworn law enforcement officers and highly trained in evidence collection and identification. Both the administrative and criminal investigators follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. This was confirmed through interviews, review of investigative files, and policy review.

The protocols are developmentally appropriate for youth, and the investigators and administration understood that they would need to contact ChildLine, and the Perry County Children and Youth Services. Any juvenile victim would be taken to a child advocacy center for treatment. The facility would utilize a SANE from West Shore Pinnacle Hospital and victim advocacy from the YWCA Greater Harrisburg. The facility holds a letter of agreement with the YWCA Greater Harrisburg which outlines the agency responsibility to provide services. The PREA Coordinator confirmed these services are offered at no cost to the victim. I contacted both the West Shore Pinnacle Hospital and the YWCA Greater Harrisburg and confirmed with a supervisor that these services are offered as outlined and are free of charge.

I further confirmed with the YWCA Greater Harrisburg that they will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The Pennsylvania State Police policy outlines the investigations of PREA related incidents in confinement settings. These policies follow the PREA standards, this was confirmed through review of the policies.

The facility PREA investigators have established a sterile collection kit utilized during PREA incidents. This kit includes all evidence collections material and reporting forms needed.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the facility's overall commitment to sexual safety.

# Standard 115.22: Policies to ensure referrals of allegations for investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ⊠ Yes □ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ⊠ Yes □ No

#### 115.22 (b)

 Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  $\boxtimes$  Yes  $\Box$  No

- Does the agency document all such referrals? ⊠ Yes □ No

#### 115.22 (c)

 If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ⊠ Yes □ No □ NA

#### 115.22 (d)

• Auditor is not required to audit this provision.

#### 115.22 (e)

Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through a review of policies which outline the procedures for investigating sexual abuse and sexual harassment. I further verified all allegations are investigated during investigator interviews, staff interviews, and review of the facility investigative reports.

The facility investigates all allegations initially and will refer all criminal investigations to the Pennsylvania State Police. I verified that the investigative procedure is published on the facility's website.

The facility has policies in place that govern the investigative process. This was confirmed during policy review and investigator interviews.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

## TRAINING AND EDUCATION

## Standard 115.31: Employee training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Ves Doe
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?
   Xes 
   No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Ves Does No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
   Xes 
   No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ⊠ Yes □ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ⊠ Yes □ No

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## 115.31 (c)

- Have all current employees who may have contact with inmates received such training?
   ☑ Yes □ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ⊠ Yes □ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ⊠ Yes □ No

#### 115.31 (d)

 Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- □ **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 provides training to all employees on the areas enumerated in this standard. I reviewed the training curriculum and materials; I found that they address all areas. I further confirmed the training during the staff interviews and the review of training records. The employees receive initial training and annual updates. It was confirmed during staff interviews that they also receive updates during roll calls.

The training covers the following topics enumerated in the standard:

- Its 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;
- o 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;
- o The dynamics of sexual abuse and sexual harassment in confinement;
- o 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.

All employees receive training on all genders, transgender inmates, and youthful inmates. This was confirmed during a review of training materials and during staff interviews.

The employees are verifying the receipt of the training through a signature; this was verified during the review of the sample signature logs. The facility trains all staff on a yearly basis, far exceeding the every two year requirement of the standard.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the facility's overall commitment to sexual safety.

# Standard 115.32: Volunteer and contractor training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

 Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ⊠ Yes □ No

#### 115.32 (b)

Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ⊠ Yes □ No

#### 115.32 (c)

 Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 has trained all volunteers and contractors who have contact with inmates on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This was confirmed during the volunteer and contractor interviews at

the facility. During the PrimeCare Medical interview I confirmed that the contracting agency also offers their own yearly training on PREA.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. At a minimum, they are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The agency maintains all documentation confirming that volunteers and contractors understand the training they have received. This documentation is maintained; this was confirmed during the review of the volunteer and contractor acknowledgment forms.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.33: Inmate education

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ⊠ Yes □ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ⊠ Yes □ No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ⊠ Yes □ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☑ Yes □ No

#### 115.33 (c)

 Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 ☑ Yes □ No

# 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ⊠ Yes □ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ⊠ Yes □ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ⊠ Yes □ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ⊠ Yes □ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ⊠ Yes □ No

#### 115.33 (e)

Does the agency maintain documentation of inmate participation in these education sessions?
 ☑ Yes □ No

#### 115.33 (f)

#### Auditor Overall Compliance Determination

**Exceeds Standard** (Substantially exceeds requirement of standards)

- 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 intake process, inmates receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This was confirmed during the inmate and staff interviews; this information is also located in the inmate handbook.

The facility provides inmate education in formats accessible to all inmates; this includes inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The facility provides materials to inmates in Spanish; they also have designated staff who can provide an interpretation of other languages. I confirmed with the classification officer that she will utilize the services outlined for inmates with disabilities and who are limited English speaking to perform the education if needed.

