

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report May 27, 2019

Auditor Information

Name: John J. Prebish, Jr.

Email: jprebishjr@gmail.com

Company Name: Prebish Consulting Services, LLC.

Mailing Address: 984 Level Road

City, State, Zip: Lilly, PA 15938

Telephone: (814)-341-5226

Date of Facility Visit: March 27, 28, 29, 2019

Agency Information

Name of Agency:

Indiana County Jail

Governing Authority or Parent Agency (If Applicable):

Indiana County Prison Board

Physical Address: 665 Hood School Road

City, State, Zip: Indiana, PA 15701

Mailing Address: Same

City, State, Zip: Same

Telephone: (724)-471-7500

Is Agency accredited by any organization? ☒ Yes ☐ No

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Agency mission: *The safety, security, and humanely detain persons arrested and held during adjudication, convicted offenses sentenced to jail, and other persons lawfully committed to the facility. Inmates will be provided opportunities for education, employment, and programs to acquire skills and values necessary to become productive law abiding citizens.*

Agency Website with PREA Information: www.indianacountypa.gov

Agency Chief Executive Officer

Name: Sam Buzzinotti

Title: Warden

Email: sbuzzinotti@indianacountypa.gov

Telephone: (724)-471-7501

Agency-Wide PREA Coordinator

Name: Lori Hamilton	Title: Deputy Warden - Operations
Email: lhamilton@indianacountypa.gov	Telephone: (724)-471-7502
PREA Coordinator Reports to: Warden	Number of Compliance Managers who report to the PREA Coordinator 9

Facility Information

Name of Facility:	Indiana County Jail
Physical Address:	665 Hood School Road, Indiana, PA 15701
Mailing Address (if different than above):	(Same)
Telephone Number:	(724)-471-7500
The Facility Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail <input type="checkbox"/> Prison
Facility Mission:	See agency mission above.
Facility Website with PREA Information:	www.indianacountypa.gov

Warden/Superintendent

Name: Samuel Buzzinotti	Title: Warden
Email: sbuzzinotti@indianacountypa.gov	Telephone: (724)-471-7501

Facility PREA Compliance Manager

Name: Lori Hamilton	Title: Deputy Warden - Operations
Email: lhamilton@indianacountypa.gov	Telephone: (724)-471-7502

Facility Health Service Administrator

Name: Jackie Sabella, RN/HSA	Title: Health care supervising administrator
Email: jsabella@primecaremedical.com	Telephone: (724)-471-7500 ext. 6242

Facility Characteristics

Designated Facility Capacity: 256	Current Population of Facility: 185
-----------------------------------	-------------------------------------

Number of inmates admitted to facility during the past 12 months		1068
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		470
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		498
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	Youthful Inmates Under 18: n/a	Adults: Click or tap here to enter text.
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0
Average length of stay or time under supervision:		41.04 days
Facility security level/inmate custody levels:		Min. through Max and special needs
Number of staff currently employed by the facility who may have contact with inmates:		70
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		14
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		2
Physical Plant		
Number of Buildings: 1		Number of Single Cell Housing Units: 3
Number of Multiple Occupancy Cell Housing Units:		6
Number of Open Bay/Dorm Housing Units:		2
Number of Segregation Cells (Administrative and Disciplinary):		16
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
212 stationary and pan/tilt/zoom cameras throughout the facility monitored from Central Control and the Wardens office with hard drive storage up to 60 days in the mechanical room.		
Medical		
Type of Medical Facility:		General practice medicine and mental health services.
Forensic sexual assault medical exams are conducted at:		Provides at Indiana Regional Hospital
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		51
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		10

Audit Findings

Audit Narrative

Background

The on-site audit of the Indiana County Jail was completed on March 27, 28, & 29, 2019 at the facility just outside of the borough of Indiana, Pennsylvania by PREA Auditor John Prebish a single auditor contracted with the facility. Discussion with the facility began in the July 2018 meeting with Warden Sam Buzzinotti and Deputy Warden Lori Hamilton. A contract was exercised in early 2019 and the timeline established for the audit.

The Jail is operated by the county and governed under Pennsylvania rule establishing the Prison Board, a panel made up of the 3 Commissioners, President Judge, Controller, District Attorney, and Sheriff. The Warden by designation is the Agency Head. As with other counties in Pennsylvania, the Indiana County Jail deals with all new arrests in the county unable to post bond as well as anyone under a county sentence up to 11 ½ months. They will also hold those under bench warrant for the courts for probation violations, domestic relations warrants, and arrestees on warrants for other counties/states. They have recently entered into a housing agreement with the United States Marshals service to provide housing for those individuals under arrest and on trial in the federal court system in Johnstown and Pittsburgh, PA.

Built in 2009, the building is a Direct Supervisor-style facility with a maximum bed capacity of 256 inmates. Within that environment, they have various classification levels from minimum to maximum and house both male and female inmates. The "direct supervision" concept has become a standard in jail/prison design where correctional personnel are placed directly into a housing unit with cells around the perimeter, stacked with a common day area in the center having full services in the unit...recreation, common area, multipurpose area, counselors' offices, and showers. Food is delivered directly to the unit instead of a central dining hall. There are 8 housing units throughout the facility.

This will be the 3rd PREA Audit for this facility since the PREA Standards were implemented. Deputy Warden Lori Hamilton whom serves as the PREA Coordinator and I began discussing the audit and decided on March 27, 28, and 29, 2019 for the in-house audit dates. We also developed a list of documents that I would need for the audit. I explained the confidentiality of the materials including those whom may be named and that those items would remain securely with me. On February 18, 2019 she began sending me all necessary documents for the audit and "Audit notices" were sent to her to post throughout the facility in both English and Spanish announcing the audit dates and providing my information should anyone want to contact me. These notes were printed on color in large print to stand out. A photo of the posted notices was provided indicated that it was also hung on February 18, 2019. I did receive three (3) letters from inmates at the facility and I did speak to each of them individually and confidentially.

Items requested consisted of:

A: Pre-Audit Phase: *(All necessary items were received on February 18, 2019 for the Auditors Review)*

- 1) Pre-audit questionnaire given to the facility in early February
- 2) Agency/Facility Related Policy
- 3) A complete employee roster including:
 - a. Agency oversight agency

- b. Warden
 - c. PREA Coordinator and Compliance Managers
 - d. Specialized staff including medical, mental health, intake staff, training staff, first responders, investigators, and county HR personnel
 - e. Contractors and volunteers
 - f. SAFE/SANE agency that is utilized for the facility (Indiana Regional Hospital)
- 4) An inmate population sheet of all inmates at the facility was provided and including:
- a. Those identifying as LGBTI (No one identified)
 - b. Those in segregation (male and female)
 - c. Those reporting sexual abuse/victimization upon admission
 - d. LEP Inmates
 - e. Youthful Inmates (No one identified – They are not held at this facility)
 - f. Anyone with disabilities (1)
- 5) Any grievances files within the past 12 months related to accounts of sexual abuse/harassment.
- 6) Any sexual abuse/harassment incidents/investigations reported including alleged, substantiated, unsubstantiated, and/or founded/unfounded over the past year and all investigative information related to them.
- a. Including calls to the hotline, reported to staff, 3rd party reporting, etc.
 - b. How many were administratively/criminally investigated or are pending.
- 7) Multiple documents included in the jails operations such as:
- a. Zero-tolerance policy
 - b. Inmate intake screening/education/materials provided
 - c. Staff training
 - d. Facility layout/footprint
 - e. Staffing plan/policy
 - f. Facility PREA-Related policies
 - g. Grievance Policy
 - h. Disciplinary Policy
 - i. Classification procedures

As indicated earlier Deputy Hamilton and I began the pre-audit process in February. We discussed the online audit system and the standard paper system and agreed to continue as they have in the past to conduct the audit under the old system. She began sending me documentation for the pre-audit and we discussed the other information necessary to review. All information was sent directly to me via email including the pre-audit questionnaire. She also broke down the pre-audit document to incorporate it with each document/policy sent to assure it was attached to a specific standard. I was able during this period to review all necessary documentation allowing me to prepare for the on-site audit and prepare questions when going in.

The facility has multiple contracts in place for both PREA assistance such as victims' services and criminal investigations. They also have a long-term contract in place for medical and mental health services at the facility through Prime Care Medical, a Pennsylvania based company that specializes in adult and juvenile facility medical services. The contract for juvenile housing for offenders under 18 years old with the following counties: Cambria, Franklin, and York, all in Pennsylvania. They also contract with Abraxas and Westmoreland County Juvenile Detention for juvenile detention. Abraxas is a private agency that specialized in juvenile detention for both males and females requiring confinement. The same is true for Westmoreland County Juvenile Detention, except they are run under the county. All these facilities have contracts in place for holding a juvenile should they need to.

I was able to contact the Indiana Regional Medical Center, the Alice Paul House (A non-profit agency providing victim's advocate for victims of sexual assault, domestic violence, and counseling services), and the Pennsylvania Coalition against Rape (PCAR), Just Detention International – Washington DC office, and

The Rape Abuse and Incest Network (RAINN) concerning services that would be offered to Indiana County inmates. The hospital is approximately 10 minutes away and their representative indicated they have worked with the facility in the past and provide SAFE/SANE programs to the entire county, and have worked with both correctional facility therein. The Alice Paul House is under contract with the facility that was renewed in January 2019. According to their staff, they will provide victims advocate for all sexual assault victims responding to the facility, accompanying them to the hospital and court proceedings. The Indiana Regional Medical Center has both a SAFE and SANE program in place on a 24/7 basis at the facility. They indicated that they have worked with the Indiana County Jail in the past and are available if they are needed.

The facility also has a contract with the Pennsylvania State Police (PSP) Indiana Barracks for criminal investigative services for all sexual assault cases warranting such investigations. I was able to speak with Alison Goswick, a criminal investigator with the barracks. She spoke of the contract and having been at the facility before and conducted investigations therein. She indicated that Indiana County Jail (jail) hosted a PREA Investigators training a few months ago that she and others from the barracks participated in and were able to place some of the techniques in place for their investigations. We discussed how they handled off hours calls to the facility, and she advised a trooper from the barrack would be sent to the facility to begin the initial investigation, take statements, collect evidence, and interview the accused, and victim in the case. They would hand the case over to the PSP criminal investigators thereafter. All cases founded are referred to the Indiana County District Attorney's office for prosecution.

The jail also contracts with the Pennsylvania Department of Corrections for 24/7 hotline service for the facility. Recently the service was transferred under the Department's Bureau of Community Corrections for monitoring (Agreement provided). According to Deputy Warden Hamilton all inmates can call the service over the blue inmate phones in the housing units. ALL calls are toll free and are NOT recorded. Posted in the housing units and at the phones indicates the toll-free service by dialing #611 on the phone after prompting for English or Spanish. This Auditor was able to test the phone system while on the inmate housing units. I was able to test the inmate phone system in their housing units for a toll-free call to the Alice Paul house and was also able to dial the hotline and speak to a representative with the PA Department of Corrections Community Services. I did explained that I was auditing the facility and was testing the service.

B. On-Site Audit:

The on-site portion of the audit was conducted on March 27, 28, and 29, 2019. I was met by the Warden and Deputy Warden (PREA Coordinator) and escorted into the administrative area of the facility. Therein I was provided with a secure conference room that I would be able to interview staff and review documents. Warden Buzzinotti, Deputy Warden Hamilton, Deputy Warden Simmons, and I met to discuss the steps of the audit.

a:

On-site Audit

- 1) Kick-off meeting and discussion on format of the time at their facility
 - a. Review Auditor Checklist
 - b. Review pre-audit questions with the group
 - c. Discuss any facility changes that have occurred since their last audit, or because of previous audits.
 - d. Documents that I want to review including
 - i. Facility forms (intake/PREA), logs, files, investigations, etc.
- 2) Discuss the logistics of the audit from my perspective including full facility access, space to interview inmates in a confidential manner, practiced-based auditing, and established goals for the audit.
- 3) Site review

- 4) I explained the requirements of the facility in relation to the PREA standards and that if there was any corrective action required by the facility how in that period of time we would work on achieving compliance with the standards.
- 5) I also explained that I was a Probationary Auditor and that the time frame for the audit return would be extended so my work could be reviewed.
- 6) Random staff interviews – 12
- 7) Random inmate interviews – 22
- 8) Target resident interviews – 5
- 9) File and document review
- 10) Secondary question and answer period of additional questions that may arise during the audit.
- 11) Close out session and preliminary report

b: Document Review

- 1) **Personnel and Training Files** – The facility provided files upon request of employees whom had worked at the facility for a few months through several years ranking from part time corrections officers to Sergeants at the facility. I reviewed these personnel and training files for employees on day two. I was also provided information on all staff listing training classes, specialized training, and criminal history checks done on each employee that isn't kept in their personnel file.
 - a. Criminal History – Information was available showing each employee had an initial background criminal history completed on them, listing dates and findings. All reviewed were free of any criminal offenses at time of hire. Of those who were employed at the facility longer than 5 years there was documentation to show continued criminal history checks were completed by the PREA Coordinator. The documents were date and time and signed off on.
- 2) **Training Documentation** – This Auditor was provided training documentation lists for all relevant PREA Training for all employees at the facility during the Pre-audit and while on site consisting of the following:
 - a. Initial PREA training for all new employees from the past year. The documents included course description, date of class, and a signature line for all employees attending the class.
 - b. Updated annual PREA, pat-search, reporting, and first responder training for all facility employees including course description and a signature line for all employees attending the class.
 - c. During the Pre-Audit phase and during the on-site review I was able to review the power point annual and refresher training that is given to all employees. Sign-in sheets were available for all employees as well that have completed this year's annual update PREA Training.
- 3) **Inmate Files** – I was provided with inmate's files that reflected 1) anyone that indicated they were LGBTI (3 inmates) over the past year, 2) Inmates whom filed an allegation of abuse (2 inmates), 3) Intake screening that is completed on 5 inmates upon arrival, and 4) Medical records via the CoreEMR computer program on 13 other inmates. I was also given access to review multiple general files on inmates on the computer OMS system. During this process, inmates were randomly selected from the inmate roster. Having experience with the OMS system, I was able to navigate approximately 30 inmate files reviewing intake screening, classification information, programming and general criminal information on them. The system provided dates that all necessary intake

documentation and screening as well as classification screening and placement dates occurred.

- a. The counselor's confidential records reflecting those whom identified as LGBTI were kept under locked cabinet in the Inmate Services Department. The files indicated the initial screening was completed by the counselors within 72 hours of commitment to the facility, listing the date and time along with the counselor's signature. The form also indicates the inmate's responses to specific related questions and also contains reassessment dates within 30-days of the initial interview and indicates that PREA Comprehensive Education was provided within those 30-days as well.
- b. The intake screening included very similar questions as the PREA Intake Screening done by the counselors and was done by intake staff upon commitment to the facility. This information was kept in the Offender Management System (OMS) as part of the inmate initial classification into the facility. The OMS is the facilities computer-based inmate record system for the facility and is widely used throughout the country. I was provided 3 copies of the initial classification and PREA screening form from the OMS during the pre-audit and was able to look at approximate 4 more while at the facility. The OMS is a points-based system that looks at vulnerability, victimization, present crimes, criminal history, life stability factors, etc. to assist staff in initial placement, future housing and safety for the inmates housed at the facility. During the on-site audit, I was able to observe the booking officer complete the intake/classification process being completed on a new commitment that was entering the facility.
- c. The documentation specifically related to the classification and CoreEMR system intake information is confidential information according to both the PREA Coordinator and Health Services Administrator and not viewed by everyone. The medical information is limited to the medical department and facility management, and the classification information is limited on what can be viewed by correctional staff. They only see the housing assignment and special conditions permitted to them.

- 4) **Grievances and Incident/Investigations** – I was provided with all investigations that occurred in the previous year (11) and reviewed their grievance policy noting that no grievances were file for a PREA violation or sexual assault/harassment. All complaints were directly filed with staff or via the hotline using the phone.

- a. Investigations – I was provided all 11 files to review if the investigations completed over the previous year. Their results are as follows:

Cases	Substantiated	Unsubstantiated	Unfounded
Abuse (2)	0	0	2
Harassment (9)	5	2	2

- b. Of the 11 cases 2 sexual abuse were investigated both administratively through the facility's administrative investigation protocol and also criminally investigated by the Pennsylvania State Police and deemed as unfounded. The remaining 9 were investigated through the administrative investigative process, and 5 were substantiated, referred for criminal investigation, but were not found to be criminal. At the time of the audit, all of these investigations were closed and there were no pending allegations/investigations.
- c. This auditor was able to review each file for these investigations and discuss them with the PREA Coordinator. The documents in the file showed that they began their investigation immediately following notification to staff or

management at the facility and included reports from the staff member taking the report, the Sergeant (PREA Compliance Manager) who immediately began the administrative investigation and if referred to police for criminal investigation included that documentation as well. Of the 11 complaints, 2 were referred to the police for further criminal investigation. None resulted in criminal prosecution. Each file contained finds for each if substantiated, unsubstantiated, or unfounded.

- i. The facility has developed a set of "PREA Specific" forms for their investigations to include a regular incident report if initially filed by staff, and then follow up documents specifically related to the PREA standards to keep them separately identified and filled independently from regular reports. A file is built, and all maintained by the PREA coordinator.

5) Reports outlined

	Sexual Abuse		Sexual Harassment	
	Inmate/Inmate	Staff/Inmate	Inmate/Inmate	Staff/Inmate
Grievances	0	0	0	0
Reports to staff	0	0	0	0
Reported by staff	0	0	8	0
PREA hotline	2	0	1	0
3 rd part reports	0	0	0	0
TOTALS	2	0	9	0

C: Site Review

The facility is a direct supervision facility built in 2009 a one-story facility that is built to encompass all security levels and needs in one building. The facility is built with one long common hallway with a control unit in the center and housing units on both sides. The units to the rear of the hallway are all "hard-cell" units meaning they have individual cells with solid motorized doors in each unit, the largest holding 48 inmates to one corrections officer. There are 24 cells in a general population housing unit and each are 2-person solid door cells, holding 48-inmates. On the front of the hallway are 3 smaller dormitory units for lower security, workers, and work-release inmates. These dormitories are open bay units with bunkbeds set in a u-shape on the outer wall of the unit. A hallway off this area led to the intake/receiving area where all new commitments come into the facility and where all those going to court or for release exit the facility. This area also included the full-service medical department, food service kitchen, maintenance/mechanical area. I was assigned a corrections officer to walk me through the facility and gave me access to all areas.

The most secure unit is directly across from the control unit with a separate security door to enter. That unit was divided into 3 smaller units designated for disciplinary custody, now commitments and one specifically was used as a special needs' unit. The special needs unit named "Delta" offers all the same privileges as a general population housing unit but allowed for a smaller group of inmates and received more intense supervision by having one officer assigned to the 12 inmates who could be placed there plus observation from the control unit attached to it. Delta is also a hard-cell unit, offering 2-person cells with solid motor driven doors. The segregation and classification units are the same as Delta. One offers 6-solid door 2-person cells and the other is double in size offering 12-solid door 2-person cells for a total count of 24 beds.

