

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report: 08/20/2020

### Auditor Information

Name: Patrick J. Zirpoli	Email: pzirpoli@ptd.net
Company Name: Patrick J. Zirpoli LLC	
Mailing Address: 149 Spruce Swamp Road	City, State, Zip: Milanville, PA 18443
Telephone: 570-729-4131	Date of Facility Visit: 07/14/2020 – 07/15/2020

### Agency Information

Name of Agency: Wayne County Correctional Facility			
Governing Authority or Parent Agency (If Applicable): Prison Board			
Physical Address: 44 Mid-Wayne Drive		City, State, Zip: Honesdale, PA 18431	
Mailing Address:		City, State, Zip:	
The Agency 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
Agency Website with PREA Information: <a href="https://www.waynecountypa.gov/219/Sexual-Abuse-in-Our-Facility">https://www.waynecountypa.gov/219/Sexual-Abuse-in-Our-Facility</a>			

### Agency Chief Executive Officer

Name:	
Email:	Telephone:

### Agency-Wide PREA Coordinator

Name:	
Email:	Telephone:
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator:

## Facility Information

**Name of Facility:** Wayne County Correctional Facility

**Physical Address:** 44 Mid-Wayne Drive

**City, State, Zip:** Honesdale, PA 18431

**Mailing Address (if different from above):**

**City, State, Zip:**

**The Facility Is:**

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

**Facility Type:**

☐ Prison

☒ Jail

**Facility Website with PREA Information:** <https://www.waynecountypa.gov/219/Sexual-Abuse-in-Our-Facility>

**Has the facility been accredited within the past 3 years?** ☐ Yes ☒ No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe:

☒ N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**

### Warden/Jail Administrator/Sheriff/Director

**Name:** Warden Kevin Bishop

**Email:** kbishop@waynecountypa.gov

**Telephone:** 570-253-2621 Ext. 1500

### Facility PREA Compliance Manager

**Name:** Lieutenant Harold Derrick

**Email:** hderrick@waynecountypa.gov

**Telephone:** 570-253-2621 Ext. 1517

### Facility Health Service Administrator ☐ N/A

**Name:** Anna King

**Email:** aking@waynecountypa.gov

**Telephone:** 570-253-2621 Ext. 1534

### Facility Characteristics

**Designated Facility Capacity:**

210

**Current Population of Facility:**

53

**Average daily population for the past 12 months:**

53

**Has the facility been over capacity at any point in the past 12 months?**

☐ Yes

☒ No

Which population(s) does the facility hold?		<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:		Youthful Offenders through Adult	
Average length of stay or time under supervision:		178days	
Facility security levels/inmate custody levels:		Minimum through maximum	
Number of inmates admitted to facility during the past 12 months:		925	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		875	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		875	
Does the facility hold youthful inmates?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)		<input type="checkbox"/> N/A    1	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):		<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: Prison Transport <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:		80	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		12	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:		0	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:		2	

## Physical Plant

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
<b>Number of inmate housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	9
<b>Number of single cell housing units:</b>	3
<b>Number of multiple occupancy cell housing units:</b>	6
<b>Number of open bay/dorm housing units:</b>	2
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	8
<b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided?</b> <b>Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
<b>Investigations</b>	
<b>Criminal Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by:</b> <b>Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: ) <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	7
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (District Attorney Investigators <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

### Pre-Onsite Audit Phase

#### Audit Planning and Logistics:

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

#### Posting Notice of the Audit:

I forwarded the audit posting to the PREA Coordinator on May 27, 2020. The posting included the dates of the audit, purpose of the audit, my contact information and a statement regarding the confidentiality of any communication received. The postings were placed throughout the facility, including all housing units, visiting areas, recreational areas and all common areas. I verified the placement of the audit notices through time stamped photographs and during the onsite portion of the audit during the facility tour, and during the inmate and staff interviews. I did not receive any letters from inmates, nor staff.

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

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

#### Outreach to Community Advocacy Organizations:

I contacted the Victims Intervention Program who provides victim advocacy. They knew of no issues at the facility.