The facility has all key information on the zero-tolerance policy and reporting avenues provided through signage placed throughout the facility. I viewed this signage during the facility tour. I further confirmed that the signage has been in place during the inmate and staff interviews.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.34: Specialized training: Investigations

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.34 (a)

In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ⊠ Yes □ No □ NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ⊠ Yes □ No □ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ⊠ Yes □ No □ NA

# 115.34 (c)

Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
 Yes 
 No
 NA

## 115.34 (d)

• Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- □ **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 is responsible for the administrative investigation, all criminal investigations are conducted by the Pennsylvania State Police. The administrative investigations are conducted by the facility investigators which includes the PREA Coordinator. The facility investigators are trained in the use of Miranda and Garrity warnings, techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This was confirmed during the investigators interviews, investigation review, and policy review.

The facility has trained seven staff as administrative investigators. They attended a training course provided by me through the Pennsylvania Prison Wardens Association. This training was originally created to train the Pennsylvania Department of Corrections Investigators. The training is extremely comprehensive and was designed to provide the skills needed by the investigators to complete a detailed and in depth investigation.

The agency documents all training attended by the investigators. This was confirmed during the interviews with the investigators, as well as a review of the training records.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the facility's overall commitment to sexual safety.

# Standard 115.35: Specialized training: Medical and mental health care

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ⊠ Yes □ No □ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ⊠ Yes □ No □ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ⊠ Yes □ No □ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full-or part-time medical or mental health care practitioners who work regularly in its facilities.)
   Yes □ No □ NA

#### 115.35 (b)

If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.)
 □ Yes □ No ⊠ NA

#### 115.35 (c)

 Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ⊠ Yes □ No □ NA

#### 115.35 (d)

 Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ⊠ Yes □ No □ NA

# Auditor Overall Compliance Determination

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- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 full and part-time medical and mental health care practitioners have been trained on the following:

- o 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.

This was confirmed by reviewing the training materials utilized by PrimeCare Medical, the contracted medical provider. I further interviewed medical staff; they confirmed receiving the training.

The medical staff at the facility does not conduct sexual assault examinations.

The medical and mental health care practitioners also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the facility. This was confirmed during the review of training rosters at the facility. I also confirmed this training with the medical and mental health staff during interviews.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

# Standard 115.41: Screening for risk of victimization and abusiveness

# All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

## 115.41 (a)

#### 115.41 (b)

Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 ☑ Yes □ No

# 115.41 (c)

Are all PREA screening assessments conducted using an objective screening instrument?
 ☑ Yes □ No

## 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ⊠ Yes □ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
   Xes 
   No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
   Xes 
   No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ⊠ Yes □ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ⊠ Yes □ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ⊠ Yes □ No

## 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ⊠ Yes □ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
   ☑ Yes □ No

# 115.41 (f)

Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ⊠ Yes □ No

# 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
   ⊠ Yes □ No
- Does the facility reassess an inmate's risk level when warranted due to a request?
   ☑ Yes □ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ⊠ Yes □ No

Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Xes 
 No

#### 115.41 (h)

Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ⊠ Yes □ No

#### 115.41 (i)

■ Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 initially assessed during the intake process, which is completed upon arrival at the facility. The inmates are asked questions during the initial intake process about overall safety. The inmates are then screened by medical personnel who ask further safety questions. The medical staff has the ability to immediately task for a follow up with mental health or will notify the security staff of any concerns. The inmates then meet with the Classification Officer and are screened again, at this time further referrals may be made. The inmates are held separately from the general population until the classification is completed, and they are seen by medical.

The initial screening for risk of being sexually abusive considers any known prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. This was confirmed during a review of the screening tool and interviews with both staff and inmates.

The facility is reassessing all inmates within 30 days of arrival, this reassessment is being conducted by the classification officer, and they are taking into considerations all information available to them at the time of reassessment.

The facility would reassess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may change the inmate's risk of sexual victimization or abusiveness. This was confirmed during the staff interviews.

Inmates are informed during the screening process that they will not be disciplined for refusing to answer, or for not disclosing complete information. This was confirmed during the review of the screening tools and during the staff and inmate interviews.

The agency implements control on the dissemination of screening information at the facility level. The information from the screening tools is only available to treatment staff, medical, and administration.

Compliance was determined through review of inmate files, and staff and inmate interviews.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.42: Use of screening information

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ⊠ Yes □ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ⊠ Yes □ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ⊠ Yes □ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ⊠ Yes □ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ⊠ Yes □ No

#### 115.42 (b)

 Does the agency make individualized determinations about how to ensure the safety of each inmate? ⊠ Yes □ No

#### 115.42 (c)

When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ⊠ Yes □ No

 When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?
 Xes 
 No

#### 115.42 (d)

 Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Xes 
 No

#### 115.42 (e)

 Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ⊠ Yes □ No

#### 115.42 (f)

 Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ⊠ Yes □ No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ⊠ Yes □ No □ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ⊠ Yes □ No □ NA

#### Auditor Overall Compliance Determination

**Exceeds Standard** (Substantially exceeds requirement of standards)

- 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 utilizes the information from the screening and reassessment to inform 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. This was confirmed during a review of the policy and I confirmed these procedures during staff and inmate interviews.