Lined on that long hallway were several classrooms, the Sergeants (shift supervisors) office, and the Department of Inmate Services where 2 full-time counselors worked.

The medical department is manned by employees from Prime Care Medical, Inc. a contracted medical provider based out of Harrisburg, PA. They have received full facility accreditation through the National

Commission on Correctional Healthcare, and recently were recertified in January 2019. The medical department was managed by their Health Services Administrator (HSA) RN and provided medical, dental, and mental health services. The County recently entered into a new contract with Prime Care for additional nursing hours, now offering 24/7 nursing staff at the facility. The contract provides for round the clock nursing care for all inmates at the facility. They are provided with general MD services through a Physician and Physician's Assistant 3-days per week as well as dental and eye care if needed as well as psychiatric services through tele-med services and on-site weekly visits. The Medical unit offers an exam room, nursing station, secure pharmacy, dental suite, and positive-pressure cells for medical quarantine if needed. They employ approximate 15 LPN/RN's to staff this facility. They rely on the Indiana Regional Medical Center for SANE/SAFE medical personnel.

The Female housing unit was located on the rear far left of the main hallway and incorporated multiple classifications into one unit allowing general population privileges separated individuals. I was being escorted by a female corrections officer who contacted the unit via radio that she wanted to enter with a male. She was denied initially due to female inmates using the shower. When permitted later, she immediately announced that a male was on the unit. The same was true when we entered male housing units, even if an officer was working the unit, the unit officer immediately announced that a female was entering the unit.

The facility has 212 cameras throughout. All hallways had ceiling mounted cameras. Everywhere one was mounted, there was another facing the opposite way. They were placed in classrooms, multipurpose rooms, and every housing unit. Some had pan/tilt/zoom features allowing staff to move them to cover blind spots. The entire system is backed up on 2 redundant systems in their mechanical room in a management-controlled locked cabinet. The facility added several cameras over the past 6 years as results of incidents and previous PREA inspections. The camera placement provides good coverage to address any blind-spot that was previously identified by the facility or through previous audits. When this auditor was reviewing cameras and monitoring I did have control staff move cameras and found that they could see outside areas of showers, but not observe inmates in the shower or changing area. The same was true with bathroom area. The inmates were provided with privacy in both areas from plan view of cameras and recording. The camera placement gave adequate security view with our compromising privacy.

D. Interviews with Staff and Inmates

Facility Staff (70 total staff)

This auditor was provided with a secure conference room in the administrative area of the facility to conduct staff and contractor interviews. This also served as the "hub" of my time there. I met with the PREA Coordinator and Warden and randomly selected security staff made up of new and seasoned employees assuring that some of them also worked the evening and overnight shift at the facility. I utilized the PREA Staff Questionnaire for this process. The Auditor selected staff members to interview from the employee roster provided. One was from the over-night shift and was on overtime that day. The auditor selected the others by position worked at the facility (General population housing, special needs/restricted housing, relief officers, female housing, booking/intake officer). 5 were selected from daylight shift, 5 from evening shift, and the remaining were floaters across shifts. It should be noted that they all were trained as first responders and are mandated to provide aid under Pennsylvania law.

I also interviewed specialized staff such as Counselors, Sergeants who served as shift commanders and PREA Compliance officers. I was able to interview an officer working intake who was able to walk me through their intake/booking process for all inmates. Two of the medical staff were interviewed including the HAS who is the administrator for Prime Care Medical at this facility. According to discussions with the Warden and per their policies under the Prison Board, he is designated as the "Agency Head" and was interviewed accordingly. The Indiana County Jail as with many facilities have staff that "multitask", thus wearing many hats and positions. For example, the Deputy Warden of Operations is the PREA Coordinator and serves as contract monitor for the facility along with the Deputy Warden of Facility Services

Staff Interviews	Totals	By category
Random Staff	12	12
Specialized staff (outlined below)	10	10
Deputy Warden – Operation /PREA Coordinator/Contract Manager	1	1
Warden/Agency Head	1	1
Deputy Warden – Inmate Services/Volunteer Coordinator	1	1
Sergeant/Shift supervisor/PREA compliance manager	2	2
Health Services Administrator (contracted)	1	1
Regional Medical Administrator (contracted)	1	1
Counselors/Victimization Screeners	2	2
Intake	1	1
First Responder	12	12
Human Resources	1	1
Trainers	2	2
SAFE/SANE Rep from Indiana Hospital	1	1

Inmates (Total of 185 inmates in house during audit)

I selected 22 inmates from each housing unit in the facility to interview. I selected every 8th person on each housing unit roster to gather inmates to be interviewed. During the interviews I did have 5 refuse and selected others for the process, selecting the 1st or 4th from the roster. I also had 7 targeted inmates to interview and 3 that wrote me during the pre-audit.

Category available to interview	Number interviewed
Physical Disability	1
Lesbian, Gay, Bisexual	2
Segregated Housing	2
Reported Sexual Abuse	1
Inmates who reported victimization during screening	1

In reviewing pre-audit information, onsite review and discussion with the PREA Coordinator there were some categories that no inmates fit into. For example, there are no youthful offenders housed in the facility at any point. There were no inmates whom were deaf, blind, or having LEP issues. No others were identified or reported to be transgender or intersex at the time of the audit.

I was provided with a secure and private multipurpose room inside of each housing unit to interview the inmates to assure confidentiality. Upon arrival at the housing units, there were a few inmates that didn't want to talk to me in each unit, and others were randomly selected. The consensus with those that didn't want to talk was they didn't see a need to, one indicated that "I don't have any issues with it, so don't need to discuss it". Of the 3 requesting to meet with me, one was female. They did not want to report any abuse or harassment, only to voice their concerns about how hard the facility takes PREA. For example, one

individual felt in his opinion that PREA was taken too far, and someone should not be disciplined unless that actually touch someone. I explained the part of the standards that involved harassment, but he didn't feel that should be part of things. I did explain the zero-tolerance policy and they is how they followed the issue with the misconduct. The other individual didn't have one specific issue, just stated that the facility did do nothing with PREA. He said he did not receive anything upon commitment, never met with the counselors, and was given nothing about PREA. During our conversation he did indicate that he knew of the hotline and the PREA information in the housing units. I was able to pull his documentation to review and it did include all PREA related information as well as his signature on the documents indicating he did review the information. The last individual was a female whom identified as bisexual. She was very pleasant during our interview and she felt the facility was too strict with PREA. She stated that she feels they go too far, that one inmate cannot even hug another one. She didn't feel they were prejudice to her or others, just felt the policy is too "cold". Through further discussion, she did not have any issues with the facility, only with PREA. She stated that she felt safe at the jail, only things PREA is too much.

Of the other targeted inmates, no one had issues with any operations of the facility related to their sexual view, or disability. They all indicated the counselors have met with them and discussed various things with them during their time at the facility. They had not complaints or issues to report.

Facility Characteristics

The Indiana County Jail is a County Facility in rural western Pennsylvania operated by the county if Indiana and was built in 2009. It is a one-story direct supervision facility holding pre-trial offenders, those serving county sentences of less than 23 ½ months maximum sentences, county parole/probation violators, and most recently they are holding inmates under detention by the United States Marshals service. The Marshals inmates are pre-trial, or recently sentenced awaiting placement in from the Federal Bureau of Prisons. The Jail is by Pennsylvania county code operated under a "Prison board" and operational requirements if title 37, chapter 95 of PA code that is under the review of the Pennsylvania Department of Corrections Office of County Inspections. Therein the county designated the Warden as the Agency Head. The facility has a maximum capacity of 256 beds and was holding 185 inmates on the first day of the audit. According to their statistical data, the facility ages range from 18 years to over 55 years old with the largest age bracket from 25 to 34 years of age accounting for 45% of the population. Their population is 70% white, 26% African American, and 4% other and is approximately 70% male, to 30% female. The facility employees 70 full and part time Correctional Officers, 2 counselors, 8 Sergeants (Shift commanders), a security Captain, 2 Deputy Wardens, and Warden. They have a contracted medical company providing full medical services and staff to the facility with a full time Health Services Administrator, an average of 15 full and part time RN's and LPN's. They also provide a physician, and physician's assistant time throughout the week. Onsite dental services and tele-psychiatric services are provided as well. The facility has a contracted Mental Health caseworker from the county providing counseling to inmates a few hours per week by referral or inmate request. The facility also has 12 volunteers and a contracted teacher providing educational services as required under Pennsylvania law for individuals incarcerated whom haven't graduated from high school up to 21 years of age.

Upon arrival at the facility, the main entry is in the middle of the front of the facility. To the left is a vehicle garage for prisoner drop off that is attached to their intake/booking area. To the right is an employee entrance and what appears to be receiving and mechanical area. Upon entering the facility is the lobby area of the area with a mirrored control unit directly ahead, with the administrative area to the right. The administrative area consists of several management offices including the Warden and Deputy Wardens. Across this area is a door entering the employee entrance hallway, including locker rooms and a staff dining area, and a door into the secure central corridor. The housing units of the facility are built off this long

central corridor with locking doors at the middle of the hallway directly off of the control unit. There are three doors in this area closing off the hallway, and one directly off the center of the hallway going back to the secure housing unit. To the left of the control unit is a general population housing unit, the female housing unit, work release, and medical department. There is a locked corridor there as well going back to the front of the facility into the intake/booking area of the facility. This area has individual and group holding cells, search area, property room, booking equipment and body scanner. This area also has a secure exit to the lobby area. Back at central control in the main hallway, if you would go to the right, there is the Inmate Services Department with the counselor's offices, down the hallway is the shift sergeant's office, and 2 more general population housing units. On the right is the mechanical areas, kitchen, and to smaller housing dorms used for inmate facility workers. These dorms are set up with bunk beds on the perimeter a day area, officers' station, and kitchenette. The general population housing units are hard celled units, with sliding doors with a tall slender window. They are prototypical units with a sally port entrance opening to a dayroom with cells on the exterior. There are ground floor cells and a 2nd row on the top mezzanine level. Depending on the unit there is a central officer's station to the left or right of the entrance and a multipurpose room. Each cell is double occupancy with 2 single occupancy handicap accessible cells. The showers are to the right or left of the officer's station depending on the unit with store-front type frosted glass entrances for privacy. The female unit is designed the same but allows for multiple classifications within the same unit. Their unit has to segregation units in the back to allow for multiple classifications such as new commitments quarantine and the other for administrative or disciplinary custody. The segregation unit is a maximum-security unit with its' own control unit that has view into each side of the unit. To the left is the larger unit used for disciplinary and administrative custody with double occupancy cells and 2 single cells. On the other side are 2 separate areas with a total of 12 single cells used as a general population housing unit for special needs and inmates requiring closer observation. Each side has separate shower areas with the same frosted glass fronts. Outside the unit in the hallway are 2 multipurpose rooms for the unit. This unit along with an officer assigned to the control unit also has 2 other officers assigned to each side of the unit.

The "hard cell units" including all the general population, female, and special need units had shower areas to either the right or left of the officer's station off the day area of the unit. According to the Warden and Deputy, they have made major renovations to these areas to assure PREA compliance. They have installed security glass doors with aluminum frames that resemble a store front door system. The glass has been frosted white approximately 5 feet to assure that no one can be viewed when in the shower area. You can see the feet and head of someone therein, but all other areas are covered. This has been done throughout the facility and provides for excellent coverage when someone is in the area. During inmate interviews, they all indicated they felt comfortable in the area and did feel that no one could see in during shower times. These units had the toilet in each individual cell and all inmates indicated they felt comfortable therein. the cell doors are solid with a window that are approximately 3 inches wide by 18 inches long. All inmates interviewed indicated they had no issues using the bathroom or changing behind the closed door in relation to other inmates or staff. Dormitory bathroom areas has privacy stalls the same as public restrooms would have to provide privacy

As stated earlier, the facility is a direct supervision facility where a set number of cells exist in a housing unit with an officer assigned directly in the unit. This unit is designed to meet the needs of the inmate without leaving the area. The facility has 5 celled units, 3 for general population, one is designated for females with sectioned off areas for different classifications and one broken into 4-quadrants with its own control unit. Part of the unit is used for disciplinary custody, for classification of new inmates, and one section designated as population for individuals needing more observation or a smaller group to be in. There are 2 other small dormitory units designated for facility workers and work release inmates. The larger of the 2 is at the left end of the building and is designated as work release. It has stacked bunks lining the outer wall, a common area and a kitchen area attached therein. The other end has a dormitory as well used for kitchen works with 18 beds and supervised by staff as the work release. On this side of the facility is the maintenance and mechanical room that is staff-only operations with inmates only permitted in the mechanical room for repairs when under direct supervision of a staff member.

Summary of Audit Findings

This will be the 3rd audit completed on the Indiana County Jail since 2013. Since that point, the facility has used the audit process and the PREA Standards to advance their facility and operations. Over the past 6 years, they have used the audit reports and data evaluated annually to increase their video monitoring to assure safety at the jail. They have also completed a major renovation of their shower enclosures to assure privacy while not compromising security.

Also during that period they have streamlined their process of handling allegations through certifying all management personnel as certified PREA Investigators. Through this process, they have advanced their ability to respond and manage a potential crime scene while providing care for a potential sexual assault victim. The agency had 11 allegations filed over the past year and all were investigated through the process set at the facility. Interviews with staff revealed they could explain the PREA standards in how those standards related to Zero-tolerance, their duties as first responders, and reporting duties on behalf of an inmate or someone reporting on behalf of someone else. Their training records indicate that all staff receive initial training and also update training annually instead of bi-annually as the standards indicate.

When interviewing inmates, they could easily explain that they were given information on multiple occasions after being processed at the facility at booking, by medical staff, and when meeting with counselors. They also showed me the housing unit binders containing all PREA-related documentation that was not posted. Each phone had directions in English and Spanish to use the hotline.

Medical and mental health services were provided by a contract provider, Prime Care Medical. The facility recently entered into a new contract with them for additional nursing hours overnight to bring them to 24/7 medical operations at the facility. Prime care has their own comprehensive PREA policy and trains their staff above contractor training, using Relias online training portal for all their employees. The medical department maintains records on a correctional medical database called corer. Medical staff were very versed in the facilities protocol for responding to a PREA abuse allegation and contracted with the local Indiana Regional Medical Center for emergency medical service and SAFE/SANE services.

In summary, it is this auditors' findings that the Indiana County Jail is in full compliance with the PREA Standards. They have throughout the years embraced their findings and used data collected from previous investigations to advance the facility evaluating all aspects related to their management and operations. No corrective action is required by the facility.

Number of Standards Exceeded: 3

[Click or tap here to enter text.](#)

Number of Standards Met: 40

[Click or tap here to enter text.](#)

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

No Corrective action is needed at this time.

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
- Does the written policy outline the agency's approach to preventing, detecting, and responding to 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? ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre Audit Questionnaire
- 2) Indiana County Jail PREA Policy
- 3) Interviews with Staff, Inmates, and Facility Management
- 4) Jail organizational Chart and
- 5) Observations made during the on-site audit

a.

This Auditor reviewed the jails comprehensive PREA Policy that within mandates a zero-tolerance policy that prohibits all sexual contact, sexual abuse, and harassment between inmates and with employees/volunteers/contractors. The policy indicates defines any contact as a violation of zero-tolerance and there is no consensual contact. The policy shows detection and prevention through several methods in including: Self-Protection, Prevention/Intervention, Reporting Procedures, Treatment and Counseling, Protection Against Retaliation, and Disciplinary Actions for making false allegations. This is done through what is deemed as their inmate orientation and education program by using their initial screening, multilevel assessments occurring after the inmate's initial commitment and throughout their stay at the facility.

During the site walkthrough the zero-tolerance policy was noted throughout and when speaking to inmates they all could tell me that the facility had a zero-tolerance policy and describe it to me. The same was true for staff, they all indicated that they received initial training on the policy and receive refresher training as well.

Inmates digital files along with counselor screening forms provided documentation of inmates receiving education on the policy as did the training records signed off on by staff for initial and update training.

The policy is included in the inmate handbook and staff training information provided to this auditor. I also noted that the jail provides additional information for both inmates and staff on title 18 of Pennsylvania's Crimes Code outlining institutional sexual assault and the potential criminal outcome.

b.

The PREA policy spells out the position of PREA Coordinator is assigned to that of the Deputy Warden of Operations and shall develop, implement, and maintain the jails PREA policy and data collection. Deputy Warden Lori Hamilton to the position of PREA Coordinator. Deputy Hamilton is a 31-year correctional veteran of the jail and was serving as their Operations Deputy Warden prior to the PREA standards implementation. She is the second in command at the facility answering directly to the Warden. She has a degree in criminology and has received PREA investigators training that they hosted at their facility in 2018. She is the policy writer/developer for the facility and is a certified jail manager.

c.

Indiana County does not operate multiple facilities, only having this one jail. Although they do train their Shift Sergeants as PREA Compliance Managers they only utilize them at this site.

Summation

Evidence provided in the pre-audit shows a well written zero-tolerance policy and the steps the facility has put into their documentation. During the onsite audit, signage was visible throughout the facility. While conducting interviews, all personnel and contractors could actively articulate the policy and quote specifics back to me. The inmates as well showed an understanding and were able to describe aspects of it and indicated their knowledge of where the information is in the housing units and indicated that they receiving information related thereto. Files showed training records for staff and intake documentation/counselors documents revealed the inmates were educated as well.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.11 and all aspects therein. There is no corrective action required.

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 OR the response to 115.12(a)-1 is "NO".) ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Indiana County Jail Pre-Audit Questionnaire
- 2) Interviews with the Warden, PREA Coordinator
- 3) Copies of contracts for confinement of youthful offenders outside of the Indiana County Jail
- 4) Copies of the US Marshals contract for confinement of inmates at the Jail

a.

The Indiana County Jail contracts with both government and private facilities for the housing of their youthful offenders. They have contract with the Cambria County Prison, York County Prison, Abraxas, Inc. and The Westmoreland County Juvenile Detention Facility. Each of these contracts include a clause stating that the agency holding for Indiana County is PREA compliant and has received certification under the audit process as well as reporting to Indiana County for their annual reports.

The jail also contracts with the Franklin County Correctional Facility and the United States Marshals service to hold inmates for those agencies. The same clause exists in these contracts requiring the Indiana County to 1) assure PREA Compliance under the standards, and 2) Provide information to them for reporting.

Summation

Indiana county was proactive with entering into multiple contracts to assure placement for any youthful offender that may be committed to their facility. They have had contracts in place since 2013 for housing of youthful offenders and renewed them regularly. I spoke with the Warden at the Cambria County Prison whom indicated they have a very good relationship with Indiana County and confirmed their renewed contracts. Their contracts are well defined and documentation provided indicates sufficient information is provided to them as needed. The same is true on their housing contracts. The

Marshals contract is the newest and includes information to assure the jail is meeting all aspects of PREA for the service.