### Onsite Audit Phase

#### Site Review:

*The audit was conducted during the Covid 19 Pandemic and the facility was on lockdown. The Facility and Auditor took all necessary precautions outlined by the facility. These precautions included and universal masking for all staff, and visitors. During the facility tour social distancing was practiced. The staff and inmate interviews were conducted with the participants seated at minimum of 6 feet apart.*

I met with PREA Coordinator on July 14, 2020 at approximately 8:00 a.m. to conduct a briefing and facility tour. We discussed the onsite portion of the audit, including facility tour, inmate and staff interview location, and document review. During the tour I had the opportunity to view all areas of the facility. I interacted with both staff and inmates, as well as observed the interaction between the staff and inmates. I was able to verify the location of cameras throughout the facility, as well as the camera monitor locations. While on the housing units I observed the related PREA information, and Audit Postings. The facility utilizes a kiosk system for the inmates, the kiosk includes all PREA information. The facility also provides a video on PREA in the intake area on the television system. The PREA Information and Audit postings were further observed in common areas throughout the facility. While conducting the tour I reviewed log books on the housing units.

The inmate interviews began immediately following the facility tour. They were conducted in areas on the housing units. These areas provided privacy for the interviews. The inmates were randomly selected from inmates on the housing units. During this process I interviewed inmates in the following categories:

Interview Type	Number
Random Inmate Interviews	11
Youthful Inmates	0
Inmates with a Physical Disability	1
Inmates who are Blind, Deaf, or Hard of Hearing	1
Inmates who are Limited English Proficient	0
Inmates with a Cognitive Disability	3
Inmates who Identify as Lesbian, Gay or Bisexual	2
Inmates who identify as Transgender or Intersex	0
Inmates in Segregated Housing for High Risk of Sexual Victimization	0
Inmates who Reported Sexual Abuse	0
Inmates who Reported Sexual Victimization During Risk Screening	2
Total Inmate Interviews	20

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

The staff interviews were conducted in the same conference on both days of the audit. The facility was currently working three shifts, interviews were conducted on all shifts. During the process I interviewed staff in the following categories:

Interview Type	Number
Random Staff Interviews	14
Intermediate or Higher-Level Staff Conducting Unannounced Rounds and Intake Staff	2
Line Staff who Supervise Youthful Inmates	1
Education and Program Staff who Work with Youthful Inmates	0
Medical and Mental Health Staff	2
Administrative Staff	1
Volunteers and Contractors	0
Investigative Staff	1
Warden	1
Staff who Perform Screening	1
Staff who Supervise Inmates in Segregated Housing	0
Staff on the Sexual Abuse Incident Review Team	2
First Responders	1
PREA Coordinator	1
Total Staff Interviews	27

I conducted the interviews with all staff in the same manner, a preamble to the interview was related to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No staff refused to speak with me. All interviewed staff was asked questions related to the Random Staff Interviews, and if they were in a targeted category, they were then asked questions pertaining to that area.

The onsite documentation review was conducted during all days of the audit process. The onsite documentation was reviewed at the source, all files, and facility documents were retrieved by me.

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

<b>Documentation Reviewed Pre-Audit, Onsite Audit and Post Audit Phases</b>	<b>Applicable Standard</b>
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act	Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act	Standard 115.12: Contracting with other entities for the confinement of inmates
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Staffing Plan Facility camera locations Logs (showing unannounced rounds) – all shifts Facility Information from Website	Standard 115.13: Supervision and Monitoring
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act	Standard 115.14: Youthful inmates
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Pat Search Lesson Plan PREA Training PowerPoint (sample pages) Training Lesson Plan Training Transcripts Gender Announcing Memo from PREA Coordinator	Standard 115.15: Limits to cross-gender viewing and searches
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act PREA materials (Spanish translation):	Standard 115.16: Inmates with Disabilities and Inmates who are Limited English Proficient
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Applicant Questionnaire Contractor/Employee Request for Record Contractor/Employee Documentation of 5 year Criminal Background Record Checks for Staff Documentation of 5 year Criminal Background Record Checks for Contractors	Standard 115.17: Hiring and Promotion Decisions



Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act	Standard 115.18: Upgrades to facilities and technologies
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act MOU with Victims Intervention Program	Standard 115.21: Evidence Protocol and Forensic Medical Examination
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Investigative reports	Standard 115.22: Policies to Ensure Referral of Allegations for Investigations
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act PREA Training PowerPoint 2017 through 2020 PREA Training Rosters Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors	Standard 115.31: Employee Training
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Completed Acknowledgement Forms	Standard 115.32: Volunteer and Contractor Training
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Posters Posted on Units (regarding PREA and zero tolerance) Records for Inmates	Standard 115.33: Inmate Education
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Specialized PREA Investigation Training PowerPoint – relevant pages Training Records for Investigators	Standard 115.34: Specialized training: Investigations
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act PREA Training Training Rosters	Standard 115.35: Specialized training: Medical and mental health care
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Inmate Files	Standard 115.41: Screening for risk of victimization and abusiveness
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act	Standard 115.42: Use of screening information

Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act	Standard 115.43: Protective Custody
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Zero Tolerance Acknowledgements Signs on housing units	Standard 115.51: Inmate reporting
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act	Standard 115.52: Exhaustion of administrative remedies
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act MOU with Victims Intervention Program	Standard 115.53: Inmate access to outside confidential support services
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Facility website	Standard 115.54: Third-party reporting
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Investigative reports	Standard 115.61: Staff and agency reporting duties
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act	Standard 115.62: Agency protection duties
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act	Standard 115.63: Reporting to other confinement facilities
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Facility Investigations of Sexual Abuse and Sexual Harassment	Standard 115.64: Staff first responder duties
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Facility Investigations of Sexual Abuse and Sexual Harassment	Standard 115.65: Coordinated response
Agreement with American Federation of State County and Municipal Employees	Standard 115.66: Preservation of ability to protect inmates from contact with abusers
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Facility Investigations of Sexual Abuse and Sexual Harassment	Standard 115.67: Agency protection against retaliation

Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Facility Investigations of Sexual Abuse and Sexual Harassment	Standard 115.68: Post-allegation protective custody
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Facility Investigations of Sexual Abuse and Sexual Harassment	Standard 115.71: Criminal and administrative agency investigations
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Facility Investigations of Sexual Abuse and Sexual Harassment	Standard 115.72: Evidentiary standard for administrative investigations
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Facility Investigations of Sexual Abuse and Sexual Harassment	Standard 115.73: Reporting to inmates
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Facility Investigations of Sexual Abuse and Sexual Harassment	Standard 115.76: Disciplinary sanctions for staff
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Facility Investigations of Sexual Abuse and Sexual Harassment	Standard 115.77: Corrective action for contractors and volunteers
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Facility Investigations of Sexual Abuse and Sexual Harassment	Standard 115.78: Disciplinary sanctions for inmates
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act	Standard 115.81: Medical and mental health screenings; history of sexual abuse
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Incident Reports	Standard 115.82: Access to emergency medical and mental health services
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act	Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Incident reviews	Standard 115.86: Sexual abuse incident reviews
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Data reports from 2012 through 2019	Standard 115.87: Data collection
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Data reports from 2012 through 2019	Standard 115.88: Data review for corrective action
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Data reports from 2012 through 2019	Standard 115.89: Data storage, publication, and destruction
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Prior Audit Reports	Standard 115.401: Frequency and scope of audits
Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act Prior Audit Reports Agencies Website	Standard 115.403: Audit contents and findings

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

During the staff interviews I found that the staff took ownership not only of the immediate areas they worked in, but the facility overall. This staff attitude helps in creating the respectful culture at the facility. This was further confirmed by the interviewed inmates who related that they are treated with respect by the staff.

#### **Post Audit:**

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

## Facility Characteristics

The Wayne County Correctional Facility is located at 44 Mid-Wayne Drive Honesdale, PA 18431. The facility is located in a rural area of Wayne County Pennsylvania.

The facility is located within a single story building.