The agency makes all of these determinations on an individualized basis; this ensures the safety of each inmate. This was confirmed during policy review and staff and inmate interviews.

I confirmed during policy review and interviews that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. I also confirmed that the inmate's own views would be taken into consideration during these decisions. Through policy and interviews, I confirmed that a transgender inmate would be given the opportunity to shower separately from other inmates. This was confirmed with the two female transgender inmates at the facility.

I confirmed during interviews with the staff that placement and programming assignments for each transgender or intersex inmate would be reassessed at least twice each year. This is also addressed in the policy.

The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. This was confirmed during staff interviews, as well as inmate interviews, two inmates at the facility interviewed identified as transgender.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.43: Protective Custody

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

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

## 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ⊠ Yes □ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ⊠ Yes □ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ⊠ Yes □ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ⊠ Yes □ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) □ Yes □ No ⊠ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) □ Yes □ No ⊠ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) □ Yes □ No ⊠ NA

# 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
   ☑ Yes □ No
- Does such an assignment not ordinarily exceed a period of 30 days? ⊠ Yes □ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ⊠ Yes □ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ⊠ Yes □ No

# 115.43 (e)

In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made. This policy states that inmates who are at a high risk for sexual victimization shall not be segregated involuntarily unless there are no available housing areas to separate them from possible abusers. The Shift Commander/Sergeant will complete assessment within 24 hours and will note other housing alternatives and reason why they were not an option. If the Perry County Prison segregates for this purpose, the inmate shall have access to programs, privileges, and work opportunities. Review of those inmates in PC will be reviewed every 7 days for the first two months and then every 30 days after the two month period. If the inmate is returned to PC, another review will be scheduled not to exceed 30 days and every 30 days thereafter. Clear documentation will be made regarding the concerns for the inmate's safety and the reason why alternative separation was not feasible.

This facility has had no incident where they have segregated an inmate due to being at high risk of sexual victimization or a victim of sexual abuse. This was confirmed during the PREA Coordinator and other staff interviews.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# REPORTING

# Standard 115.51: Inmate reporting

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Simes Yes Does No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☑ Yes □ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ⊠ Yes □ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
   ☑ Yes □ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
   Yes 
   No 
   NA

## 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ⊠ Yes □ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
   ☑ Yes □ No

#### 115.51 (d)

 Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- □ **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 provides the inmates the information on reporting in the inmate handbook and through signage throughout the facility. The facility provides multiple internal ways for inmates to privately and/or anonymously report sexual abuse, sexual harassment, retaliation by other inmates or employees for reporting sexual abuse or sexual harassment, and employees neglect or violation of responsibilities that may contribute to such incidents. The inmates can report directly to any staff, through the PREA reporting line to the PADOC, through the inmate request slips, or through voicemail to the PREA Coordinator. The instructions for the usage of these reporting avenues is extremely comprehensive, and the step by step usage of the reporting avenues is provided in all written materials both posted and given to the inmates. During the interviews with both staff and inmates, I confirmed that they were aware of the reporting avenues and that they can remain anonymous.

The facility website further instructs third parties on how to report. This was confirmed by viewing the facility website.

The staff interviews related that they understood the policy that states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. They also confirmed that all reports are forwarded to the facility investigators and the PREA Coordinator immediately.

The facility provides a method for staff to privately report sexual abuse, sexual harassment, retaliation by other inmates or employees for reporting sexual abuse or sexual harassment, and employees neglect or violation of responsibilities that may contribute to such incidents. Staff can report outside of the chain of command, or directly to the PREA Coordinator, or Warden. The interviewed staff understood these reporting avenues available to them.

I found during the inmate interviews that the inmates who were interviewed felt that if something was happening, they would feel comfortable telling a staff member at the facility. This confidence in utilizing this reporting avenue shows the overall culture at the facility. Although this statement may not be true for all inmates, the agency has provided so many different reporting avenues that an inmate should feel comfortable with one of them.

After a careful review of all documentation, and the information received during facility interviews, I found that the agency substantially exceeds the requirements of this standard and all provisions.