Based on available evidence and analysis at the facility this auditor has determined that the facility meets the standard 115.12 through its diligence in proactively securing multiple youthful offender contracts with multiple agencies. There is no corrective action required.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number

and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☐ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ 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? ☒ 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 higher-level 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

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility Staffing Policy, Policy 100.43 "Staffing Requirements"
- 3) Facility PREA Policy
- 4) Interviews with the Warden, PREA Coordinator
- 5) Interviews with Sergeants and Officers
- 6) Facility organizational chart
- 7) Observations while completing onsite audit
- 8) Pennsylvania Title 37, Chapter 95 – Operations of County Jails
- 9) PREA policy regarding unannounced rounds
- 10) Unannounced rounds logs
- 11) CCTV system placement and viewing
- 12) The American Correctional Association Standards for Adult Local Detention Facilities

a.

The auditor met with Warden Buzzinotti to discuss their staffing plan. The Warden indicated that annually he reviews the staffing plan with both Deputy Wardens to assure proper staffing. The Facility utilized the ACA Standards for local detention facilities and also PA Title 37 for the laws governing county jails in Pennsylvania. In review with the PREA Coordinator and Warden they discussed the formula that the ACA provides to assure proper coverage of staff. The last staffing plan was reviewed in January 2019 by the Warden and both Deputy Wardens (PREA Coordinator). The Warden provided this Auditor with a copy of their "staffing plan worksheet" that reviews standard criteria including acceptable correctional practices, findings of inadequacy (if any), and components of the physical plant (blind spots and segregation areas). The makeup of the population, supervisory staff, inmate programs

and what shift they occur on, State and local standards (PA Title 37, chapter 95), and previous incidents of sexual abuse.

In review of the policy with the Warden, he pointed out the staffing per shift per policy is 10 corrections officers (CO's) on the daylight shift assigned to the housing units at a minimum and the overall minimum staffing for daylight shift is 20 that includes relief officers, rotating officers, and support positions. The same is true for the evening shift, with the relief factor the total staff count is 18, and there are 13 on the overnight shift. These standards are well within the guidelines recommended by the ACA and PA Title 37. The institution conducts volunteer programming on both daylight and early evening shifts and has adapted their staffing to match on both shifts to provide adequate staffing levels.

The PREA policy refers to the facility staffing policy to provide for adequate staffing levels to assure safety and security for all inmates to provide a sexual abuse/harassment free-facility. This was noted through the last staffing review and discussions with the Warden. On the staffing plan worksheet I was able to see the listed incidents of alleged sexual abuse/ harassment in regards to specific areas of the facility. In each case, there was no pattern noted for a specific area, and all most all had video surveillance that records were reviewed and used in the case, or were able to dismiss that specific allegation.

The Warden indicated the video recording is considered part of their staffing, but staff numbers were not reduced when cameras were added, they looked at the cameras as an addition to staffing. The PREA Coordinator indicated that over their previous 2 audits and with incidents that occurred they have dramatically increased the number of cameras in common area, hallways/corridors, and any area deemed as a blind spot. The cameras have been used as an investigative tool as a "look back" into allegations and as evidence in the cases.

The staffing policy also is used for assignment of supervisors. They assure that there is a Sergeant, a meet and discuss group that is assigned 24/7 to the facility covering all shifts. The Warden indicated that they replace each other, and they never have a shift when one is not available. They area also trained as PREA Compliance Officers and begin the first steps of an investigation. Following their recent staffing plan review, they were approved for a new position of Security Captain and a Sergeant was promoted to this roll and will serve over all of security staff directly under the Deputy Warden of Operations. The Warden explained that this position will be in addition to the shift supervisors and serve as the direct manager to the shift Sergeants.

According to the PREA Coordinator, the facility in not under any kind of consent decree, and has had not finding of inadequacy. They have achieved Accreditation through the National Commission on Correctional Healthcare and are 100% compliant on their last inspection from the PA Department of Corrections office of County Inspections and will be under review this year. The Warden reiterated that the facility has not received any findings of inadequacy from the county or state. They were also approved by the US Marshals service to house Marshals Detainees and will be inspected later this year.

As discussed earlier the Warden indicated that all program is done on daylight and evening shifts during the week thus the staffing for both shifts is the same. During my tour of the facility It was noted that they facility used staff to monitor the hallways where programming was occurring in classrooms and could be monitored by staff. The same was true of inmate movement, all were being escorted when out of their housing unit.

Through my interviews it was indicated that the facility has taken into consideration previous incidents when reviewing staffing and placement of video monitoring. Over the previous 2 audits they have added approximately 75 cameras to the facility to protect blind spots and advance the security and safety of the facility. This was noted through discussions with the Warden and PREA Coordinator when addressing incidents a few years ago. They were proactive, through their review process and indicated the positives of adding the cameras for everyone and safety. The Warden discussed the process and provided his documents he uses annually when reviewing staffing. He indicated that the camera placement was a direct result of the incidents and their determination after reviewing staffing.

b.

The Warden indicated that there is no deviation from the staffing numbers. The facility through their collective bargaining unit agreement and facility policy for staffing requires the minimum number be met with if necessary forced staff overtime. If a shift is short, they will call someone on the overtime list or if not available forces someone from the previous shift to stay and fill. When discussing the issue with the Sergeants they also indicated that all position will be filled either with volunteer or forced staff overtime.

c.

This auditor discussed the review of staffing with the Warden and the PREA Coordinator. Both indicated that staffing is reviewed annually in accordance with the PREA standard, and is noted in the Indiana County Jail staffing policy. The Warden provided the staffing plan worksheet from the last review. In review of the policy and January 2019 report it clearly indicates they reviewed staffing, the deployment of video surveillance, and resources they have available to assure adequate staffing. The PREA Coordinator discussed part of the report that provided examples of how after each investigation, they again look to see if either staffing, video monitoring, or extraordinary issue could have led or assisted in the incident occurring. When looking at this data along with the policy and annual review I could observe their time placed into assuring proper staffing. According to the Warden and the noted policy date, they sat down and reviewed the policy on January 14, 2019. No recommendations were made on staffing or video monitoring were made during this review.

d.

This Auditor reviewed housing unit logs, and facility PREA policy that mandates for Sergeants to make announced rounds throughout the facility. I was able to review housing unit logs that show by signature and time that supervisors have made rounds throughout each housing unit. I was able to review samples during the pre-audit, during my onsite document review and looked at the housing unit logs in the days of the audit. The rounds are made at different times throughout each shift and occur on all shifts including the overnight shift. The PREA policy indicates that staff are not permitted to notify others of the rounds occurring. I did discuss the issue with the Sergeants whom indicated that they all make rounds and do it without creating a pattern of a time of day. Inmates interviewed indicated that they do see the sergeants in the units all the time and on all shifts. Staff when asked about sergeants entering the unit if they announce them and the officer in the female unit said she did because it was a male entering the unit, which is a requirement.

Summation

The Indiana County Jail PREA policy and staffing policy provide for standard-specific policy to meet the components of this standard. They utilize both state and federally accepted standards for staffing standards and have pro-actively adjusted video monitoring in relation to previous abuse/harassment findings. The sergeants always assure that staffing is filled in relation to policy, as well as providing announced rounds on a rotating basis on all shifts.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.13 and all aspects therein. There is no corrective action required.

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

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
- 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

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].) ☐ 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
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ 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)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 13) Indiana County Jail Pre-Audit Questionnaire
- 14) Interviews with the Warden, PREA Coordinator
- 15) PREA Policy
- 16) Copies of contracts for confinement of youthful offenders outside of the Indiana County Jail
- 17) Discussion with Cambria County Prison Warden Christian Smith

a, b, c.

The Indiana County Jail does not house juvenile offenders in their facility, but instead contract this service with the Cambria County Prison, York County Prison, Abraxas Juvenile Detention facilities, and the Westmoreland County Juvenile Detention facility.

The PREA Policy specifies that Youthful Offenders will be held in the intake area under observation of correctional staff separate from ALL adult offenders until transferred to one of the 4 contracted facilities. According to the Warden, this transfer will occur immediately upon transportation for the juvenile. On most occasions, the individual is transferred immediately once booking information is logged into their computer system. If they are held in intake, the area is cleared of adult offenders to assure safety and policy requirements.

This auditor was able to review the contracts held with these agencies. All the contracts specifically spell out PREA Compliance including that for standard 115.14 Youthful Inmates requiring separation from adults, non-isolation, and recreational activities. The Warden indicated that prior to entering these contracts they toured each agency and the housing unit established for youthful offenders. Each facility was able to establish a housing unit with the same standards for general population granting timeout of cells, TV, recreation, and programming as offered to any other inmate.

The contracts have been in place for several years and have been updated every 2 to 3 years per the agreements.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.14 and all aspects therein. There is no corrective action required.

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? ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ 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 here for facilities with less than 50 inmates before August 20, 2017.) ☐ 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? ☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice 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)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Indiana County Jail Pre-Audit Questionnaire
- 2) Facility PREA Policy
- 3) Facility Strip Search Policy
- 4) Inmate Handbook
- 5) Interviews with Staff, Management, and Inmates
- 6) Form 100.29-2 "Cross-gender unclothed search form"
- 7) Form 100.29-15 "PREA Booking Questions"
- 8) Inmate intake screening
- 9) Observations while completing onsite audit
- 10) Facility Training Power Point

a.

Auditor reviewed the facilities PREA policy that indicates the no one is permitted to conduct cross-gender strip searches or cross-gender body cavity searches unless preformed in exigent circumstances by medical personnel. The policy describes "same-gender" pat-searches and strip-searches if gender identity is known.

This was also discussed with the Warden and staff members whom all indicated that they do not conduct any strip-search on opposite sex inmates. Officers explained that they have male/female staff

required on all shifts and will for example call for a female if a new female commitment is brought into intake.

During my interviews with inmates, they all indicated that they were never stripped searched by or in front of a staff member of the opposite sex. Females for females, males for males.

b.

The facility policies state that males are not permitted to search females or work the female housing unit without a female officer present. When discussing searches of females with male corrections officers, they all indicated they are not permitted to do any search of their person and a female officer would be requested.

The policy and inmate handbook offer equal opportunities to program for both male and female inmates. When I questioned several of the female inmates about programming, they all indicated they had the opportunity to attend classes and were never refused because of a lack of female officers. This was also noted when speaking with female corrections officers. They stated they have multiple female officer available each shift to assure coverage.

c.

The facility PREA Policy indicates that ALL cross-gender searches must be documented and with the approval of the Warden. The facility has developed a form, the "Cross-gender Search Approval" form for any incident. The form lists the supervisor requesting, the Wardens approval including the date and time, the inmate demographic information, Officers completing the search along with their signatures. There is also a "probable cause" area for the Sergeant to right the specific factors for requesting and completing the search. The facility was able to provide evidence of this document being used approximately one year ago on a transgender male where the facility allowed the individual to choose whom he preferred to be present during his unclothed intake search. The document provided specific information on the individuals concerns with being searched by a male officer and how he requested a female preform the search. The individual only remained at the facility for a short time and was not available to interview. I did discuss the searching with the PREA Coordinator, Warden and a Sergeant. They all discussed the policy that required proper documentation and discussion the preference of the inmate as to whom was involved in the search. The Officer working intake was also questioned on what he would do if a transgender inmate was brought in. He was able to explain the policy as to placing the individual in a holding cell and contacting the shift sergeant on duty per facility PREA policy.

The facility does not preform cross-gender pat searches of females per policy, thus no documentation is available for record keeping. Upon discussion, the Warden indicated that their staffing protocol was to assure 2 female officers were available on all shifts. This was noted in their policy, and also explained to this auditor by a female officer during my interview with her. The Warden provided information related to their collective bargaining unit agreement and it "superseding" any seniority in overtime to assure that female staffing was met at all times.

d.

PREA Policy indicates that, "all inmates have the ability to shower, preform bodily functions, and change their clothes without members of the opposite gender to view their buttocks, breasts, or genitalia except in emergency situations". This is followed with a mandatory policy to announce cross gender staff entering a housing unit without announcement. The facility uses camera cells that are monitored directly from the officer working the control panel and is gender-specific to that unit (male on male, female on female). Those officer stated the use the cells and monitor for someone that maybe on watch for suicide concerns for an example and would monitor them and also make continued checks

on their cells. According to the PREA Coordinator and Warden, all other cameras have been installed to assure they cannot see in to cell or shower areas. When making my site review, I was able to look at the individual monitoring systems in 2 of the housing areas and noted that they were gender specific and mounted to assure only the officer in that control station could monitor. The same was true for full facility monitoring, they cameras were limited in their movements to assure privacy but allow for proper security coverage.

During my interviews with inmates they all indicated that men and women entering a housing unit of opposite gender are announced. This was noted during my rounds of the facility, we were restricted at one point from entering the female unit. The CO that was escorting me was female and she announced every male unit we entered before she walked in.

This Auditor took note to all the shower areas in the facility. They have added "store-front" type door systems to each after previous Audits to provide more privacy for inmates. The doors and walls are a security glass with a "smoked" area from ankle to neck to assure all areas are covered while in the shower area. They are in my opinion some of the best systems I have seen for privacy yet allowing the officer to know someone is there and no one is with them. The Warden indicated they had visual problems with the showers and converted all of them a few years ago for compliance.

e.

According to section 10 of the PREA Policy, the Indiana County Jail will not pat search or unclothed search any transgender or intersex inmate to determine genital status. Form # 100.29-15 "PREA Booking Questions" along with the OMS computer system prompt the Officer to ask questions to determine genital status for all commitments to the facility. Officer interviewed indicated that they would not search someone to determine status and would proceed to the series of questions, refer to the Sergeant and medical department should they not answer. Nurses at the facility when questions stated that they would also assist with questioning and if necessary look into the individuals medical history and physicals through medical providers.

f.

This Auditor was provided with PREA Training Power Point along with discussions on searches with the PREA Coordinator and correctional staff. According to the PREA coordinator all staff are trained annually on proper pat search techniques. The process is unisex for both male and female, where the back of the hand is used on the inmate from the base of the neck to the top of the knee area both back and front. The fingertips and palms will be used on the neck, head, arms, hands, and below the knees including the feet. She indicated that the process allow the use of this on transgender and intersex inmates without being intrusive. I had the ability to have an officer demonstrate this process on an inmate that was leaving a housing unit to see the process. In review of their policy, it discusses pat searches for male to male, and female to female. It does address transgender and intersex indicated that when identified, the unisex pat search would still be used, but by the appropriate staff member the inmate felt comfortable with. When discussing searches with the intake officer we did speak of pat searched. He explained their policy on unisex searches and how they receive annual training. I did question him on transgender and intersex individuals to which he indicated they would initially have the shift commander involved and any future searched would be handled through the PREA policy as to what was determined and that would be how they would be handled for their stay.

Summation

Staff members including the PREA Coordinator, were able to verbalize the components of this standard. In discussions with inmates they did not indicate that the process was intrusive to them through searches or when showering, changing or using the bathroom. Some that have been in other

jails were very pleased with the shower door system in use here. The development of the forms to track any searches, and the fine tuning to assure that all pat searches are less intrusive with the ability to properly assure security is a noted. Staff and inmates alike showed no signs of problems with the system and appeared to be more comfortable in the process. The facility has committed both time and money to assure the meet and exceed this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility meets standard 115.15 and all aspects therein. There is no corrective action required.

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
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ 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? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Indiana County Jail Pre-Audit Questionnaire
- 2) Facility PREA Policy
- 3) Indiana University of Pennsylvania
- 4) Inmate Handbook
- 5) Interviews with Counselors, PREA Coordinator, Deputy Warden – Facility Services, and HSA
- 6) Language Services
- 7) Inmate intake screening
- 8) Observations while completing onsite audit

a.

This auditor reviewed the comprehensive PREA Policy that addresses each specific of the standard and how the jail will handle disabilities to assure the inmate is free from abuse/harassment. The policy indicates that one on one orientation will be done with an individual identified as having a disability. The PREA Coordinator indicated that the counselors would review the entire orientation independently with the inmate and provide necessary assistance from outside agencies to assure they understood and could comprehend the information.

The facility has the benefit of working with the Indiana University of Pennsylvania (IUP) on several projects including the use of specialized services. IUP on an as needed basis provides language services and sign language interpreters to the facility. This relationship between the jail and IUP has dated back for more than 20 years, allowing the university to expand their service area and the jail to take advantage of the opportunity as services.

The facility also employs bilingual staff they can utilize to translate for Spanish speaking and have their inmate orientation power point completed in Spanish as well. In discussion with the PREA coordinator, she indicated that they have on an agreement with Language Services, Inc. to provide interpreters for individuals of various languages. I have used this service in the past and they will provide over the phone interpreters to translate for you. Although the system is in place, she indicated that they haven't used it, but were able to have IUP take care of their needs thus far. During my interviews with the facility Counselors they indicated that they would work with the inmate one on one to assure, 1) they were able to understand and comprehend the information provides, 2) answer any questions they would have, and 3) evaluate the individual for housing assignments to assure that their disability or language barrier would not make them vulnerable. The PREA screening form that is used by the counselors provides an area for the counselors to discuss any disabilities or barriers and make recommendations on their housing assignment.

The Counselors also discussed how they would handle individuals with reading and intellectual disabilities. They discussed the one-on-one orientation policy that is described in the PREA policy. They stated that they will bring the individual to their offices to meet confidentially with the individual to meet their needs. The Deputy Warden of Facility Services stated during our conversations that the

one-on-one allows them to provide services for a wide variety of individuals including those with reading, seeing, and intellectual disabilities.

In discussions with the Health Services Administrator (HAS) she indicated that Prime Care Medical also provide assistance with this area. She discussed their services for psychological and mental health individuals to assure they comprehend. They will provide referral information to the counselors, and management to assure inmates are provided a safe and secure environment.

b.

The facility provided this auditor with copies of documents in both English and Spanish. They have a contract in place with Language Services, Inc. to provide interpreters for those whom are not English proficient and will also provide sign language services for those deaf/hearing impaired. The counselors have the ability to use these services with the inmates in a confidential environment. Because all inmates are seen through intake, the counselors, and medical these countermeasures assure that all inmates are seen and interviewed in the appropriate manner to provide language services.

c.

According to the PREA questionnaire and discussions with the PREA coordinator, inmate interpreters have not be utilized in the past year. She indicated that they would only be used in emergency situations until someone could be lined up. Over the last year, there have been no insinuations of inmates used in this capacity.

Based on available evidence and analysis at the facility this auditor has determined that the facility meets standard 115.16 and all aspects therein. There is no corrective action required.

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
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ 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 written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

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.) ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Employee application – Indiana County Jail
- 3) Indiana County Jail Policy – Training and Hiring New Employees
- 4) Indiana County Human Resources Department
- 5) Interviews with the Warden, Melissa Miller – Human Resources Department, PREA Coordinator, and Deputy Warden
- 6) Facility Policy for background checks of employees, contractors, and volunteers
- 7) PA Crimes Code, Title 18
- 8) Personnel Files – Criminal History checks performed

The Auditor discussed with the Warden and Deputy Warden on their hiring practice. They indicated that before all interviews are conducted with potential employees the complete the Indiana County Employment application and are required to provide personal identification information for a complete criminal history background check to be done. Before anyone would be interviewed all potential employees, criminal history is checked through the Pennsylvania Justice Network (JNET) and the state policy criminal history background check. Those not passing are denied and interview and employment. This process is spelled out in the policy on Training and Hiring new employees.

In speaking with Melissa from the Human Resources, she was able to verify that the county has a zero-tolerance policy for hiring jail employees whom have criminal history. She indicated that her office rarely sees those individual applications as the jail will "rule them out" and not interview them at all. This would be noted with their application to assure record tracking.

The Warden indicated the same procedures apply to any contractor under their PREA Policy. The policy indicates that all contractors and volunteers entering the facility will have to have a criminal history check completed and be approved prior to entering the facility. As with employees this auditor was provided with documentation of updated backgrounds being completed on those individuals coming into the facility.

b.

The Warden indicated that sexual harassment is view in the same manner and they will not hire nor promote and individual. When questioned on disciplinary issues such as sexual harassment from and employee on an inmates, He referred to their PREA policy noting that with the zero-tolerance policy and staff disciplinary standards, that no one would be promoted.

The same is true for any contractor or volunteer, the process involving training them and conducting background would apply making them ineligible to be in the facility.

c.

The agency conducts criminal history checks on all potential employees before hiring anyone. Part of this application process according to the PREA Coordinator it to gather identifying information on each of them to assure the can be checked through JNET and the Pennsylvania State Police criminal history check. PREA Policy indicates that background checks are completed as well as local state sexual offender websites.

d.

During the pre-audit I was provided with both employee and contractor policy for background checks require all to be completed and approved by the Warden or designee prior to entering the facility. During my discussions while onsite the PREA Coordinator relayed that in here capacity as deputy warden for operations she conducts all background investigations and was able to provide a sample of those completed on employees and contractors.

e.

Jail policy indicates that all employees will have a new criminal history check preformed every 5-years or sooner. These are also performed by the deputy warden of operations. This auditor was provided several personnel files upon request to review that indicated the checks were completed and listed the results of the check.

f.

Upon review of the policy on background checks the facility indicates that a screening is used with direct questioning to the potential employee of any previous misconduct or criminal activity that is in violation of section 115.17. The Warden and both Deputy Wardens indicated the same during their interviews.

Under PREA policy and via the collective bargaining unit agreement, all employees are required to report any issue, criminal charge, etc. related to this standard and also any other criminal charges that may have been filed on them. "full disclosure" is indicated.

g. In discussions with management at different times, they all indicated that "omission" would be considered grounds for discipline up to and including termination. In discussions with Human Resources, it was noted that omission would be viewed as a lying and then be a violation of their employment status.

h. According to the Warden and Melissa from HR, Indiana County does report to other agencies on anyone whom would have had a substantiated allegation. They both stated during their interviews that the county would in most cases prosecute the individual and include termination. If another facility was conducting a background check they would provide information and both indicated that they hoped that agency does the same for other facilities.

Summation

The Auditor was able compare the data provided by those interviewed to the policy on hiring, promoting and background checks. That data along with the personnel files provided gave a clear view into the practice showing that the agency is compliant with the standard. It was clear when analyzing the information that they work to assure compliance with the standard and also Pennsylvania law.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.17 and all aspects therein. There is no corrective action required.

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.)
☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Indiana County Jail PREA Policy
- 3) Interviews with Warden and PREA Coordinator
- 4) Facility tour

a.

The Indiana county jail was built in 2009 in response to an overcrowded facility not meeting many of today's correctional standards. The facility has not received any major renovations to the housing areas, only recently having a chilling tower added to assist the geothermal heating/cooling system. The facility is a Direct-supervision jail with multiple classifications under one roof. The style leads to a secure and safe environment with staff available to manage inmate needs. In discussion with the Warden and PREA Coordinator there are no plans for renovations and the facility is presently under capacity.

b.

The facility does not have any plans for upgrades to the video monitoring system. They have over the past 3 years increased cameras at the facility by approximately 75 with an overall number of 212 cameras throughout and a digital storage unit for the video back up. The cameras are very noticeable throughout the facility and according to the Warden and PREA Coordinator, the increase was in response to sexual abuse/harassment allegations in previous years. the indicated they use the system often as an investigative tool when reviewing allegations and incidents. It has proven to very good tool

for them in this process. It should be noted that the camera placement does not intrude in inmate privacy in their cells, showers, or intake. It does cover more of the common areas than before.

Summation

Through a visual walkthrough of the facility and interview with the Warden and PREA Coordinator it is apparent that the facility is committed to address the safety of the inmates within by the commitment to upgrade their video monitoring capabilities at the facility. They have addressed blind spots and strived to use the system as a tool to both prevent and investigate any allegation of abuse.

Based on available evidence and analysis at the facility this auditor has determined that the facility exceeds compliance with standard 115.318 and all aspects therein. There is no corrective action required.

RESPONSIVE PLANNING

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 developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- 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
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ 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? ☒ Yes ☐ No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy
- 3) Inmate Handbook
- 4) Interviews with PREA Coordinator, and Warden
- 5) Contract for criminal investigations with the Pennsylvania State Police
- 6) Discussion with Hospital SANE/SAFE program
- 7) PA Coalition against rape policy
- 8) PREA Investigators Training

(a)

The Auditor discussed investigations with both Warden and the PREA Coordinator. They indicated that all criminal investigations are handled by the Pennsylvania State Police, Indiana Barrack. They, according to their policy and through their interviews discussed their role to complete the administrative part of the investigation. I spoke with Trooper Goswick a criminal investigator who is assigned to handle criminal investigations at the facility. She indicated that she utilized PSP protocol as established by her agency.

The PREA Coordinator provide information on a "PREA Investigators Training" that was hosted at their facility and offered through the PRC. Trooper Goswick, both Deputy Wardens, and all the Sergeants at the facility completed the training. From that, they have developed an administrative series of documents to meet the components of the standard.

b.

The investigative protocol is developed to take into account the needs of juveniles, however they do not hold any youthful offenders at the facility.

According to the PREA Coordinator the protocol as trained at the facility was developed to meet the standards set by the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," she indicated that they mirrored their investigations around what was provided by the PREA investigators training.

They both indicated that the Indiana County Jail handles the administrative end of investigations, this is noted in their PREA Policy and has a section located in their Procedures Manual. Both the PREA Policy and Procedure Manual established a standard for evidence protocol allowing the Auditor to determine the Agency provided information and training to their first responders to secure the scene and physical evidence. The staff training policy for "first responders" address proper methods as well (scene security, clothing, no washing, etc.). During interviews with staff (all levels) they could explain these steps back to the Auditor when asked.

c.

This auditor reviewed the PREA Policy and agreement with the Alice Paul House to provide victims services. The policy details that any victim of an alleged sexual assault will have access to a full medical examination. The PREA Policy and inmate handbook indicate that all medical services are completely free to them should the need it. This was also vocalized through discussing with the HAS and PREA Coordinator.

The pre-audit questionnaire indicated that the Indiana County Jail used the Indiana Regional Hospital and that they offered both SANE and SAFE staffing and examinations at their facility. The PREA Coordinator confirmed this as did Trooper Goswick. I was able to speak with a hospital representative and they confirmed that both programs were in play at their facility and their services were offered throughout the county and that they work with both the Jail and a State Correctional Institution nearby.

d.

The facility is contracted with the Alice Paul House, a non-profit agency providing victims services/advocate to region. They contract with the facility offers victim advocate services to any and all victims at the facility. According to the PREA Coordinator the Alice Paul House is notified as soon as an allegation was made, and services needed. This contract provides for victims advocate trained in rape crisis and also providing victim's services including one-on-one counseling.

e.

As indicated earlier the Alice Paul House provides a full service victims advocate and accompanies all the victim through any medical exam, provides rape counseling, and also support during criminal proceedings.

Summation

The information reviewed and discussions PA State Police, local hospital, The Alice Paul House, and The PA Coalition on Rape combined with my interview with the PREA Coordinator, the Auditor finds sufficient information that the facility meets the components of this standard. They have an established system and made proper connections to assure the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.21 and all aspects therein. There is no corrective action required.

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? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy
- 3) Inmate handbook
- 4) Interviews Warden, PREA Coordinator and PSP Criminal Investigator
- 5) Indiana County Jail PREA investigative incident report and documents
- 6) Contract for criminal investigations with The Pennsylvania State Police

a.

The Auditor reviewed the PREA policy, inmate handbook and contacted the criminal investigator from the Pennsylvania State Police when reviewing this standard. The policy states that once an allegation is made, no matter how the Sergeant on shift (PREA Compliance Manager) will immediately begin their investigation. They will contact the PREA Coordinator and if necessary the State Police.

According to the PREA Coordinator she or one of the compliance managers will see the investigation though in accordance with the standard on all allegations of sexual abuse/harassment. I was provided with all the files from the previous year to review. Each file was well documented and easy to follow from start to finish and chronicled the incident and timeline.

b.

According to the PREA policy it lists that any incident of alleged sexual abuse/harassment that is substantiated WILL be immediately referred to the PSP criminal investigator for review for potential prosecution. When speak with the PREA Coordinator and Warden, they both indicated that the policy is mandatory, and all cases will be referred for their review. This information is located in both the PREA policy and inmate handbook which is published on the facilities website.

c.

In review of the PREA Policy and inmate handbook both do indicate the PSP Indiana Barracks will handle all criminal investigations at the facility and does refer to their contract.

Summation

The auditor was able to see that the PREA policy, agreement with the PA State Police, along with the interviews that the facility met the components of this standard. The contract with PSP completes the requirements for criminal investigations while the agency fulfills that of the administrative requirement and has a comprehensive policy on criminal and administrative investigations.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.22 and all aspects therein. There is no corrective action required.

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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ 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 communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming 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?
☒ Yes ☐ 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

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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Jail PREA Policy
- 3) Indiana County Jail Staff PREA Training Program
- 4) Indiana County Jail Policy – Training and Hiring New Employees 100.1
- 5) Indiana County Jail Policy – Training and Staff Development 100.2
- 6) Training files reviewed on site and maintained
- 7) Interview with PREA Coordinator
- 8) Interview with Deputy Warden of Facility Services
- 9) Discussion with Correctional Staff and Prime Care Medical HSA

a.

The Auditor was provided with PREA Training documentation during the pre-audit phase to review including the sign in sheets for staff that have completed initial and annual update training. The training curriculum includes information on the jail's zero-tolerance policy, first responder requirements, and reporting protocol. These specialized PREA training programs are spelled out throughout both training policies.

According to staff during interviews, they could articulate training they received on zero-tolerance, how to identify potential abuse, how to report and detect abuse/harassment. They could also recall the rights inmates had to be free from abuse/harassment and also free from any retaliation should they report. They explained ways that they were informed on speaking with someone whom would identify as LGBTI.

The PREA Coordinator and Deputy Warden of Inmate Services discussed that annual PREA training that is provided to every employee, and the annual training the medical staff have to receive through their own PREA policy. We discussed the annual training, and they explained that it covers the dynamics of sexual abuse/harassment in a correctional facility and what signs to look for in this type of environment. Staff were also able to explain the training back to me in relation to abuse/harassment in a correctional environment.

According to the PREA Policy and discussion with the PREA Coordinator they train ALL employees as if they had contact with inmates, stating that on occasion they may have contact and need to know how to address any issue that may arise.

b.

When reviewing the policies and training curriculum it was noted that the training was not gender-specific, but instead tailored to a facility holding both men and women as a county jail does. According to the PREA coordinator all employees receive the same training, no matter their gender or job assignment so they have the ability to work in various points in the facility. Because there is only one facility that holds both men and women, staff do not require training for a gender-specific facility.

c.

According to Training policy 100.1 all employees are trained in specific curriculum before they work with inmates and this does include PREA Training. The facility does an annual update training every January according to their training schedule for ALL staff in a PREA Refresher course that is 3 hours and conducted by the PREA Coordinator. During the pre-audit and on-site audit I was provided with training records to review.

d.

Included in the training records I received during the pre-audit and during the on-site review had signature sheets for all employees for annual training and I was able to review files for initial training showing those signatures as well.

Summation

The Auditor was able to review the documentation that shows that employees were required to receive their initial PREA Training before working with inmates and covered all necessary requirements. Each employee also received annual updates pre-scheduled every January instead of bi-annually. Staff could articulate what they received and how it applied to their duties and the inmates rights to be free from abuse/harassment and retaliation.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.31 and all aspects therein. There is no corrective action required.

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)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Jail PREA Policy – volunteer/contractor training
- 3) PREA Form 100.29-7 Volunteer and Contractor Training Record
- 4) Training files reviewed on site and maintained
- 5) Interview with facility contracted medical staff
- 6) Interview with PREA Coordinator
- 7) Provided documentation of contractors that have read, received and signed

a.

This auditor reviewed the jails PREA policy and interviewed 2 contractors working for Prime Care medical, the agency providing medical, dental, and psychiatric services to the jail. All contractors and volunteers working or providing programming at the facility are, under policy requirements must receive this training before being permitted to work with inmates.

In discussions with the PREA coordinator this training is offered as needed to volunteer and contractors coming into the facility. The trainee must sign off on the training and that documentation is maintained for 24-months when after that the individual would require retraining.

b.

According to the PREA policy the PREA coordinator or designee will receive training on their zero-tolerance policy, the dynamics of the PREA standards, their duties on reporting, etc. It specifies that additional training is mandated for contractors/volunteers who are at the facility on a regular or fulltime basis that will mirror staff training and be completed annually just as those employed there.

When speaking with the medical staff members they did indicate that they received the full jail training on top of their training requirements from Prime Care.

c.

During the pre-audit and while on site, I was provided with training files and sign-in sheets that were kept for all contractors/volunteers on form 100.29-7 and were maintained with all training documentation.

The auditor reviewed the PREA policy, training policy, training logs, and interviewed 2 contracted nurses working daily in the facility. The nurses were able to explain their training, describe the Zero-tolerance policy in relation to the inmates at the facility. All volunteers and contractors must receive the

basic training before working with inmates, and those conducting long-term work at the facility receive the same training as staff.

Summation

The Auditor was able to connect the agencies PREA policy, training standards and the vocalized information from the contractors to meet the components of this standard. The contractors were able to articulate the training they received that met the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.32 and all aspects therein. There is no corrective action required.

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 sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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)

- Have all inmates received such education? ☒ Yes ☐ No
- 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)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Jail PREA Policy
- 3) Resident Files, Intake documentation
- 4) Facility Orientation and PREA Video
- 5) PREA Facility Handouts
- 6) Discussion with the PREA Coordinator, Counselors, Intake Officers, Deputy Warden of Inmate Services
- 7) Interviews with inmates
- 8) Indiana County Jail SOP 400.27 – Inmate Classification
- 9) Posted information (PREA hotline, Zero-tolerance, agencies, etc.)

a.

The Auditor reviewed the jail PREA Policy that indicated that all inmates will receive an initial orientation video with PREA-related training during their initial intake process. This Auditor was provided with the inmate handbook that is provided to each inmate at booking that outlines the zero-tolerance policy and ways for an inmate to report. I was able to see an officer review the handbook and also discuss the information with an inmate during booking. The resident files/intake screen documents were located in the inmate services files and had both the staff and inmates signature indicating the initial education was received. During review of their PREA video it discusses the standards including the zero-tolerance policy. It is also shown during this process, and discussed with the inmate. Upon review of the inmates hard files maintained in inmate services, documentation was available including the inmate's signature to show training was completed. Documentation was also available in the OMS System as well as the medical CoreEMR system that is completed by medical staff. This auditor was able to walk through the process with the intake staff, counselors, and medical staff showing me the process that is completed.

During inmate interviews they could all explain the zero-tolerance policy and stated they received documentation on that and how to report any activity related to sexual abuse or harassment. They could discuss the PREA Video and recalled discussion related therein.

b.

In discussions with the Deputy Warden of inmate services and the counselors they indicated that the inmates receive the education/video immediately upon commitment and will see them again within 72 hours to review the materials again as well as complete the PREA Counselor Assessment Form. They will do this again in the 30-day window, conducting the interview and educational material twice. I was provided with forms that are used by the counselors for their initial discussion and given the ability to review multiple files showing the initial, and follow up interviews and education. The information I was able to view included the inmate's right to be free from sexual abuse/harassment, free from retaliation for reporting sexual abuse/harassment against them or someone else, and the agencies policy on responding to any allegation of abuse/harassment or retaliation.

Inmates relayed that they had the right to be free from sexual abuse/harassment, and any retaliation for reporting such incidents. They were could also tell me multiple ways that they could report any allegation. Several did refer to their inmate handbook that provided the information as did the housing unit documentation. When discussing the video, all residents stated they could understand the content and indicated that it covered the facilities zero-tolerance policy, ways to report, and what happens should they report. They could explain the process and also that they discussed the PREA information on multiple occasions with the counselors, at intake and also with medical personnel.

c.

According to document review, inmate interviews, and discussion with the PREA coordinator and Deputy Warden all inmates have received PREA orientation and follow up within the 30-days required. Files reviewed showed the initial education/video done with the inmates and again when seen by the counselors. The inmates as well could recite the information to this auditor. The facility showed a very organized operations and efficient Inmate Services Department. The counselor's daily responsibility was to review all new placements at the jail and also follow up on all 30-day reviews as well as their 6-month review. These reviews were completed in accordance with standard 115.41, but they also added education to the review as an addition to this standard 115.33.

The Indiana county jail is a one building operation and managed the same across the board. All inmates receive the same education no matter their location in the jail.

d.

The facility video is provided in both English and Spanish with subtitling for those whom are hearing impaired, and audio for those whom may be deaf. The counselors and medical department work closely with anyone with reading and cognitive disabilities to assure they understand and are classified accordingly to assure their safety. In dealing with specific disabilities where translators are needed, the agency has a working relationship with the Indiana University of Pennsylvania for services along with an agreement with Language Services for over the phone translation. I was able to contact this agency whom verified that they would provide language services to the facility. I also reached out to the Foreign Languages Department at the Indiana University of Pennsylvania whom also indicated they would provide various translations for over 12 common languages.

e.

The jail maintains both inmate records on the OMS system and also a hard copy file of all PREA related education, classification, and reviews done on all inmates that the counselors complete in the Inmate Services Department. According to the Officer in intake, they complete the documentation on all inmates as part of the booking process and cannot move forward without completing this segment. The inmates I interviewed all articulated that they were provided the information upon arriving at the facility and also while seeing the counselors. I was given access to both printed copies of the information from the OMS system and also given the opportunity to review various files on the system to browse the data. This auditor was able to find data of the comprehensive education completed with the inmates throughout intake and with the inmate services files.

f.

During my walk through of the jail, it was noted at all inmate phones in the housing units were PREA documentation on the use of the hotline. Each housing unit also had binders available on the tables for all inmates to use that had laminate PREA documentation including their zero-tolerance policy, the inmate's rights to be free from abuse/harassment and retaliation as well as all ways to report. The documentation was in both English and Spanish and offered information for outside contacts for such as the Alice Paul House, the PA Coalition on Rape, and victims-type agencies available to the inmates.