# Standard 115.52: Exhaustion of administrative remedies

# All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.52 (a)

 Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ⊠ Yes □ No

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) □ Yes □ No ⊠ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) □ Yes □ No ⊠ NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) □ Yes □ No ⊠ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) □ Yes □ No □ NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) □ Yes □ No ⊠ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
   Yes 
   No 
   NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) □ Yes □ No ⊠ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

   Yes 
   No 
   NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) □ Yes □ No ⊠ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
   □ Yes □ No □ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) □ Yes □ No □ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
   Yes □ No ⊠ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) □ Yes □ No ⊠ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
   □ Yes □ No □ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) □ Yes □ No ⊠ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) □ Yes □ No ⊠ NA

# 115.52 (g)

If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith?
 (N/A if agency is exempt from this standard.) □ Yes □ No ⊠ NA

#### Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
   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 does not accept grievances related to sexual abuse or sexual harassment. If any grievance was received that indicated an incident of sexual abuse or sexual harassment, the incident would be immediately investigated. This was confirmed with the PREA Coordinator.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.53: Inmate access to outside confidential support services

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.53 (a)

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) □ Yes □ No ⊠ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Simes Yes Display No

#### 115.53 (b)

■ Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Simes Yes Does No

# 115.53 (c)

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The inmates are provided the contact information for the YWCA Greater Harrisburg, this contact information includes the telephone number and mailing address. The YWCA Greater Harrisburg is located in Harrisburg, PA and can provide onsite emotional support if needed. The facility enables reasonable communication between inmates and the YWCA Greater Harrisburg, in as confidential a manner as possible as not to jeopardize facility security. The PREA Coordinator stated that any inmate, both victim and abuser, are provided the contact information, and informed that the communications may be recorded, but are not continually monitored. He further confirmed that the inmates are informed of the facilities duty to report under specific Pennsylvania mandatory reporting laws. It should be noted that the facility has not provided these services within the past 12 months, no incidents occurred where these services were needed. I reviewed incidents prior to this reporting period and found that the services due to confidentiality.

The facility has a letter of agreement with YWCA Greater Harrisburg for the services described above. I contacted the YWCA Greater Harrisburg and spoke with a supervisor, they confirmed that the letter of agreement is still in effect, and they will provided the services outlined in the agreement.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.54: Third-party reporting

# All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

## 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Ves Doo

## Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 has established several methods to receive third-party reports of sexual abuse and sexual harassment and has distributed the information on how to report sexual abuse and sexual harassment on behalf of an inmate to the public. This information is provided through the facility website at http://www.perryco.org/Dept/Prison/Pages. The website has the following information posted:

The Perry County Prison maintains a zero tolerance for offender-on-offender sexual activity, including but not limited to sexual abuse or assault, and staff sexual misconduct and sexual harassment toward offenders. Every allegation of sexual assault/misconduct and harassment is thoroughly investigated. The zero tolerance applies to all employees, volunteers and contract staff of the Perry County Prison. The reporting number for an alleged allegation of sexual activity is 866-823-6703.

The PREA Coordinator stated that any report received through any of these avenues is immediately investigated.

The facility has posted the third party reporting avenues in the lobby area of the facility, this is provided for visitors to the facility.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

# Standard 115.61: Staff and agency reporting duties

# All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

# 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ⊠ Yes □ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
   Xes 
   No

## 115.61 (b)

 Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ⊠ Yes □ No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
   Xes 
   No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ⊠ Yes □ No

#### 115.61 (d)

 If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ⊠ Yes □ No

#### 115.61 (e)

 Does the facility report all allegations of sexual abuse and sexual harassment, including thirdparty and anonymous reports, to the facility's designated investigators? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 policy and training the facility requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the facility; 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. The interviewed staff understood their obligations under the policy, and further stated that the information is reviewed during the yearly training and at roll call several times throughout the year. During the investigative file review I found that all incidents are being reported as per the facility policy.

The facility policy states that other than reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary. The staff obligation under policy is to report to their immediate supervisor, the supervisor will then assume command of the incident. All interviewed staff at the facility understood this requirement. During the investigative file review I found that all incidents are being reported as per the facility policy.

The interviewed medical and mental health practitioners confirmed that they are not precluded by any laws and they understand they are required to report sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the facility; 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. They further stated that they would inform the inmate of their duty to report, and the limitations of confidentiality at the initiation of services.

The PREA Coordinator confirmed that any incident involving an alleged victim under the age of 18 would be immediately reported to the Pennsylvania ChildLine, the Perry County Children and Youth Services, and the Pennsylvania State Police. They also confirmed that they would report all incidents involving a vulnerable adult to the Pennsylvania State Police.