Summation

The Auditor was able to take the documentation along with staff and resident interviews and align them to meet the standard. The facility has taken time over their previous 2 audits to advance their documentation and develop forms for better tracking and file review if needed. The facility meets the

requirements assuring that inmates receive PREA educational materials showing evidence that is provided during their initial booking/intake and again within the 30-days required by policy, but felt it necessary to assure that inmates understood and comprehended the information so the assure that they receive it again during their 72-hours review as well. Several of the files the auditor reviewed had 2 to 3 documented interviews with inmates for education and reevaluation. They have placed the PREA education as a priority to the facility and the inmate herein, to assure they receive all necessary education and safety during their stay.

Based on available evidence and analysis at the facility this auditor has determined that the facility has exceeded compliance with standard 115.33 and all aspects therein. There is no corrective action required.

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 have received 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
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy
- 3) PREA Preventative Training and Planning
- 4) Training Files
- 5) Discussion with the PREA Coordinator and Warden

a.

The Auditor reviewed pre-audit information, the PREA policy specifically indicates "Specialized Training" that requires the Warden, Deputies, Sergeants, and counselors receive specialized/certified training by the PA Department of Corrections in conducting investigations in confinement settings.

During my interviews with the Warden, PREA coordinator, Deputy Warden, and sergeants they all indicated that they have completed PREA Investigators training in the past and most recently received a class that was held at this facility offered by a certified PREA investigator.

b.

Accordingly, the staff interviewed could relay that they received training in the interviewing of sexual abuse victims, how to use Maranda and Garrity warnings and evidence collection with preservation of that evidence.

The PREA policy under specialized training does indicate this therein. When discussing the issue with the PREA Coordinator she indicated that all cases are investigated initially by the on-shift sergeant and referrals are made to the PA state police for criminal investigation as well as the Alice Paul House for victims advocate.

c.

As with general training the facility provided documentation for sign in sheets for all employees completing specialized training with their training files.

Summation

The Auditors review the PREA policy specialized training and documented sign in logs for all staff involved along with interviews of the Warden, Deputy Wardens, Sergeants, and Counselors gave a clear picture of the agencies standard for investigative training. Through their own certified investigators, the Pennsylvania State Police, and the documented policies, the facility is in compliance with this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.34 and all aspects therein. There is no corrective action required.

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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

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.) ☐ 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?
☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Faculty Pre-Audit Questionnaire
- 2) Facility PREA Policy,
- 3) Agency training documentation
- 4) Certificates of completion – National Institute of Corrections: PREA Medical care for sexual assault victims in a confinement setting
- 5) Interview with Prime Care Medical Health Services Administrator (HSA)

- 6) Discussion with the PREA Coordinator and Deputy Warden of Facility Services
- 7) Prime Care Medical PREA Policy

a

The Auditor reviewed the agency-wide PREA policy related to specialized training – Medical and Mental Health Care, as well as Prime Care Medicals policy on staff PREA training and requirements.

According to the PREA coordinator the facility makes all new contractors all go through their contractor training that she or her designee complete. This included all full and part time Prime Care employees.

The Indiana County Jail according to the PREA Coordinator and their PREA policy assures to train these contractors in the detection and assessment of signs of sexual abuse/harassment, how to preserve evidence, and how to respond and communicate effectively and professionally with victims of sexual abuse and harassment.

b.

According to the HSA and the PREA coordinator, all forensic examinations are handled at the Indiana Regional Hospital through their SAFE/SANE Program and Prime Care doctors and nurses do not handle this, only working with the hospital on getting them any necessary documentation.

c.

During my review of documents I was able to review all the contractors PREA training documentation and sign in sheets. The facility has all volunteers/contractors sign as they do with employees.

The HSA indicated that they do the same with all their employees under Prime Care policy. They are presently using Relias on-line training programming for all their employees. Their system allows them to track the program and notifies when an employee is due for an update.

d.

At present, the Jail does not have any medical or mental health employees that are employees. All are contracted to be at the facility either through Prime Care Medical (whom also provided mental health services) and the county mental health office.

They all have completed the programs as described in the policy and their information is documented on the proper forms that I had the opportunity to review during the pre-audit and while on-site. All documents are maintained by the PREA coordinator and the HSA for the mandated training that Prime Care requires their employees to complete.

Summation

The auditors review of the documentation on medical staff training and the interviews with key staff linked the components of this standard together to meet this standard. During my interviews with the HSA and medical staff, they could explain back to me the training they received related to zero-tolerance, their duties to report and to whom, preserving evidence, signs to look for in the detection of abuse/harassment. The extra training that medical staff received from Prime Care was a plus to the institution giving them an extra layer of knowledge. Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.35 and all aspects therein. There is no corrective action required.

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)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

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: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ 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?
☒ Yes ☐ 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?
☒ Yes ☐ 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: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ 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, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when 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, when 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 a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

1) Facility Pre-Audit Questionnaire

- 2) Facility PREA Policy, Inmate Screening section
- 3) Intake Screening via the OMS computer system and form 00.29-15, "PREA Booking Questionnaire"
- 4) Discussion with the PREA Coordinator, Deputy warden of facility services, Counselors, and Intake officer
- 5) Interviews with Inmates
- 6) Counselor Assessment Form 100.29-14

a.

The Auditor reviewed the PREA policy, OMS "Questions at Booking", PREA Booking Questionnaire form, and conducted interviews with the PREA Coordinator, Counselors, Deputy Warden of Facility Services, an officer working intake/booking, and inmates at the facility. The PREA Policy outlines that every inmate must be assessed to determine if they could be a victim of sexual abuse by other inmates and also if they could be an abuser. The policy identifies the following:

"Screening

All commitments to the Indiana County Jail will be screened within twenty-four (24) hours upon their arrival into the facility for potential risk of sexual vulnerability or potential risk of sexually aggressive behavior. This will be completed through the Indiana County Jail initial classification process. (See ICJ SOP 400.27 Inmate Classification) Upon determination that an inmate is subject to a substantial risk of sexual abuse, the Indiana County Jail will take immediate action to protect the inmate.

Diagnostic Assessment

The corrections counselor will complete an assessment to include an interview with the offender to determine the offender's potential risk of sexual vulnerability or sexually aggressive behavior. Information as to whether or not the offender is found to be a sexually violent predator will also be used as criteria in this assessment.

The counselors will use form 100.29-14 (Counselors Assessment Form) along with booking questions, medical questions and criminal history to assist in determination of the offender's potential risk of being sexually vulnerable or sexually aggressive.

In addition, the counselors will add their perception as to whether they feel the inmate is gender non-conforming. This information will be added to form 100.29-14

1. Mental Health Assessment

Offenders identified as being at risk for potential sexual vulnerability or sexually aggressive behavior will be referred for a mental health assessment. The mental health assessment shall be completed by a qualified mental health professional.

The assessment will include, but will not be limited to, a review of any history of sexual victimization or sexually aggressive behavior. Information used to determine this history may include but is not limited to:

- 1.1.1 Self-reported information given by the offender at time of booking. The information will be documented in the Jail Management System (JMS) in the medical and booking questions screen.*
- 1.1.2 The offender's criminal history background can be obtained from Jail Management System (JMS) and used for the purpose of identifying past patterns of behavior.*
- 1.1.3 Pennsylvania State Police SVP/Adam Walsh Act (Megan's Law) website may also be utilized along with out of state registration websites."*

I was able to review the screening documentation in the inmate files, and via the OMS System. I was provided with copies during the pre-audit as well. When I conducted inmate interviews, they were able

to articulate the screening and discuss questions that they were ask by the intake officer, Counselors and also the medical staff.

While observing the intake process, I was able to see the screening process and the "questions at booking" that were ask of the inmate by the officer. It should be noted that the OMS system has safety steps designed within that will not allow an officer to skip questions or segments of the booking/intake process. The screens must be completed before the move forward. In discussing the screening with the officer, he indicated that he completes this on every new commitment including those transferred into the facility already in custody of another institution. The Counselor provided screenings that were completed on inmates being transferred to another facility that fulfilled the policy and standard requirements.

b, c.

The PREA policy indicates that the screening must occur within the first 24 hours. During my discussion with the PREA coordinator she indicated that upon commitment to the facility the screening is done as soon as they can be processed in, based on how busy they are, but will occur within a few hours. All the files that I reviewed including OMS documentation on intake screening, all were completed on the same date the inmate was committed to the facility. The OMS documents that were printed has system time-stamps on them matching them to the date committed, and the counselor documents were signed off on in the same manner. This was also discussed by inmates during our interviews, all indicating they were ask questions immediately when coming in. Based on the policy, reviewed screening documentation and interviews this auditor could see the process being complete with in the required time frame.

The counselors indicated that they will see a new commitment within 72 hours for their review and assessment including their classification for long-term housing in the facility. Prime Care medical HSA stated their assessment is done within 24 hours as they provide 24-hour nursing coverage at the facility.

The objective screening requires the officer/counselor/nurse to provide additional documentation for every "yes" answer to probe for additional information from the inmates.

d, e.

The inmate screening portion of the PREA policy indicated that the screening will include:

- Does the inmate have any mental, physical, or developmental disabilities?
- What is the age of the inmate?
- What is the physical description of the inmate?
- Does the inmate have a previous incarceration record?
- Complete a criminal history check for violent/non-violent crimes
- Any prior convictions for sexual offenses against an adult or child
- Does the inmate identify as LGBTI
- Previous institutional violence or abuse, and any/all sexual abuse, assault or victimization in their past
- The inmate's perception of vulnerability
- Civil Immigration purposes

The facility provided information on their computer OMS intake screening that is completed during intake using an objective question system that includes direct questions to the inmate of the standard specific requirements as well as observation questions for the staff member completing the booking/intake process. I was also provide with the PREA Booking Questions (form 110.29-15) that has additional questions ask to the inmates about previous sexual assault/abuse, previous convictions

for sexual assault/abuse, do you feel that you may be a victim of sexual abuse while incarcerated, do you feel you may be sexually aggressive toward other inmates, do you consider yourself to be LGBTI, and do you consider yourself to be non-gender conforming. Each of these questions are completed with the inmate and have a yes, no and refused to answer box along with note sections. I was able to review these completed documents in the inmate files I selected for review and see one being completed during the booking/intake process.

When discussing the intake/booking process with inmates I interviewed, they could remember these questions being asked when they came in and during their medical screening and when meeting with the counselors.

The PREA coordinator explained that information that is kept in the OMS system is then used to assign housing under their classification through a point scoring system to achieve an objective score assuring proper housing and safety for the inmate.

f.

The facility PREA policy inmate screening section states that all inmates must be screened within 30 days. This issue was discussed with both staff and inmates. When meeting with the counselors they indicated that they see everyone within that 30-day period and may again see them in another 30 days if there are concerns. They would also see an inmate if the inmate requested or it was referred by a staff member. The Deputy Warden of Facility services indicated that inmates are seen after 6 months as well for a re-evaluation and re-classification. Upon review of the Classification and Inmate Services files, I was able to review several files that included the initial, and 30-day review depending on the inmate's time at the facility. I was able to see files that had 3 reviews done on inmates. All the screening forms were signed by the counselor and inmate and included date and time of the review. I did discuss the screening process done by counselors with the inmates during my interviews. They were able to explain to me that they met with the counselors confidentially and explained what they were asked during the screening.

g.

The PREA Policy indicated reassessment must occur within 6-months but is required as indicated earlier in the policy by request of the inmate, for a referral, based on an incident, sexual assault/harassment, 3rd party referral, or if the facility would receive information warranting a reassessment. The PREA Coordinator and Deputy Warden of Inmate Services indicated that the counselors perform reassessments regularly with the inmates. Some are as simple as a reclassification for work/housing change. When speaking to the counselors they could explain the reassessment process that they use and were able to provide examples of those that were reassessed because they were seen to be easily victimized upon commitment and had adjusted to the facility and were reassessed for classification and housing unit changes.

h.

Under the screening section of the PREA policy it does indicate that inmates cannot be disciplined for any refusal to answer the questions. According to the PREA coordinator the Counselors will attempt to work with the inmate on and off to complete the information. The screening documentation this auditor reviewed indicated that all answers to screening included yes, no, or refused to answer. During discussion with the Deputy Warden of Inmate Services and the 2 counselors, they indicated that if an inmate refused, they would pull the inmate again and attempt to get the necessary information. One of the counselors spoke of inmates sometimes not answering initially, but will calm down and respond a short time later. They both indicated speaking with inmates after the initial screening and they would

then participate. There were not any inmates at the facility during the on-site audit to review that had not participated. We did not discuss what would occur if they did not participate as all had.

I.

PREA policy specifies that all information collected is considered confidential and sensitive. When discussing this with the PREA Coordinator, she indicated that all PREA related documentation will be kept under secure storage in the department of inmate services and all investigative information is kept under secure storage in the PREA Coordinators office (Deputy Warden of Operations). The initial screening form done at booking is kept with the Department of Inmate services secured in the inmate files there. All OMS information placed electronically in the software is security coded to each specific individual given administrative approved for that specific software piece and controlled by their login.

Summation

The PREA Policy and screening forms establish the criteria for the components of this standard. Through my interviews with staff and inmates, they could articulate the how the information was obtained and mirrored the standards in the policy. The documentation provide to the auditor to review was well organized and showed that the facility is working to assure proper data is collected and maintained.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.41 and all aspects therein. There is no corrective action required.

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? ☒ Yes ☐ 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? ☒ Yes ☐ 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Facility Pre-Audit Questionnaire
- 2) Pre-audit documentation
- 3) Facility PREA Policy Inmate Screening
- 4) Counselor Assessment Form 100.29-14
- 5) Discussion with the Counselors
- 6) Discussion with the PREA Coordinator
- 7) Discussion with Sergeant (PREA Compliance Manager)
- 8) Inmate handbook
- 9) Interviews with inmates
- 10) Inmate Service Files

a.

The Auditor reviewed the PREA policy, the counselor's assessments, and spoke with the PREA coordinator on the use of the data. The policy states that the data collected will be used for housing, work, education, and program assignments.

The PREA Coordinator relayed that the OMS classification program along with the assessment completed by the counselors provide an objective view that allows the counselors to place the inmate in the best scenario to keep the inmate safe from harm, sexual abuse/harassment, and allow for safe operations of the facility.

When speaking with the Counselors I questioned them on this process. They indicated that they would use the information gathered from the screening that were done for their classification of the inmates. They OMS Classification system is objective and based on a point scoring system. It would give them a classification level to work with. They would also look at the best housing area to assure they were meeting each individual's need. They also spoke of "delta" unit, a smaller intensive supervision unit that for individuals whom maybe easily victimized would provide an ideal setting and still offer general population programming, etc. I was able to review their classification system to see the points system and also see their final determination when placing an inmate. The counselors also discussed the information would be used in providing work, education and program assignments. They would offer more than one class or program if needed to assure proper placement of the individuals to match their classification and screening. They would do the same related to their work assignments to assure their safety.

b.

According to the counselors and Deputy Warden of Facility Services, no "bulk" decisions are made regarding where an inmate is housed or their ability to participate in any activities or programming. This is all done on an individual basis and was noted in the classification information that this auditor was able to review. When interviewing the counselors, they indicated that when meeting with each inmate and reviewing the classification they would discuss the housing and bed assignment and work on a treatment plan with the inmate for programming that was recommended. The also stated that when programs are done, they are done in accordance with housing, classification, and any separation issues that would be in place for various inmates to assure safety and security. In reviewing the documentation and discussion, it was noted that they use the classification process including the PREA information to provide a safe and secure situation for all inmates.

c.

The facility policy states that the Indiana County Jail will not place an inmate in a specific unit, cell, or bed solely based on gender. When I questioned the counselors on the issue, they were able to provide information that the individual would be classified on the need's basis including if they were LGBTI. Indicating that no one would be housed directly on gender. I discussed the issue further with the PREA Coordinator whom indicated that they look at specifics in assigning this, both for the inmates' health and wellbeing as well as facility security. She did refer to PREA Policy indicating that housing assignments would be based on the individual and their status, not security purposes and will be done on a case by case basis. During the audit and over the previous year, they have not had an issue with housing and a gender issue/ I did review initial intake documentation on a transgender individual that was at the facility over a year ago, however the inmate was only there for a few hours.

d.

PREA Policy under inmate screening states, "Counselors, Administration and the PREA Coordinator will complete a six-month review for determination of changes to housing, programs, education classes or work assignments. This review will ensure that the safety and health of the inmate is maintained. These reviews will be documented on PREA Policy Form 100.29-9 Six Month Review and will be kept in the administration area to ensure confidentiality." The PREA Coordinator relayed that should this need occur, the counselors and administrative staff would meet to

determine the individual needs of that specific inmate. When speaking to the counselors they were able to explain the same process as it had applied in the past. They indicated that as policy states, they would meet every 6-months or sooner if requested or referred for a review.

e.

According to the Jail PREA Policy, *"A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration"*. The auditor spoke with the Counselors whom handle the classification and assessment of the inmates. They indicated as per the policy and the information provided by the inmates identifying as transgender or intersex as to their views and safety. They were able to provide examples from a previous individual identifying as transgender being housed at the facility over a year ago. They articulated how they went through their screening process per policy and made recommendations and discussed his concerns in housing, programming, classes, etc. they he agreed with their assessment and placement. The PREA Coordinator also provide information on this case providing information as the counselors on how the case was handled and decisions made along with the inmates views and concerns.

f.

The policy also indicates that Transgender and Intersex inmate will be given the opportunity to shower separately from other inmates using showers in booking and the medical isolation cells. During my site review of the facility, I was taken to both areas to examine. They are isolated providing separation from all other inmates. I discussed the areas with the Sergeant on duty and questioned him on what the area could be used for. Among the general reason for the showers being there, he did state that anyone identified as transgender or intersex would be given the opportunity to shower in these areas. He stated they have identified 2 areas in case intake/booking is occupied or the medical isolation cells are being used. The also stated that the inmate would be offered daily showers and escorted to the area by a designated staff member.

g.

The PREA Policy states, *"The Indiana County will not place lesbian, gay, bisexual, transgender, or intersex inmates in specific housing units, cells, or beds solely on the basis of such identification or status unless the placement is in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates"*. During my interviews with those targeted individuals, all indicate that when they met with the counselors and one stated that he discussed it with a Sergeant (PREA Compliance manager) too. All indicated that the counselors discussed their classification and PREA questions with them. When questioned on housing, the stated it was discussed with them and they were ok with their placement. One male I interviewed said he didn't agree with his housing but only because there was an inmate in that unit he did not get along with. He did say the counselor addressed the issued and they agreed on a housing assignment he was ok with. It is noteworthy that I didn't have any inmates with problems related to their housing assignment and all indicated that they were involved in the processes. The counselors indicated that housing is assigned based on several factors based on their classification. The scoring would determine housing. When asked what they would do with someone whom identified as LGBTI, they indicated that would be considered during their classification as would someone who is heterosexual, but not be the specific reason for their placement.

Summation

The PREA policy indicates that the facility has addressed the standards and the components of it. Although they were unable to provide documentation on the use under this standard, they provide information through their policy and discussions with the PREA coordinator that they are prepared should the issue arise.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.42 and all aspects therein. There is no corrective action required.

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy – Protective Custody
- 3) Interviews with Residents
- 4) Interviews PREA Coordinator and Deputy Warden of Facility Services, and Warden

- 5) Inmate Handbook
- 6) PREA Protective Custody Form 100.29-10

a, b.

The Auditor reviewed the PREA Policy section on "Protective Custody" that indicates inmates that are at high risk for sexual victimization shall not be segregated involuntarily unless there no available housing areas to separate them from a potential abuser.

Within 24 hours the shift sergeant will complete an assessment that will note other housing alternatives and the reason why they are not an option. The policy goes on to state that if they have to segregate for this reason the inmate will be entitled to have access to programs, privileges, and work opportunities.

The Warden indicated that through the use of "delta" housing unit, a smaller general population housing unit off of the segregation unit, they have the ability to avoid any unnecessary forced segregation allowing the inmates full opportunities.

The PREA coordinator stressed that privileges are still provided should an inmate be placed into forced protective custody. She reiterated the Wardens comments that the use of 'delta' unit has given them the opportunity to meet the needs of anyone requiring closer supervision and separation while allowing for regular privileges.

c, d, e.

The facility policy as indicated above will place an inmate into the involuntary protective custody will only remain there until an alternative for a potential abuser can be made and is not to exceed 30 days. If the inmate is returned to protective custody, they will be evaluated within 30 days. Form 100.29-10 will be completed to clearly state regarding concerns for the inmate's safety and the reasons why alternative separation were not feasible. According to the PREA coordinator and as noted on the pre-audit questionnaire, this has not occurred over the past year.

Summation

Upon this auditor reviewing the pre-audit questionnaire and the policy, the facility has outlined how they will handle the involuntary use of protective custody. The information provided by the Warden and PREA Coordinator outlined the jails willingness to avoid using involuntary protective custody by establishing delta unit to allow for placement of an inmate to avoid segregation. In discussions with management no one has been involuntary placed over the past year.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.42 and all aspects therein. There is no corrective action required.

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: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ 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? ☒ Yes ☐ No

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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy – Reporting of sexual assault/rape or sexual harassment
- 3) Facility Foreign National Illegal Immigrant Custody Policy 100.21
- 4) Interviews with Inmates
- 5) Inmate education/orientation program
- 6) Posting throughout the facility
- 7) Website postings
- 8) PREA binders throughout housing units
- 9) Staff Interviews
- 10) Department of Corrections Hotline
- 11) PREA Coordinator
- 12) Inmate handbook

a.

The auditor reviewed the agencies PREA policy: Report of sexual assault/rape or sexual harassment and spoke with multiple inmates, staff and management. The agency makes available a variety of ways for inmates to privately report sexual abuse/harassment, retaliation, and staff abuse/neglect. It includes the request system, grievance system, reporting to a staff member, or through a 3rd party.

b.

The easiest way for an inmate to report to another agency is through the inmate phone system to the 24/7n hotline operated by the Department of Corrections, bureau of community corrections. They also can contact the Alice Paul House, the PA State Police, Childline (a hotline operated by the PA department of human services), and the PA coalition on Rape. Each of these allow the inmate to remain anonymous when reporting.

Under Policy 100.21 related to Immigration and Customs Enforcement (ICE) the facility makes available contact information to their consular officers and relevant officials with the Department of Homeland Security. At present, there are not holding any ICE Detainees.

c, d.

The facility policy allows inmates to make verbal, written, and from 3rd parties. They make the hotline number public and provide the phone number to the jail's supervisor, so someone could directly call in and report immediately to a supervisor at the facility.

The policy allows staff to report privately any allegation of sexual abuse/harassment that they would encounter. They can report on behalf of an inmate who provided information as a 3rd party.

During interviews with staff, they were able to articulate their training and understanding of both their reporting responsibilities and ways to report if they witness an incident or are provide information from a victim or 3rd party. They all were aware of their mandatory reporting duties and could provide me with the chain of command for reporting. They could explain what they would do should and inmate verbally report to them, they all replied that they would notify a sergeant immediately and then immediately document the report for the sergeant's investigation.

The policy on reporting also addresses that of contractors and volunteers at the facility and states that "no matter the source", they must report any allegation immediately to the appropriate supervisor either verbally, in writing using confidential reporting form 100.22, or via phone. If the employee/volunteer/contractor does not feel comfortable reporting to the immediate supervisor, or the allegation is against that individual, they should go to the next supervisor, PREA coordinator, or the county human resources department.

Summation

The PREA policy provides detailed ways for inmates to report including in writing, verbally, confidentially, and through 3rd parties. The facility provides means for this including addressed, 24/7 hotline, etc. The inmates I interviewed were aware of ways to report including directly to staff or the sergeant or using the inmate phone hotline. They were able to explain that they could report on behalf of someone or have someone like a family member report for them.

Staff member alike could tell me how they could report and what chains of command they would follow to do so. They indicated that reporting was covered annually during their training.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.51 and all aspects therein. There is no corrective action required.

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 ☐ NA

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 initial response 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
- 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy
- 3) Facility Inmate Grievance Policy
- 4) Grievance Form 300.38
- 5) Inmate Handbook
- 6) Interviews with Residents
- 7) Staff Interviews
- 8) Discussion with PREA coordinator

b.

The PREA policy allows the inmates to use the facility grievance system to file an allegation of sexual abuse/harassment. No time limit will be placed on the inmates filing of the grievance for abuse/harassment and the inmate does not have to use the official grievance paperwork. This was also noted in the inmate handbook and inmates that I interviewed indicated they could file under the grievance system.

According to the Pre-audit questionnaire the facility had 2 grievances filed for sexual abuse/harassment over the past year and the PREA coordinator stated that both were filed using the official grievance form.

c.

Grievances are submitted via the grievance box on the housing unit or according to the policy can be submitted to and administrator at the facility.

The agency policy also allows for a grievance to be submitted to the County Human Resources Department if the complaint is against the Warden and provided the address to inmates through the inmate handbook and PREA binder on the unit. The grievance filed by an inmate for sexual abuse/harassment will not be referred to the staff member for response if it is filed against that staff member.

d.

The facility outlines in its PREA policy that the grievance will be answered to the inmate within 90 days of filing and does allow for up to a 70-day extension if the normal time period is insufficient to make an appropriate decision. The Jail administration must, according to policy notify the inmate in writing. If the facility fails to respond within the original time and written extension period, the inmate can consider that a denial of the grievance.

I discussed the use of this system with the inmates who as indicated were aware of the grievance system but were not able to explain the timeframe to me. Some know it existed, were unsure of the full policy. I was able to review the procedure and was aware the inmates had the same documentation. One inmate stated that "there are easier ways to file a PREA complaint than a grievance". This may be true, but the policy existed none the less.

e.

According to the PREA Policy, a 3rd party may submit a request on the behalf of an inmate concerning an allegation of sexual abuse/harassment seeking administrative remedies. This includes but is not limited to family members, other inmates, attorneys, etc. The facility may require the require as a condition of accepting the request that the inmate personally pursue any additional steps in the remedy process.

The policy also states that if the inmate declines to have the request processed on their behalf, the facility show clearly document the inmate's decision in writing.

In discussions with the PREA coordinator she indicated that they have not received any 3rd party requests on an inmate's behalf over the past year.

f.

The Indiana County Jail has established in their PREA policy steps for an emergency grievance to be filed by facility staff for an inmate believed to be at substantial risk of sexual assault. Upon receipt of an emergency grievance, the policy indicated that it will be forwarded to the Sergeant whom will immediately forward the grievance/complaint to administrative staff where action may be taken within 48 hours. A final decision will be made on the emergency grievance within 5 consecutive days.

The PREA coordinator indicated during discussion that they treat every alleged assault as a priority assuring that it is addressed as quickly as possible to assure the inmates safety. She explained that all allegations filed in relation to sexual assault/harassment no matter how they are filed, area maintained as PREA investigations. She maintains the file that is kept confidential secured in her office.

g.

The facility PREA policy does allow for disciplinary sanctions in relation to filing of sexual assault/harassment only if they are filed without merit or in bad faith. She indicated that their disciplinary policy covers this as "false reporting" and a misconduct could be issued.

Summation

The Auditor was able to evaluate the written procedure and compare it to interview information from the PREA Coordinator and inmates. They cover the components of the standard in the policy and it is linked to both their grievance and disciplinary (if needed) policies. As indicated there were 2 grievances filed over the last year for sexual assault and both were handled through the facilities policy within the established time requirements. There were no 3rd party requests filed in the last year, however the components were defined in policy, the inmate handbook, and on the units available to all inmates.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.52 and all aspects therein. There is no corrective action required.

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 inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ 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? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy
- 3) Contract with Alice Paul House for Victims advocate/services
- 4) Interviews with inmates
- 5) Housing unit binders and facility postings
- 6) Inmate handbook
- 7) Discussions with PREA Coordinator, Counselors

a.

The auditor reviewed the PREA policy, "access to outside support services and legal representation", the contract with the Alice Paul House, housing unit binders, and the inmate handbook. These documents indicate that the facility offers various support services for inmates to speak with about sexual abuse/harassment and counseling services. The documents contain addresses and phone numbers to the Alice Paul House, The Open Door a local crisis center in Indiana County, the County Human Services Department, and the National Sexual Assault Hotline. These calls are provided toll free to the inmates.

The facility through policy 100.20 Related to ICE Detainees provides contact information to the listed victims services agencies and counseling services in both the PREA binders on the housing units and also in the inmate handbook. The agency makes this information available, but only has an ICE detainee on a rare occasion.

According to the PREA coordinator she indicated that inmates have the ability to call both the hotline and also call the Alice Paul House in a confidential connection on the inmate phone system. She also indicated that the counselors would provide confidential calls to inmates not wishing to speak on a phone in the housing unit. They could also approve a private call in the multipurpose room in the housing unit where the inmate could be placed by themselves. When interviewing inmates they were able to tell me that the information on these agencies is available to everyone in the PREA binder on the housing unit. The stated it included both phone numbers and addresses to write to them. When ask if they felt the contact with the agency was confidential they stated yes.

b.

According to the PREA policy the facility will ensure that all inmates have reasonable communications with each agency and that confidentiality be maintained for the inmate. This auditor noted that the handbook explained their right to confidentiality and did provide numerous outside support agencies indicating was to contact them confidentially. The Facility provides direct non-monitored calls to the Hotline and also the Alice Paul House for victims services support. In discussing confidentially with the inmates it was noted that the phone system recording tells them if a call is recorded or not recorded. In speaking with an inmate making a report he stated he felt that it was confidential as the phone did not prompt for recording. Some of the other inmates stated they were able to speak to some of the

counseling agencies on the numbers provided. One stated she called them from the multipurpose room in her unit on an approved call from the counselor. I was also told that if you are concerned about calling just write them a letter. Letters are considered confidential to this agency. The policy states that if contact with the agency is needed, the jail will inform the inmate prior to the extent of communications monitoring and inform the inmate of what will be given because of mandatory reporting laws. This statement is outlined in the handbook as well and inmates were asked if they knew when or why the agency or facility would break confidentiality. They were able to explain that if it was an emergency or I was in danger, they would break confidentiality.

c.

The Indiana County Jail has a contract with the Alice Paul House in Indiana, PA a local non-profit victim advocate agency. The contract has been in place for several years and has been renewed annually. They are providing victims advocate services and emotional support to the inmates at the facility as needed. I had the opportunity to review the contract and speak with staff there during the pre-audit. We discussed their services specifically serving as a victims advocate to any inmate at the facility. She stated they would go to the facility and/or hospital to be with the individual and discuss their services and other services available to the victim.

Summation

The auditor was able to view the policy, inmate handbooks, and see postings and binders in the housing units concerning available support services. Interviews with inmate reviled their knowledge of the available services and where to find contact information.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.53 and all aspects therein. There is no corrective action required.

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? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) PREA Policy – 3rd Party Reporting
- 3) Interviews with PREA Coordinator and Inmates
- 4) Facility postings, the inmate handbook and unit binders
- 5) Indiana County Jail website – www.indianacountypa.gov

a.

The PREA policy addresses for 3rd party reporting on behalf of an inmate whom is the victim of a sexual abuse/harassment from a family member, friend, attorney, another inmate, etc. The facility has established through their policy to allow these 3rd parties to file a request for administrative remedies on behalf of an inmate. The documentation can be found in the inmate handbook, in the unit binders and posted in both English and Spanish. The Jail website, part of the county website provides information on multiple PREA tabs on their site that includes contact information for the PREA Coordinator, the shift sergeants, and the hotline number that is available to the inmates at the jail.

Summation

The facility provides sufficient information to meet this standard through information in policy, on their website, and in various documents in the facility. During interviews inmates were aware of the postings, handbook, and unit binder and their right to report on behalf of another and also that someone including family could report on their behalf.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.54 and all aspects therein. There is no corrective action required.

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 retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ 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? ☒ Yes ☐ 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? ☒ Yes ☐ 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 third-party 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy, "report of sexual assault/rape or sexual harassment
- 3) Facility Training Policy and Power Point
- 4) Discussion with the county human resources personnel
- 5) Interviews with PREA Coordinator and Warden
- 6) Interviews with staff
- 7) Staff confidential reporting form 100.22
- 8) PREA mandatory report record of victims under 18 and vulnerable adults (form 100.29-4)
- 9) Prime Care PREA Policy

a.

In review of the PREA policy the facility outlines therein that staff, volunteers, and contractor upon receipt of an allegation, learning of an incident that may have occurred elsewhere, their witness to an incident, or their suspicion they must immediately report to a supervisor.

The policy also included the immediate reporting of any issue of retaliation past or present in relation to a report of abuse or harassment. The section does include information regarding a staff member neglect or violation of duty that lead to or could have resulted in sexual abuse/harassment.

During my interviews with staff, they could site the section of the policy and list their reporting duties as they relate to any abuse. They also could explain the jail's policy on neglect and also that they were responsible for assuring an inmate whom reported were free of retaliation from staff and inmates. Some were very detailed indicated their mandated duties under Pennsylvania law and that they could be criminally charged for not providing proper care in their roles at the jail.

b.

Under "Staff Reporting Procedure" of the PREA Policy, staff are mandated to report, no matter the source and are to report immediately verbally and in writing using the Confidential Reporting Form. The policy also stresses that the information is confidential in nature.

Staff including contractors that were interviewed were aware of the confidential nature their reports. The Power Point annual training also stressed that all information was to be kept confidential.

c.

As stated earlier, contractors, including medical staff must report immediately any allegation, previous allegation, retaliation incident, etc. to a supervisor at the facility. Under Pennsylvania licensing

standards for medically licensed personnel they are mandated reporters and are subject to loss of license and prosecution for not rendering assistance. They also must notify the inmate that they are mandated reporters and the level of confidentiality they are required to maintain.

This was also disclosed by the HSA during our interview and part of the Prime Care PREA Policy and she indicated her responsibility as their manager at the facility.

d.

According to the PREA coordinator and listed in policy, the facility will if a youthful offender is a victim or deemed vulnerable to sexual abuse, they would contact Childline, the Pennsylvania Department of Human Services hotline for the care and custody of youthful offenders. This information is provided in the PREA Policy, inmate handbook, and unit binder for the inmates. It should be noted that the facility does not house youthful offender but would have custody of them in a contracted facility. According to policy, PA State Police will be contacted and the PREA coordinator will complete form 100.29-4 "PREA mandatory report record of victims under the age of 18" and contact Childline.

e.

In discussions with the Warden and PREA coordinator, all allegations of sexual abuse and assault are reported to under policy to an investigator. All facility sergeants are investigators and will immediately start an investigation and notify the PREA coordinator and PA State Police if necessary.

When speaking with staff, they could explain that they immediately notify the sergeants whom begin the investigation. Staff indicated that they would complete their report to the sergeant and be available for any future questions in the incident.

Summation

The Auditor triangulated the information of the standard with the written PREA policy and Prime Cares PREA policy and the information gathered from interviews with staff to confirm the facility follows this standard. There are steps built in that both management and line staff could discuss and give feedback on.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.61 and all aspects therein. There is no corrective action required.

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*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit questionnaire
- 2) PREA Policy – Real-time response; First responder duties
- 3) Discussion with the PREA Coordinator and Sergeants
- 4) Interviews with staff

a.

PREA Policy dictated that the Indiana County Jail will take immediate action to protect an inmate whom is in danger of imminent sexual abuse, referring to a “real-time” incident. Upon an issue presenting, staff are to notify the sergeant immediately to respond to address the potential concern. The officer is to assure the inmates safety until a supervisor arrives. The sergeant will immediately secure the individual and offer protections to the individual.

According to staff, they would secure the unit and assure the inmate is separate from potential abuser(s). Immediately notify the sergeant to report to the unit and advise them of the concern for the inmate’s safety. The Sergeant state they would immediately arrive, speak to the officer and the inmate and begin the process to address the situation.

Summary

This Auditor was able to review the data in the PREA policy and compare it with the interviews of staff and management to see and understand the steps the Jail would take to secure the safety of the inmate while working within the parameters of the policy.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.62 and all aspects therein. There is no corrective action required.

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? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy – Reporting to other confinement facilities
- 3) Interviews with Warden and PREA Coordinator
- 4) PREA Form 100.29-6, PREA Report – Other Confinement Facilities

A, b, c, d.

The auditor reviewed the PREA policy section regarding reporting to other confinement facilities. The policy states that upon an allegation being reported occurring to an inmate in the custody of the Indiana County Jail the Warden, PREA Coordinator, or Deputy Warden of Facility Services in the absence of

the warden call the facility in question where the allegation occurred and al notify that facilities investigative authority (PA PSP, District Attorney, local police, etc.) via phone. This notification will occur in less than 72 hours after the inmate came into the jails custody and form 100.29-6 will be sent to the facility and all necessary agencies.

In discussions with the Warden and PREA coordinator, they have made 2 such notifications over the past year to local county jails/corrections facilities of alleged investigations. Both referrals were provided for this auditor to review.

PREA policy also addresses any report provide to the Indiana County Jail from another facility reporting an allegation of abuse. When this occurs the policy dictates that the facility administration will notify the shift sergeant and the a PREA investigation will begin.

According to the Warden and PREA Coordinator the facility has not received any notifications from other facilities in the past year.

Summation

The Auditors evaluation of the overall policy and information provided from the Warden and PREA Coordinator show a protocol and follow through on the part of the facility. Evidence was provided showing 2 reports filed to other correctional facilities.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.63 and all aspects therein. There is no corrective action required.

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 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
- 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy – First responders to abuse/Assault in Progress
- 3) Interviews with Warden and PREA Coordinator
- 4) Interviews with Staff
- 5) Employee Training Documents – First responder duties
- 6) Power point – annual PREA update training

a.

The auditor reviewed the PREA Policy related to First Responder duties, conducted interviews with staff, the Warden and PREA Coordinator, and reviewed the annual training related to first responders. The policy states that the first responder will verbally order the actor(s) to stop, call the appropriate code response for the sergeant/medical/additional staff to respond. They are to be aware of all involved in the incident, secure the crime scene for further processing. Policy indicates that the scene must be secured and victim(s)/abuser(s) are to be separated, and kept from destroying any physical evidence that could be collected.

b.