The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The third party reports are received though the PA DOC via telephone calls to the shift commander, through direct contact to the shift commanders, or PREA Coordinator. The interviewed shift commanders and PREA Coordinator stated that the investigations would be immediately responded to. This was confirmed through review of the investigative files, several were reported through the PA DOC, and these incidents were responded to immediately.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.62: Agency protection duties

# All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- $\boxtimes$
- **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 policy dictates that when staff learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The staff interviewed understood their responsibility, and all responded that they would immediately take appropriate steps to protect the inmate. They all stated that they would utilize the secure interview rooms to place the inmate in by themselves and contact the shift supervisor. The supervisors related that they have the ability to make housing changes, and house the inmate in the single cell smaller unit in medical if need be. They further stated all incidents of this nature would immediately be investigated to ensure the safety of the overall inmate population.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.63: Reporting to other confinement facilities

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

 Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ⊠ Yes □ No

#### 115.63 (b)

Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ⊠ Yes □ No

#### 115.63 (c)

■ Does the agency document that it has provided such notification? ⊠ Yes □ No

# 115.63 (d)

■ Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Ves Doe

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 PREA Coordinator confirmed that policy outlines the facility response if an inmate at the Perry County Prison makes an allegation that they were sexually abused/assaulted while committed/housed in another correctional facility. Upon receiving an allegation that an inmate was sexually abused or sexually harassed while confined at another facility, the Counselor of the facility that received the allegation shall notify the PREA Coordinator of the facility where the alleged abuse or harassment occurred within 72 hours after receiving the allegation. The counselor shall also send notification and supporting documentation to the facility PREA Manager. This notification shall be provided as soon as possible.

He further confirmed if the Perry County Prison receives notification from another facility, Administration and PREA Coordinator will be immediately notified and a PREA investigation will begin following policy.

The facility has had one occurrence of this nature during the auditing period. I reviewed the documentation and confirmed the policy was followed.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.64: Staff first responder duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
   ☑ Yes □ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ⊠ Yes □ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff
  member to respond to the report required to: Request that the alleged victim not take any

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actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  $\square$  Yes  $\square$  No

Upon learning of an allegation that an inmate was sexually abused, is the first security staff
member to respond to the report required to: Ensure that the alleged abuser does not take any
actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,
changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred
within a time period that still allows for the collection of physical evidence? ⊠ Yes □ No

#### 115.64 (b)

 If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 policies outline the initial response by staff. These policies direct the staff member to separate the alleged victim and abuser, preserve, and protect the crime scene, and ensure the victim and abuser take no actions in destroying evidence. These actions include washing, brushing teeth, changing clothes, urinating, defecating, and smoking, drinking, or eating.

The policy further directs any non-security staff to request the victim not to take any actions that could destroy physical evidence, and then notify security staff immediately.

The response to an incident is outlined in the yearly training, for both security and non-security staff. The interviewed security and non-security staff understood their responsibilities under the policies. All interviewed staff outlined the proper response to an incident.

During the review of the investigative files I verified that the responses followed the policy.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.65: Coordinated response

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

 Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 has adopted the Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act as the overall institutional plan to respond to sexual abuse incidents. This plan dictates the actions and coordination between first responders, supervisors, administration, medical, mental health, and the investigators. I confirmed the institutional plan through a review of the plan, as well as during staff interviews. During the investigation review, I verified that the process followed the outlined plan in the policy.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.66: Preservation of ability to protect inmates from contact with abusers

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.66 (a)

 Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ⊠ Yes □ No

#### 115.66 (b)

• Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 officers at the facility are represented by the Teamsters Local Union 776. I reviewed the contract and confirmed that the facility has the ability to remove officers from inmate contact during an investigation. This was further confirmed during interviews with Union Officers.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.67: Agency protection against retaliation

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ⊠ Yes □ No

#### 115.67 (b)

■ Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ⊠ Yes □ No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ⊠ Yes □ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  $\boxtimes$  Yes  $\square$  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ⊠ Yes □ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ⊠ Yes □ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ⊠ Yes □ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ⊠ Yes □ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ⊠ Yes □ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ⊠ Yes □ No

#### 115.67 (d)

In the case of inmates, does such monitoring also include periodic status checks?
 ☑ Yes □ No

# 115.67 (e)

 If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 ☑ Yes □ No

#### 115.67 (f)

• Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

Exceeds Standard (	(Substantially exceeds requirement of standards	)
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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 Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act reads as follows:

The Perry County Prison will protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and the PREA Investigators will be responsible for monitoring any and all retaliation.

The Perry County Prison shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmate or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. The Perry County Prison will monitor any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This will continue beyond 90 days if the initial monitoring indicates a continued need.

All monitoring of inmates and employees is documented and contained in the investigative files, this was confirmed during the investigative file review.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.68: Post-allegation protective custody

# All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

## 115.68 (a)

 Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☐ Yes ☐ No

## Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act reads as follows:

#### Protective Custody Status

Inmates at a high risk for sexual victimization or inmates that have alleged abuse shall not be placed involuntarily in Protective Custody as a means of protection unless an assessment of all available alternatives has been made by security staff in conjunction with the PREA 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. Alternative placement will be moving the inmate to a different housing block.

During the interview with the PREA Coordinator I found that he understands the restrictions of utilizing protective custody post-allegation. He related that the facility has the ability to move inmates to a separate housing unit without having to utilize segregation.