According to the PREA Coordinator, Warden, and staff/contractors interviewed all personnel receive first responder training to have the ability to initially handle the situation and assure crime scene evidence preservation.

During my interviews with staff and medical contractors they all could explain to me with the role of a first responder is, and how they would assure safety of the victim(s) and also securing the crime scene and physical evidence. The all spoke of not washing or changing clothes, not cleaning the area, etc.

The policy discussed proper techniques of dealing with a victim to not "re-victimize" them. Staff could explain how they should speak to victims, not assign blame, etc. When speaking with the HSA from Prime Care she indicated their training through Relias provides for techniques to comfort victims of sexual abuse when addressing an incident.

Summation

The Auditor feels the policy criteria and the information feedback from all staff interviews knowing their roles as first responder was clearly understood by all and they could when ask to give specific detail to responding to a sexual assault in the facility, this meeting this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.64 and all aspects therein. There is no corrective action required.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy – First responders; Supervisor on Scene
- 3) Facility Code Response Policy
- 4) Interviews with Warden, PREA Coordinator
- 5) Interviews with Sergeant
- 6) Interview with HSA
- 7) Employee Training Documents – First responder duties

a.

The Facility has coordinated responses for a multitude of incidents that could arise at the facility. In cases of a PREA allegation/abuse, the officer in the housing unit would activate their alarm and announce a “Code White” that coordinates security personnel, management, and medical to immediately respond to the area as quickly as possible. The Sergeant would assume command of the incident upon arrival and coordinate services and have staff secure the scene.

The HSA indicated that staff from Prime Care medical will respond immediately to a code white with a portable medical bag and provide medical assistance as needed to inmates and security staff while managing the incident.

While at the facility a code white was called for a security concern in housing unit (non-abuse related) and I was able observe security, management, and medical personnel respond to the unit in a coordinated effort to address the issue. When the code was done complete the facility returned to normal operations.

Summation

The Auditor found enough evidence to show staff knowledge of the PREA policy and facility response policy is evident and the necessary tools are in place to meet the standards as outlined in their PREA Policy and was easily articulated among staff interviews.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.65 and all aspects therein. There is no corrective action required.

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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-audit Questionnaire
- 2) Facility PREA Policy – Protection from abusers section
- 3) Interview with the PREA Coordinator
- 4) Collective Bargaining Unit Agreement with the United Mine Workers of America (UMWA)
- 5) Collective Bargaining Unit Agreement with the ALF-CIO

a.

The Indiana County Jail corrections officers are members of the United Mine Workers of America (UMWA) and the sergeants in a meet and discuss and have a collective bargaining unit agreement in place. The PREA policy stated that the Indiana County Jail will not enter into any collective bargaining unit agreement the will limit the ability to remove staff whom are alleged sexual abusers from contact with inmates pending the outcome of an investigation.

The PREA Coordinator indicated that specific clauses related to PREA were placed into the agreements several years ago. I have some background with this in my previous role as a Warden. We were one of the first facilities with the UMWA to in act a clause related to PREA requirements. We worked with union management providing them with training on the law and the law's requirements to establish working for any future contract in facilities that they represented.

Summation

Through review of agreements, discussions with the PREA Coordinator this auditor was able to show that the facility has met the components of the standard with the information placed into the bargaining agreements.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.66 and all aspects therein. There is no corrective action required.

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 established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- 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? ☒ 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: 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
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☐ 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*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy – Protection from retaliation section
- 3) Interview with the PREA Coordinator
- 4) Interview with Sergeant
- 5) Inmate handbook and unit binders

a.

The Jail PREA policy states that the will strictly enforce protection from retaliation for both the inmates and the staff the report sexual abuse/harassment or those that cooperate with such investigations. The PREA Coordinator indicated that retaliation monitoring according to policy is designated to the sergeants for monitoring. If they suspect any retaliation has occurred, they will immediately notify the administration.

b.

Policy describes multiple measures to assure there is not retaliation can occur including but not limited to removal of the alleged staff member or inmate from contact with the victim. Provide emotional support services to the inmates and staff whom are concerned over potential retaliation.

The PREA coordinator stated that they will first look at separation to assure no issues. The Sergeants will meet with the victim/reporter to discuss their right to be free from retaliation and how to report to them if there are any issues that arise.

c.

Policy dictates that when a sexual abuse report is made the sergeants and administration at the jail will monitor the conduct and treatment of inmates or staff who have made the report. They will see if there are any changes that suggest retaliation by an inmate or staff.

If any retaliation is found, policy states that immediate action will be taken to remedy any such retaliation. Remedies include but are not limited to housing unit changes programming changes, staff reassignment or discipline up to and including termination.

Under present policy, the sergeants will handle the monitoring for anyone reporting sexual abuse/harassment. When speaking to them they indicate they conduct monitoring in a couple of ways. Directly speaking to the inmate/staff member and sometimes monitoring behavior or from afar to assure there is no retaliation. They along with the PREA Coordinator will if necessary extend the 90-day monitoring to if a need arise.

d.

As indicated the monitoring will include direct and indirect status reviews looking at a multitude of items. Sergeants explain that they will look into issues with the inmate including changes in status, housing, programming, disciplinary status, etc. They explained that they look at several issues to assure they are safe.

e.

According to Policy and discussion with the PREA Coordinator, all individuals involved in an allegation from the victim to any witnesses are put into protocol with the sergeants and administrative to assure they are not retaliated against even if they do not express a concern. This was also confirmed with speaking to one of the sergeants.

Summation

The Auditor found that the Facility policy and discussions with the PREA coordinator and sergeant conformed the necessary detail for the standard and they were able to express their knowledge on how to properly assure someone is free from retaliation and could give examples on handling this thus meeting the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.67 and all aspects therein. There is no corrective action required.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Facility PREA Policy
- 3) Interview PREA Coordinator
- 4) Interview with Deputy Warden of Inmate Services

a.

The auditor viewed information from the pre-audit questionnaire that outlined section 115.43 Protective Custody and discussed the same with the PREA coordinator and Deputy Warden of Inmate Services. As indicated earlier, the agency use of protective custody is not voluntary is only on an emergency basis and they will afford all available programming, work privileges, etc. of general population to the inmate. The facility has not used emergency/involuntary protective custody over the past year. According to the PREA coordinator they have addressed all issues through alternative housing options such as delta unit.

During my inmate interviews, there was no indication of placement in protective custody by any inmate whom had been involved in an allegation or incident.

Summation

It is this auditors' findings that the facility meets the requirements of this standard. They have a Protective Custody policy to address if needed involuntary PC but have not had to use it in in the recent year of reporting. Their use of alternative housing units has given them the ability to address housing to keep inmates secure without the use of protective custody. This was explained through the PREA coordinator and discussed with the inmate population. The agency can meet the components of this standard by those that them meet in 115.43 Protective Custody.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.68 and all aspects therein. There is no corrective action required

INVESTIGATIONS

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)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 (l)

- 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 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy – Criminal and Administrative Investigations
- 3) Interview PREA Coordinator
- 4) Interview with Sergeants (PREA Compliance Managers)
- 5) Interview with the Warden
- 6) Facility Contract with The Pennsylvania State Police
- 7) Interview with Trooper Goswick from PSP
- 8) Review of alleged sexual assaults

a.

The auditor reviewed the PREA Policy, contract with the Pennsylvania State Police, and pre-audit material. According to their policy, the Indiana County Jail will conduct all administrative investigations at the facility. The Pennsylvania State Police will handle all criminal investigations per their contract with the facility. They will do this in a prompt, thorough manner and will always be objective when investigating allegation including that of 3rd parties and those provided anonymous.

The administration at the facility has identified the following as investigators; Warden, Deputy Warden, Sergeants, and PREA Coordinator. Each has successfully completed certified PREA Investigator Training that was offered at this facility by the Pennsylvania Prison Wardens Association in conjunction with the PREA Resource Center. I spoke with 2 Sergeants concerning their portion of the investigation and on information they received from their training certification. They were able to articulate the immediate response to any and all allegations no matter how they were received. They also indicated that when they received an allegation and began their investigation they would gather as much detail from those involved. They stated they are open-minded and look at the facts of the investigation even if it involves a staff member to remain objective. As indicated earlier I was also able to interview Trooper Goswick from the PA State Police. She also attended the investigators certification as well as being a certified criminal investigator with the State Police. She too said that she looks at the facts of the case and not who is involved to assure that she is thorough in making a determination as she is with every case she investigates.

b.

The jail has multiple investigators in the facility that have completed a certified PREA Auditors training certification. I was provided with the training log sheets and staff individual files to review regarding this certification as well as a copy of the training curriculum to review. The logs and files provided this auditor with dates, times, and signature lines from all employees verifying that they have completed the necessary training. I did speak with 5 of the facility administrative investigators during the onsite audit as well as 2 phone interviews with the PSP investigator Trooper Goswick. They all were able to articulate their duties, the basis of their investigation to be objective and remain neutral to assure a proper investigation. The facility was proactive and has hosted investigator training in the past to assure that all their administrative staff are certified and available when needed.

c.

As noted in PREA Policy, the investigation information will be compiled by the investigator(s) working on the allegation. They will gather any and all evidence in the case including videos, reports from staff and inmate witnesses, take photos if necessary and conduct interviews with alleged victims, witnesses and perpetrators. While interviewing the PREA Coordinator, she provided me with complete

investigative packets that have been completed. Included in the packets were initial reports, statements from inmates, investigative notes, video cd if applicable, and standardized findings forms for the entire investigation. When speaking with a Sergeant, he indicated when notified of an allegation, he immediately has all staff members complete their report and starts his investigation, interviewing the victim and perpetrator as well as witnesses in the area. He stated that if criminal in nature all of his documentation is forward to the PSP investigator as well for their investigation. He discussed his previous experience with conducting investigations into allegations of sexual abuse/harassment and was able to provide detail into the process he would use.

I had the ability to interview an inmate who was under disciplinary status for a sexual harassment incident. He did indicate that he was interviewed by the Sergeant as to what occurred (It should be noted that this individual did admit to what he did, but he doesn't feel it should be a violation). In that specific case, I was able to review the investigative file on this case. Included there in were statements from the victim and perpetrator as well as staff members and inmate witnesses in the housing unit at that time.

While interviewing Trooper Goswick she spoke of the role of the Pennsylvania State Police in criminal investigations at the facility. If contacted for an investigation, she stated they would immediately go to the facility and meet with the initial investigator from the jail and review any evidence (including reports, video evidence, general evidence, etc.). They would conduct additional interviews with victims, perpetrators, and witnesses. She discussed her previous investigations at the facility and her ability to access the facility with full cooperation of the facility staff. According to the Trooper, PSP has specific investigative criteria and documents they would complete for the preservation of evidence and reports. These documents were also noted in the investigative files I reviewed at the facility while onsite.

d.

According to the PREA Coordinator and PSP Investigator Goswick, if an investigation is substantiated it will be referred to the County District Attorney's Office for potential prosecution. At that time the DA or designee will determine if subsequent interviews will be completed. They indicated that they would meet with the DA or ADA and they would decide on this. Trooper Goswick indicated that they may or may not, depending on the prosecutor's view.

This was noted in the policy and an example was provided by the trooper where she did conduct further interviews at the request of the ADA handling the case.

e.

As outlined in the PREA policy credibility will not be measured as to the status of the individual making the allegation if they are an inmate or staff, but it will be determined on an individual basis. When I reviewed several of these files and documents, it was noted that the reports were written on facts or provided statements only, showing no judgement or stipulation into an individual. During my interviews with a Sergeant, he stated he remains objective, looking at the evidence in the case not the individual making the allegation. He mentioned keeping an open mind and considering the facts, not the person making the allegation. The PREA coordinator stated that they look at all allegations to examine the fact if it did or didn't occur, not whom is making the allegation. Trooper Goswick also reiterated being "fair and impartial" when conducting an investigation and interviews, stating she looks at the facts in the case.

According to the PREA policy and discussion with the PREA coordinator, the facility will not require an inmate who alleges sexual abuse to submit to a polygraph exam or other truth-telling devices. In

review of investigative files, it was noted that no documentation was present indicating that a polygraph or similar device was used. No inmates interviewed that they were ever asked to take such exams.

f.

According to the policy, investigators shall include efforts to determine if staff actions or failure to act caused or contributed to the abuse. The coordinator indicated that this information is also used to determine if an operational change or physical plant should occur. In the past, she stated they used the information to increase cameras in some areas they thought such investigations showed blind spots. The Sergeants that have completed investigations state that they report on all physical plant issues, lapses in procedure, and also staff failures that may occur. When they meet with the PREA Coordinator, they will present their findings and make recommendations. It was noted that the facility publishes investigation numbers annually and included information therein related to breakdowns in operations or physical plant if they exist and corrections that were made as a result.

Policy indicated that all investigations are documented including evidence, statements and reports. It also requires documentation for credibility assessments and how this was ascertained. When reviewing files on completed investigations, the facility uses clear documents to identify the initial reports, statements that were taken, lists of those interviewed and their role (witness, perpetrator, victim, etc.). They are kept secure by the PREA coordinator. Upon reviewing the documents, they were well organized and easy to follow. Included therein were the allegation reports, the full investigation including documents listed above and a clear findings sheet and reason for the findings including if it was referred for prosecution. There were no credibility information, or questions to an inmates credibility located in these files. According to the PREA Coordinator and Trooper Goswick, they have not had a need question the credibility thus far, evidence has supported or made the allegation unfounded without a credibility issue.

g, h, i, j.

As with administrative investigations, records on criminal investigations are maintained in the same manner. The State Police will provide documentation to the facility to maintain with the administrative file on the case.

According to policy and through discussions with Trooper Goswick and the coordinator PSP is brought in for all criminal investigations as soon as the Sergeant begins their review. The State policy will also investigate and referred to the District Attorney for prosecution.

Policy indicates that all documentation will be maintained the length the abuse is incarcerated or employed plus 5 years. According to the coordinator she maintains all investigative records securely in her office. She verified the records retention policy as stated in the standard.

The coordinator explained that their policy dictated that the departure of the accused abuser does not mean that the investigation will be terminated. This includes inmates moved for court-related issues and staff whom may resign or be terminated. This is noted in the PREA policy and was also discussed with Trooper Goswick. She also indicated that the investigation would continue as with all other cases.

k.

As indicated, the facility has a contract with the PA State Police for completing criminal investigations. PREA policy and the contract state that the facility will grant PSP investigators full unrestricted access to the police for completing their investigations.

During my discussions with Trooper Goswick she indicated a very good working relationship with the jail and she had been given full access as needed during any investigation. The PREA Coordinator also indicated that they have a very good relationship with the police. She said they (the police) are an extension of the jails investigation and will be provide all necessary access and time to properly complete this process.

Summation

The policy and document review along with the information provided by the State Police investigator, PREA coordinator, Sergeants, and Warden have led the auditor to evidence that the agency meets the requirements of this standard regarding criminal and administrative investigations. The written policy and the ability to articulate this were clear.

Based on available evidence and analysis at the facility this auditor has determined that the facility meets standard 115.71 and all aspects therein. There is no corrective action required

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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) PREA Policy – Criminal and Administrative Investigation
- 3) Interview with the PREA Coordinator
- 4) Interview with Trooper Goswick, PA State Police

a.

The Auditor reviewed the PREA Policy – Criminal and Administrative Investigations that stated, “The Indiana County Jail shall impose no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated”. During Interviews both the PREA Coordinator and Trooper Goswick were able to vocalize this as part of their procedures for investigations. She explained her mandate under Pennsylvania and Federal law related to proper investigations and requirements under due process, relying on the facts of an investigation and the evidence therein.

Summation

The PREA policy and the information provided from interviews shows that the facility follows and understands this section and follow the standard. Through their use of the Pennsylvania State Police, they use standards required under state and federal law to assure due process, proper evidence collections, and that they have done due diligence in proper evidence collection to support their investigation.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.72 and all aspects therein. There is no corrective action required.

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

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? ☒ 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?
☒ Yes ☐ 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.

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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) PREA Policy – Reporting to Inmates
- 3) Interview with the PREA Coordinator
- 4) Interview with targeted resident
- 5) PREA Report Form 100.29-11

a, c, d.

The auditor reviewed the PREA Policy that indicated, "Upon completion of the investigation the inmate will be notified if the allegation were substantiated, unsubstantiated or unfounded". It goes on to discuss that if a staff member was involved the inmate will be notified, "when the staff member is no longer posted on the inmates housing unit; if they are no longer employed by the jail; the jail learns the staff member has been arraigned on sexual abuse charges; the staff member has been convicted on charges of sexual abuse".

e.

The PREA Coordinator provided the PREA Reporting Form #100.29-11 that is used to notify the inmates of the finds after the report and investigation of an allegation. She indicated they she keeps these documents on file with the original investigative packet maintained under the PREA records keeping standards.

I was also provided a copy of a completed from January 2019 provided to an inmate making an allegation on the hotline. The case was investigated criminally by the state police and deemed as unfounded. The document is dated and signed by the trooper as well as the Sergeant and PREA Coordinator.

Summation

The Auditor through review of policy and interviews determine witnessed the information as it is provided to the inmate to report the investigation and any findings in the allegation. The statements provided in conjunction with the policy indicate that the facility is complying with notifying the inmates of the findings. There is evidence to show that adequate reporting to the resident occurred.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.73 and all aspects therein. There is no corrective action required.

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)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

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: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy – Staff Discipline
- 3) Interview with the Warden
- 4) Discussion with Human Resources
- 5) Interview with PREA coordinator

a, b.

This Auditor reviewed the PREA Policy – Staff Discipline section that states, "All staff will be subject to discipline up to and including termination for violating the PREA policy and standards. Termination will be presumptive action for staff who engage in sexual abuse."

During my discussion with the Warden and coordinator they explained that they review each issue on a case by case basis but believe that most violations of PREA-related issues and abuse, specifically around a zero-tolerance policy would result in termination.

It is also noteworthy that the jail outlines in their policy what could criminally occur to staff if convicted in such a case. The same is true for "any sexual contact". Under Pennsylvania law, an inmate cannot consent with an employee, volunteer, or contractor at a facility, it is a felony and known as "Institutional Sexual Assault".

c.

The PREA policy states that disciplinary sanctions for violations of this policy (other than actually engaging in sexual abuse) shall be corresponding in size and nature to the circumstances of the act committed, the staff members disciplinary history and those sanctions imposed on other staff for similar incidents.

The Warden shared that although they have a say in disciplinary action, it is ultimately levied by the Prison Board and the County HR Department. In speaking to HR staff, I was advised that they would take recommendations from the Warden and would levy it based on the criteria as described in this policy.

d.

Policy dictates that any allegation of sexual abuse is reported to law enforcement for investigation and prosecution regardless if the alleged perpetrator resigned before instead of termination. The same is true for those under licensing. For example, a nurse would be reported due to the licensing body over her work.

Summation

Upon review of the policies and discussion with the Warden and Human Resources the auditor was able to see the policy in place and how management would act on that actions of staff. I can see the

alignment of the elements of the standard in the facilities policy. When speaking with staff they all knew what the policy stated and that they could lose their job or be prosecuted.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.76 and all aspects therein. There is no corrective action required.