I reviewed the investigations and found that the facility did not utilize any post allegation protective custody in any of the incidents reported.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.71: Criminal and administrative agency investigations

# All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

# 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ⊠ Yes □ No □ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ⊠ Yes □ No □ NA

#### 115.71 (b)

Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ⊠ Yes □ No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ⊠ Yes □ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
   ⊠ Yes □ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ⊠ Yes □ No

#### 115.71 (d)

When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ⊠ Yes □ No

# 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ⊠ Yes □ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ⊠ Yes □ No

# 115.71 (f)

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ⊠ Yes □ No

# 115.71 (g)

 Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ⊠ Yes □ No

#### 115.71 (h)

Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 ☑ Yes □ No

## 115.71 (i)

 Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ⊠ Yes □ No

#### 115.71 (j)

 Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 ☑ Yes □ No

#### 115.71 (k)

Auditor is not required to audit this provision.

#### 115.71 (I)

 When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ⊠ Yes □ No □ NA

#### Auditor Overall Compliance Determination

	Exceeds Standard	(Substantially	v exceeds requiremen	t of standards)
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- □ **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 policies outline the investigative process for both criminal and administrative investigations. The administrative investigations are conducted by the trained facility investigators, and the criminal investigations are conducted by the Pennsylvania State Police. Through interviews with the facility investigators, and investigative file review I found the investigation to be conducted promptly, thoroughly, and objectively, these included third-party and anonymous reports. Both the facility investigators and State Police gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They also interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the investigation appears to support criminal prosecution, the State Police will conduct compelled interviews.

The interviewed investigators stated that 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. The facility does 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.

The administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Both the administrative and criminal investigations are documented in a written report, these reports include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The Warden and PREA Coordinator confirmed all substantiated allegations of conduct that appears to be criminal would be investigated by the State Police and referred for prosecution. They further stated that as per policy all reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. They also confirmed that if the alleged abuser or victim departed from the employment or control of the facility the investigation would continue.

The PREA Coordinator stated that he is in constant contact with the State Police if a criminal investigation is taking place. This contact is made through email or in person.

I confirmed the investigative process and the compliance with the standard through interviews and review of the investigative files.

The facility has not had any criminal investigation in the past 12 months. During the overall investigative file review I found that the quality of administrative and criminal investigations (from past years) far exceeds the requirements of the standards.

After a careful review of all documentation, and the information received during the facility interviews, I found that the facility has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the facility's overall commitment to sexual safety.

# Standard 115.72: Evidentiary standard for administrative investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.72 (a)

 Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 has policies that states there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. During the investigation review and investigator interview, I verified that they are applying the preponderance of evidence to make a determination.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.73: Reporting to inmates

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

#### 115.73 (b)

If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ⊠ Yes □ No □ NA

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? X Yes □ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ⊠ Yes □ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ⊠ Yes □ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ⊠ Yes □ No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
   ☑ Yes □ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
   Xes 
   No

#### 115.73 (e)

■ Does the agency document all such notifications or attempted notifications? ⊠ Yes □ No

#### 115.73 (f)

• Auditor is not required to audit this provision.

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act reads as follows:

- A. Following an inmate's allegation that he/she has been sexually abused or sexually harassed by another inmate or employee:
  - 1. The PREA coordinator shall inform the alleged victim thru the "Notification of Outcome of Allegation Form" to the alleged victim
  - 2. If the Perry County Prison did not conduct the investigation, it shall request the relevant information from the investigate agency in order to inform the inmate.
  - 3. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:
    - a. The staff member is no longer posted within the inmates unit;
    - b. The staff member is no longer employed at the facility;
    - c. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
    - d. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

All notifications are documented by the PREA coordinator and kept with the investigative file. This was confirmed during the review of the investigative files and during the PREA Coordinators interview.

# DISCIPLINE

# Standard 115.76: Disciplinary sanctions for staff

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

#### 115.76 (b)

 Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ⊠ Yes □ No

#### 115.76 (c)

 Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ⊠ Yes □ No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 policy outlines the disciplinary sanctions for staff who violate the facility PREA policy. The Warden and PREA Coordinator confirmed all employees are subject to disciplinary sanctions up to and including termination for violating the policy, and termination is the presumptive action for employees who has engaged in sexual abuse. They further confirmed that disciplinary sanctions for violations of the policy (other than actually engaging in sexual abuse) is commensurate with the nature of

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circumstances of the act(s) committed, the employees' disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. All terminations for violation of the policy or resignations by employees who would have been terminated if not for their resignation, are reported to the Pennsylvania State Police unless the activity was clearly not criminal.