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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-audit questionnaire
- 2) PREA Policy – Staff Discipline: Contract employees and Volunteers
- 3) Discussion with the Warden
- 4) Discussion with the PREA Coordinator
- 5) Discussion with the Deputy Warden of Facility Services
- 6) Volunteer/Contractor training
- 7) PREA Volunteer & Contractor Training Record, form 100.29-7

a.

PREA policy states that contract employees and volunteers who engage in sexual abuse/harassment shall be prohibited from contact with inmates and will be reported to the PA State Police unless the activity is clearly not criminal.

The jail will also contact any licensing agency for example if the contractor is a nurse licensed in Pennsylvania.

In discussions with the contracted employees they were ask about their engaging with inmates, and immediately indicated that they would be fired. When ask to explain further, they both indicated that that was unacceptable both ethically and, in their status, working at the facility. They discussed their licenses with the state as nursed and indicated they would also not be able to work in the medical field again.

b.

Also addressed in policy is if a volunteer/contractor violates PREA policy and/or zero-tolerance policy, the Indiana County Jail will take appropriate measures and will consider prohibiting further contact with inmates and the facility.

In speaking with management at the facility and reviewing the volunteer/contractor training and record, the facility outlines that a claim of consent as an affirmative defense will not be accepted. They also outline that such a violation could not only result in removal and criminal prosecution against the individual but could result in termination of the vendor contract. All three managers of the facility indicated that substantiated allegations would be grounds for them to remove the volunteer/contractor permanently from the facility.

Summation

The Auditor reviewed the Facility PREA Policy, pre-audit information and interviewed all management at the facility while reviewing the components of this standard. Interviews with contractors provide information that staff and contractors were aware it was not permitted and it would result in criminal issues and the loss of their employment/access to the facility. They have a clear policy and training program for volunteers and contractors when addressing any case of sexual abuse/harassment.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.77 and all aspects therein. There is no corrective action required.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

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)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

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)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☐ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy – Disciplinary Sanctions - Inmates
- 3) Interview with PREA Coordinator
- 4) Inmate handbook and unit binders
- 5) Jail Disciplinary Policy 300.04
- 6) Interview with the Warden
- 7) Interviews with restricted housing inmates

a.

The auditor reviewed the PREA Policy, section on Disciplinary Sanctions for Inmates that states, "Inmates will be subject to disciplinary sanctions under the Indiana County Jail Disciplinary Procedures Policy 300.04 following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse after the criminal investigation is complete".

b.

Sanctions will be in line with the nature and circumstances of the abuse committed, including a review of the inmate's disciplinary history and the sanctions imposed for comparable offense by other inmates.

c.

The facility will take into consideration the inmates mental disabilities or mental illness if it contributed to his or her behavior when determining what type of sanctions to impose. According to the Deputy Warden of Facility Services, this is taken into consideration in all disciplinary misconduct hearing to assure they are addressing the underlying needs of the inmate and getting to the root of the issue that may be causing the inmates behavior.

d.

According to the PREA Coordinator, the offers counseling and mental health services through facility counselors, Prime Care Medical and a county mental health counselor that is contacted for the facility a

few days per week. The county policies states that the jail will decide on an individual basis to require the offender to participate in therapy or counseling. According to the Deputy Warden, this may be done during the hearing or upon program review after and throughout periodic reviews of the inmate's disciplinary status.

e.

The Jail may discipline inmates for sexual contact with staff ONLY upon finding that the staff member did not consent to the contact. The policy also indicates that the State Police will conduct a criminal investigation into the incident. On a side note, Pennsylvania title 18 does not allow a staff member to have consensual contact with an inmate, it is classified as Institutional Sexual Assault".

f.

"Good Faith" reports of sexual abuse based upon a reasonable belief that the alleged conduct occurred shall NOT constitute falsely reporting and incident or lying even if the investigation does not provide enough evidence to support the allegation.

While reviewing this standard, I had the opportunity to interview two (2) inmates whom were housed in disciplinary confinement, one was there on a disciplinary violation of the PREA Policy. As I discussed the policy with the inmates they both could tell me that the that they have information on the PREA policy and disciplinary policy in their handbook and it was also provided in the housing unit in the unit binder. The inmate whom is serving disciplinary time for an administrative violation under PREA Policy for harassment. Although he was unhappy, thinking PREA goes too far he did understand what he did in relation, he just didn't agree with the use of PREA in discipline.

The Warden and PREA Coordinator walked me through their disciplinary procedures that meet Wolfe-McDonald standards for disciplinary sanctions. All inmates receive and inmate handbook that in addition to PREA Standards outlines the jails disciplinary policy. The disciplinary policy does have appeal rights built within for all inmates to be afforded the right to appeal their decision through the chain of command. The inmates interviewed were aware of the handbook and also their appeal rights therein related to disciplinary standards.

Summation

The auditor was able to review the policy and see the components of this standard were present in both the PREA and Inmate Disciplinary policies. The interview with a targeted inmate's provided background to the agencies policy met the components of the standard and were easily accessible to all inmates

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.78 and all aspects therein. There is no corrective action required.

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?
☒ Yes ☐ 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? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) PREA Policy – Medical and Mental Health Care
- 3) Contract for Medical and Mental Health Services between the jail and Prime Care Medical
- 4) Prime Care Medical PREA Policy
- 5) Interview with Prime Care HSA, Regional Manager, and Company President
- 6) Interview with the PREA Coordinator
- 7) Services provided by the Alice Paul House
- 8) Interviews with Inmates

a, b, c.

The auditor reviewed the facility PREA policy – Medical and Mental Health section, contract between Prime Care medical and the county, as well as Prime Care's company-wide PREA policy. Although not a "Prison", the facility and its' medical provider have protocol in place to address the components of this standard.

According to the PREA policy, the facility during intake and by medical personnel will screen inmates for prior sexual victimization, "whether it occurred in a jail or community setting. The jail staff will ensure that the inmate is offered a follow-up medical or mental health professional within 14-days of the intake screening.

The facility under their policy will also ensure that any inmate whom indicates that they have perpetrated a sexual abuse, no matter where it occurred will ensure that the inmate is offered follow-up meeting with mental health professionals within 14-days of commitment to the facility.

I had the opportunity to interview the Health Services Administrator for Prime Care Medical concerning the services they offer to the facility. She indicated that Prime Care corporate policy also address this standard and they see, upon receiving the screening documentation would meet with the inmates and discuss the services, making them available to the inmate.

d, e.

PREA policy dictates that information related to a sexual victimization or abusiveness that occurred in a jail setting will be limited to medical and mental health professionals and other staff only as needed for treatment plans or security and management decisions.

The policy indicates that medical and mental health professionals shall obtain informed consent from the inmate before reporting prior sexual victimization that did not occur in a jail/prison setting unless the inmate is under 18 years old.

When speaking to the HSA, she stated that all inmates are screened within the first 24 hours by her nurses and determining prior victimization or perpetrator are part of this screening. When someone falls into these criteria they will offer the services, schedule them if wanted and speak to the inmate to complete an implied consent form. As an example, she would have them see the facility doctor if medical treatment was requested, and have the corporate Psychologist see them. They also would use the contracted county mental health counselor as needed.

During interviews with inmates and discussing medical evaluations upon their commitment to the facility, they could verbally walk me through the process and recalled questions about previous victimization and/or involvement in a sexual abuse. They indicated these questions were also presented to them through booking and again when speaking with counselors.

Summation

The auditor was able to review the jail and medical provider policy and see the components and how they work. The HSA was able to articulate the policy and how the inmates are screened and how they offer services to an inmate. Inmates could explain the process to me and indicated that they are asked on more than one occasion. The steps the facility has in play work within the components of the standards.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.81 and all aspects therein. There is no corrective action required.

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?
☒ Yes ☐ 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? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) Facility PREA Policy – Emergency Medical and Mental Health Services
- 3) Contract with the Alice Paul House
- 4) Prime Care Medical PREA Policy
- 5) Interview with the PREA coordinator
- 6) Interview with Health Services Administrator
- 7) Discussion with Indiana Regional Hospital SAFE/SANE Program

a.

The Auditor reviewed the PREA policy – Emergency medical and mental health services portion that states, "All victims of sexual abuse will receive in a timely manner emergency medical treatment and crisis intervention services. The jail through Prime Care Medical and the Indiana regional medical center for forensic medical exams".

According to the PREA coordinator, nurses on duty with Prime Care would provide the Indiana Regional Medical Center with necessary information and request a SANE nurse available upon the arrival of the inmate at their facility. Prime Care has a contract for medical services with the Indiana

regional medical center. The Sergeant on duty handling the incident would contact the Alice Paul House to have crisis intervention services available to the victim as soon as they arrive at the hospital.

b.

Prime Care medical qualified medical staff available 24/7 at the Indiana County Jail and provide for all medical needs (including emergency) at the facility. In the past year, the Jail was able to have their contract upgraded to provide 24-hour care 7-days a week. Prior to that there was no coverage on the overnight shift. The Warden was very happy to have the county pay for the extended hours, assuring that a medical professional was now available 24/7.

c, d.

PREA policy indicates that inmates at the jail will provide emergency medical access free to the inmate without cost in a timely manner. This includes but is not limited to information about emergency contraception, sexually transmitted infections, prophylaxis where medically appropriate.

In discussions with the HSA and PREA Coordinator they indicated the both the facility Prime Care have policy concerning the components of this standard. They also indicated that they have not had any inmates need emergency medical care in relation to a sexual abuse or allegation over the last year.

Summation

The Auditor found that the facility PREA Policy, contract with the Alice Paul House, and the procedures of Prime Care Medical related to medical and mental health services specifically breaks down the standard components to address needs of inmates The PREA Coordinator, Sergeant, and HSA all could explain the steps used to get an inmate emergency medical care, addressing all the components of this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.82 and all aspects therein. There is no corrective action required.

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? ☒ Yes ☐ No

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.) ☒ 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.) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

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? ☒ Yes ☐ No

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) PREA Policy – Medical and Mental Health Services
- 3) Prime Care Medical – CoreEMR (Correctional Electronic Medical Records) System
- 4) Contract with the Alice Paul House
- 5) Interview with the PREA Coordinator
- 6) Interviews with the Counselors

a, b, c.

The Auditor reviewed the pre-audit questionnaire and PREA policy on medical and mental health care the outlined continued care for all inmates of sexual assault including any that occurred in another confinement facility or in the community. The facility counselors and prime care medical will provide ongoing counseling, medical, and mental health services both inhouse and through outside community providers such as the Alice Paul House.

According to the HSA Prime Care will develop an action plan for anyone under care when released that could include pre-scheduled mental health care through the county agency, follow up counseling with a local provider, etc. She also stated that the continuity of care offered at the facility is equal to that on the outside. The agencies and contractors that come into the facility practice in the community already.

d, e, f, g.

As indicated under 115.82, the jail policy and that if Prime care medical state that any victim of sexual abuse will receive free medical care and will receive comprehensive information about and timely access to lawful pregnancy-related medical services and testing for sexually transmitted infections.

In discussions with the PREA Coordinator and HSA they could explain the details of the policies and how the SANE program along with the Alice Paul House victims advocate would work directly with the inmates on these issues as well as staff from Prime care.

h.

N/A – The facility is a county jail.

Summation

The Auditor reviewed the information provided and the answers to questions ask to review the components to get a picture of this standard. The Coordinator and HSA provided detailed information about the process for services to inmates both through internal and external resources to meet the components of the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.84 and all aspects therein. There is no corrective action required.

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: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ 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

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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PRE-Audit Questionnaire
- 2) Facility PREA Policy – Sexual Abuse Review
- 3) Facility Data collection report
- 4) Interview with the PREA Coordinator
- 5) Interview with Deputy Warden of Facility Services
- 6) PREA Form 100.29-12, Sexual Abuse Review Form

a.

The auditor reviewed the Pre-audit questionnaire and the PREA Policy – Data collection as well as discussed, the same with the PREA Coordinator. The facility according to policy and the coordinator conduct a “sexual abuse review” on all allegations following the investigation. The review will occur if the allegation is substantiated or unsubstantiated but will not occur if the allegation is unfounded.

b.

It was noted in the policy an on documentation provide to this auditor to review that the review will and had occurred in 30-days. I was able to review previous data from incidents occurring in the past to see the handling of the investigation through the 30-day review.

c.

According to policy and in discussion with the PREA coordinator, the jail has the Warden, Deputy Warden of Operations (PREA coordinator), Deputy Warden of facility services, shift sergeants, HSA, jail counselors and the jail Psychologist.

d.

The review team will according to policy discuss and consider the following: need for change in policy practice to better prevent, detect, or respond to sexual abuse; was the allegation motivated by race, ethnicity, gender identity, LGBTI, or gang affiliation or another motivated group; Examine the location to determine if physical barriers facilitated the incident and recommend any corrective action; assess staffing levels of area and also all 3 shifts; determine if monitoring such as video, intercoms, or tours of the area should be changed or added.

e.

Through past practice, there is evidence that the agency made corrections after the listed administrative reviews. In discussion with the Warden and PREA Coordinator, they have increased facility cameras, added a security captain, and advanced their contract for medical services to cover the facility 24/7 with nursing staff.

Summation

The PREA Policy covers all necessary components of this standard. Through discussions with the Warden and PREA Coordinator, they have taken time in their reviews to make positive steps forward to advance the facility and learn from the information. They provide a clear picture and also back up information of how they have used their data collected to make corrections to the physical plant and also procedure to take a pro-active approach to correct action or take steps to keep it from occurring again. The Auditor was able to use the data along with his understanding of the process and component to establish that they are the components of the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility exceeds standard 115.86 and all aspects therein. There is no corrective action required.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

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?
☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) PREA Policy – Data Collections
- 3) Jail Website www.indianacountypa.gov
- 4) Interview with the PREA Coordinator
- 5) Interview with Trooper Goswick
- 6) PA Department of Corrections – County Jail Reporting Requirements

a.

The PREA policy indicates that all information collected from every incident/allegation investigation will include at 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.

b, c, d, e, f.

According to policy and the PREA Coordinator, the Indiana County Jail provides aggregated data collected for the Department of Justice no later than June 30th. She indicated that they contact all their contracted facilities to report on any individual being held for Indiana County. The data is also placed on their county website.

According to the PREA Coordinator she requests data from all other facilities, however there are times when they do not receive a response and complete the data for the DOJ without it.

Every January each county correctional facility in Pennsylvania is also required to report to the PA Department of Corrections Office of County Inspection their aggregated data. This data was provide to review.

During the pre-audit and on-site portion, I was able to review the data the facility keeps. They pull each allegation investigation and aggregate the data into a spreadsheet. It is very functional and easily reviewed. Because of their accurate and precise data collections they can easily gather inhouse data.

Summation

The Auditor through the agency-wide PREA policy and interview with the PREA Coordinator was able to correlate the policy and data I reviewed that was articulated by the coordinator. Because of how they handled this data throughout the year, it was easily accessible. This information together brings the facility into compliance with the components of this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.387 and all aspects therein. There is no corrective action required.

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: Identifying problem areas? ☒ Yes ☐ 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: Taking corrective action on an ongoing basis? ☒ Yes ☐ 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? ☒ Yes ☐ No

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

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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) PREA Policy – Data Used for Corrective Action
- 3) DOJ Annual data collection for the Indiana County Jail
- 4) PA DOC Office of County Inspection – annual statistical report
- 5) Interview with the PREA Coordinator

a.

The auditor reviewed the pre-audit questionnaire and the PREA policy section on Data used for corrective action indicating that the facility would aggregate in order to assess and improve the

effectiveness of sexual abuse prevention, detection, and response policy, practice and training. They complete the following: Identify problem areas; prepare annual reports of findings and corrective action. As with other annual reports, they compile this data and report annually to their prison board as well as listing the data in the county jail website that I was able to review.

According to the PREA coordinator the data has been helpful in assessing facility needs both in policy changes but also to justify budgetary needs for facility upgrades.

b, c.

The report is compared to previous reports and approved by the Warden then made public on the website and placed in the lobby area. Accordingly, they explained that they review the data from year to year looking for issues of concern and potential adjustments to operations or the facility.

I had the opportunity to review the report on the county's website. The report provided necessary PREA data that was aggregated from the year.

d.

The policy does allow the county to redact any information from the report that would present a clear and specific threat to the safety and security of the jail. It goes on to state that the nature of the redacted materials must be indicated. The data provided from last year did not have any redacted information.

Summation

This auditor was able to review the policy, collected and reported data and discussions with the PREA coordinator to triangulate the information showing the agency meet the standard. Reports presented were well organized and simple in nature and were openly published on the county website for review.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.388 and all aspects therein. There is no corrective action required.

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)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) PREA Policy – Data Storage, Publication, and Destruction
- 3) Interview with the PREA Coordinator

a.

This Auditor reviewed the pre-Audit questionnaire and the PREA policy that indicates that the jail will maintain all collected data including investigative reports in a secure manner. According to the PREA coordinator these items are secured in her office as required by the policy. The same is true of electronic records, they are kept there as well on a secure drive per policy. I was able to view her secure filing cabinet the she indicated is under hers and the Wardens control to assure safety and confidentiality.

b, c, d.

Policy indicates that all sexual abuse data will be published annually on the counties website and in the jail lobby. All personnel identifiers are removed before this report is published. The PREA Coordinator stated she is responsible for the data and generating the report that is approved by the Warden before being published. The data from the past 3 years was able to be viewed on their website.

Data, according to the policy and PREA Coordinator will be maintained for 10 years after the initial collections unless law requires otherwise. While onsite the PREA Coordinator took me to her office where she keeps everything secured in her personal filing cabinet and on a secure computer drive.

Summation

The information provided to the auditor to review has all the components to adequately meet this standard. I was able to view the information on the website and also see it secured in the PREA coordinators office. The PREA Coordinator provided detail of the storage and retention policy and how the data is made public.

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)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ 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 (l)

- 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

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*)

Instructions for Overall Compliance Determination Narrative

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

a.

The facility is a one build, one operation under the management of the Warden and Indiana County Prison Board.

b.

This is the first year of the current audit cycle, and the 3rd audit of this facility.

h.

The auditor was able to see all parts of the facility when touring.

i.

The auditor was given multiple document and more upon request during the onsite and emailed during the post audit.

m.

The auditor was given complete privacy in all situations at the facility. When interviewing inmates, I was permitted to use multipurpose rooms in the housing units. The room had windows, but the door was able to be closed for privacy when talking. The same was true for a secure room to work in when interviewing staff.

n.

Inmates were permitted to send confidential materials to the address provided. I received three (3) letters during the pre-audit phase.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 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*)

Instructions for Overall Compliance Determination Narrative

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

f.

This is the 3rd audit cycle for the Indiana County Jail. During my discussion with the PREA Coordinator she indicated that they placed their reports on their website immediately upon receipt. I was able to

review all report that were posted from the previous two audits. She disclosed that they did not receive the report from the 2016 audit until 2018 from that Auditor. It was posted immediately upon receipt.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.



May 27, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.