Through interviews and investigative file review I confirmed no employees were disciplined within the past 12 months for violation of the facility policy.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.77: Corrective action for contractors and volunteers

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ⊠ Yes □ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ⊠ Yes □ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ⊠ Yes □ No

#### 115.77 (b)

In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ⊠ Yes □ No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 policy outlines the disciplinary sanctions for contractors or volunteers who violate the facility PREA policy. The Warden and PREA Coordinator confirmed any volunteer or contractor who has had a determination of guilt related to sexual offenses will have their security clearance reviewed and potentially revoked. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and will be reported to the Pennsylvania State Police unless the activity was clearly non-criminal. They further confirmed they would take appropriate measures and will consider whether to prohibit further contact with inmates.

Through interviews and investigative file review I confirmed no contractors or volunteers were disciplined within the past 12 months for violation of the facility policy.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# **Standard 115.78: Disciplinary sanctions for inmates**

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.78 (a)

#### 115.78 (b)

 Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ⊠ Yes □ No

#### 115.78 (c)

When determining what types of sanction, if any, should be imposed, does the disciplinary
process consider whether an inmate's mental disabilities or mental illness contributed to his or
her behavior? ⊠ Yes □ No

#### 115.78 (d)

 If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ⊠ Yes □ No

#### 115.78 (e)

#### 115.78 (f)

 For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ⊠ Yes □ No

#### 115.78 (g)

 $\square$ 

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
  - **Does Not Meet Standard** (*Requires Corrective Action*)

Perry County lists the sanctions for inmate discipline in the Perry County Prison Misconduct Report. This report lists any rape or sexual acts against another inmate or staff as a category "A" violation major offense. It further lists the sanctions as follows:

- Filing of Criminal Charges
- Disciplinary detention up to 60 days per incident
- Loss privileges for up to 60 days
- Loss of programs and/or work assignments
- Warden's administrative detention

The facility has policies in place for disciplinary sanctions for inmates.

The disciplinary process takes into consideration whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

I reviewed the investigations and found that no inmates had been disciplined for a violation of this policy.

# MEDICAL AND MENTAL CARE

# Standard 115.81: Medical and mental health screenings; history of sexual abuse

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 □ Yes □ No ⊠ NA

#### 115.81 (b)

If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) □ Yes □ No ⊠ NA

#### 115.81 (c)

If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ⊠ Yes □ No

#### 115.81 (d)

Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Xes 
 No

#### 115.81 (e)

 Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Imes Yes □ No

Exceeds Standard (Substantially exceeds requirement of standards)
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- 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 medical interviews I confirmed that if the screening indicated that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, they are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. They confirmed that the inmates are screened at intake by medical and by classification. If the medical screening indicates prior sexual victimization the medical personnel will notify mental health, if the information is received through classification the Classification Officer will notify medical through email. During the inmate interviews several inmates indicated that they notified staff of prior victimization, through review of files and staff interviews I confirmed that a follow up by mental health took place within 14 days.

They further confirmed that any information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, and work, education, and program assignments.

The medical staff confirmed that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.82: Access to emergency medical and mental health services

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.82 (a)

Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Xes 
 No

#### 115.82 (b)

 If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ⊠ Yes □ No ■ Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ⊠ Yes □ No

#### 115.82 (c)

 Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ⊠ Yes □ No

#### 115.82 (d)

 Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Xes 
 No

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 medical and PREA Coordinator interviews I confirmed that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope are determined by medical and mental health practitioners at the West Shore Pinnacle Hospital and victim advocacy will be provided by the YWCA Greater Harrisburg. The interviewed staff stated during their interviews that a victim would be immediately transported to the hospital.

The interviewed medical staff confirmed inmate victims of sexual abuse are offered information about and access to emergency contraception and sexually transmitted infections prophylaxis. They stated that the SANE would ensure these were received at the hospital, and if not they would ensure the victim returned to the facility with a prescription. I confirmed through the medical staff interviews and the interview with the supervisor at the West Shore Pinnacle Hospital that the treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility has not had any incidents in the past 12 months where these services were utilized.

# Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.83 (a)

 Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ⊠ Yes □ No

#### 115.83 (b)

■ Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?

#### 115.83 (c)

 Does the facility provide such victims with medical and mental health services consistent with the community level of care? ⊠ Yes □ No

#### 115.83 (d)

Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) □ Yes □ No ⊠ NA

#### 115.83 (e)

If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) □ Yes □ No ⊠ NA

#### 115.83 (f)

#### 115.83 (g)

 Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Xes 
 No

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#### 115.83 (h)

If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes 
 No 
 NA

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 medical and PREA Coordinator interviews I confirmed that the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment includes, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. They further stated that all victims will be offered tests for sexually transmitted infections as medically appropriate.

Both the medical staff and PREA Coordinator confirmed the services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. They further confirmed the medical and mental health services are consistent with the community level of care.

The facility has not had any incidents in the past 12 months where these services were utilized.

# DATA COLLECTION AND REVIEW

# Standard 115.86: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

 Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ⊠ Yes □ No

#### 115.86 (b)

Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 ☑ Yes □ No

#### 115.86 (c)

 Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ⊠ Yes □ No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ⊠ Yes □ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☑ Yes □ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ⊠ Yes □ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
   ☑ Yes □ No

#### 115.86 (e)

 Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ⊠ Yes □ No

**Exceeds Standard** (Substantially exceeds requirement of standards)

- 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 Perry County Prison Policy and Procedures Manual Chapter: Inmates Rules, Regulations & Rights Subject: Prison Rape Elimination Act reads as follows:

At the conclusion of every sexual abuse investigation, unless the investigation has been determined to be unfounded, the Perry County Prison will conduct a sexual abuse incident review within 30 days. This review will include the PREA Coordinator, Investigators, upper-level management and allow for input from line supervisors, investigators, and medical or mental health practitioners.

The review committee takes into consideration the following areas:

- Consider whether the allegations or investigation indicates a need to change policy of practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay; bisexual; transgender; or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of employee staffing levels in the area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees

At the conclusion of the review a report of its findings, and any recommendations for improvement is prepared and submitted to the Warden. The Warden confirmed that the facility will implement the recommendations for improvement, or shall document its reasons for not doing so.

During the investigative file review I confirmed the review process and documentation. No recommendations were made during the reviews.

# Standard 115.87: Data collection

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

#### 115.87 (b)

Does the agency aggregate the incident-based sexual abuse data at least annually?
 ☑ Yes □ No

#### 115.87 (c)

 Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ⊠ Yes □ No

#### 115.87 (d)

Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Xes 
 No

#### 115.87 (e)

 Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) □ Yes □ No ⊠ NA

#### 115.87 (f)

Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 □ Yes □ No ⊠ NA

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 PREA Coordinators interview I confirmed that the facility collects accurate, uniform data for every allegation of sexual abuse, and aggregates the incident-based sexual abuse data annually. The

data collected includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The facility maintains, reviews, and collects data all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews.

During the audit I reviewed the data collection process, and data reports, the process was in compliance with all provisions of the standard.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.88: Data review for corrective action

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
   Xes 
   No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? I Yes INO

#### 115.88 (b)

 Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ⊠ Yes □ No

#### 115.88 (c)

Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ⊠ Yes □ No

#### 115.88 (d)

 Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ⊠ Yes □ No

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- 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 Administration and PREA Coordinator interviews I confirmed that the facility reviews data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by identifying problem areas and taking corrective action on an ongoing basis. They further related that if a trend was identified they would immediately put a corrective action plan in place.

The facility prepares an annual report that compares the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. This report is approved by the Warden and published on the facility website.

During the audit I reviewed the data collection process, and data reports, the process was in compliance with all provisions of the standard.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

### Standard 115.89: Data storage, publication, and destruction

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 ☑ Yes □ No

#### 115.89 (b)

#### 115.89 (c)

 Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ⊠ Yes □ No

#### 115.89 (d)

#### Auditor Overall Compliance Determination

- **Exceeds Standard** (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- $\square$
- **Does Not Meet Standard** (*Requires Corrective Action*)

The agency has a policy in place that addresses the provisions of this standard. I found that the agency digitally securely retains all data collected; this data is available to the public through the website.

The annual reports from 2016 are published on the website. All personal identifiers have been removed from the reports.

The agency has a policy in place that maintains all sexual abuse data for at least 10 years from the date received. Staff interviews and review of the annual reports further confirmed this procedure.

# AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ⊠ Yes □ No

#### 115.401 (b)

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) □ Yes □ No ⊠ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) □ Yes □ No ⊠ NA

#### 115.401 (h)

Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 ☑ Yes □ No

#### 115.401 (i)

■ Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ⊠ Yes □ No

#### 115.401 (m)

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 ☑ Yes □ No

#### 115.401 (n)

 Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ⊠ Yes □ No

	<b>Exceeds Standard</b> (Substantially exceeds requirement of standards)		
$\boxtimes$	<b>Meets Standard</b> (Substantial compliance; complies in all material ways with standard for the relevant review period)		
	Does Not Meet Standard (Requires Corrective Action)		

The facility was audited during the auditing cycle from August 20, 2016, and August 20, 2019.

During the audit process, I was able to receive copies of all relevant documentation, conduct private interviews with staff and inmates, tour the complete facility, and receive confidential correspondence from both inmates and staff.

After a careful review of all documentation, and the information received during facility interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

# Standard 115.403: Audit contents and findings

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ⊠ Yes □ No □ NA

#### Auditor Overall Compliance Determination

Exceeds Standard	(Substantially exceeds	s requirement of standards)
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- 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 has published the final audit report on their website, this was confirmed by navigating to the page on the website and reviewing the audit report.

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# AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Patrick J. Zirpoli

November 2, 2019

**Auditor Signature** 

Date