The main entrance to the building is controlled by a secured door, which can only be accessed after being allowed entrance to the building.

Upon entering the secured front entrance all visitors arrive in the lobby area of the facility. This area has access to the administrative areas and the visiting area.

The facility has 4 multiple occupancy cell housing units, and two dormitory style housing units. The 4 celled housing units are constructed in the same manner, all toilets and sinks are located within the cells, and all showers are located in a separate area of the housing unit. Each housing unit has its own recreation yard attached to the unit. The showers have curtains on them, the showers are deep enough for the inmates to shower and get dressed before exiting the shower.

The dormitory style housing units have separate bathrooms, these bathrooms have doors on the toilet stalls and curtains on the showers.

The inmates only leave the housing unit if they work, for special programming, or for medical attention. Most of the counseling and outside interaction with the inmates takes place on the units. The meals are prepared by the kitchen workers and the inmates eat all meals on their housing units.

The overall cell construction limits any view of an inmate when they are changing or performing bodily functions. The inmates are allowed to close their cell doors to utilize the toilets, this eliminates any issues of cross gender viewing while performing bodily functions.

Cameras are located throughout the facility, with the main monitors in the security control.

During my tour of the facility I found that information on the Prison Rape Elimination Act, and reporting avenues are located throughout the facility, all of this information is also available to the inmates through the kiosk system on the housing units. .

I found that administrative staff, as well as general staff moves throughout the facility frequently, this movement of staff deters any violation of the PREA policy, and more importantly provides an overall safe environment for both inmates and staff.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

**Number of Standards Exceeded: 7**

**List of Standards Exceeded:**

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator  
Standard 115.31: Employee training  
Standard 115.33: Inmate education  
Standard 115.34: Specialized training: Investigations  
Standard 115.35: Specialized training: Medical and mental health care  
Standard 115.51: Inmate reporting  
Standard 115.71: Criminal and administrative agency investigations

### Standards Met

**Number of Standards Met: 38**

Standard 115.12: Contracting with other entities for the confinement of inmates  
Standard 115.13: Supervision and monitoring  
Standard 115.14: Youthful inmates  
Standard 115.15: Limits to cross-gender viewing and searches  
Standard 115.16: Inmates with disabilities and inmates who are limited English proficient  
Standard 115.17: Hiring and promotion decisions  
Standard 115.18: Upgrades to facilities and technologies  
Standard 115.21: Evidence protocol and forensic medical examinations  
Standard 115.22: Policies to ensure referrals of allegations for investigations  
Standard 115.32: Volunteer and contractor training  
Standard 115.41: Screening for risk of victimization and abusiveness  
Standard 115.42: Use of screening information  
Standard 115.43: Protective Custody  
Standard 115.52: Exhaustion of administrative remedies  
Standard 115.53: Inmate access to outside confidential support services  
Standard 115.54: Third-party reporting  
Standard 115.61: Staff and agency reporting duties  
Standard 115.62: Agency protection duties  
Standard 115.63: Reporting to other confinement facilities  
Standard 115.64: Staff first responder duties  
Standard 115.65: Coordinated response  
Standard 115.66: Preservation of ability to protect inmates from contact with abusers  
Standard 115.67: Agency protection against retaliation  
Standard 115.68: Post-allegation protective custody  
Standard 115.72: Evidentiary standard for administrative investigations  
Standard 115.73: Reporting to inmates  
Standard 115.76: Disciplinary sanctions for staff  
Standard 115.77: Corrective action for contractors and volunteers  
Standard 115.78: Disciplinary sanctions for inmates  
Standard 115.81: Medical and mental health screenings; history of sexual abuse

Standard 115.82: Access to emergency medical and mental health services  
Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers  
Standard 115.86: Sexual abuse incident reviews  
Standard 115.87: Data collection  
Standard 115.88: Data review for corrective action  
Standard 115.89: Data storage, publication, and destruction  
Standard 115.401: Frequency and scope of audits  
Standard 115.403: Audit contents and findings

## **Standards Not Met**

**Number of Standards Not Met:**

**List of Standards Not Met:**

## PREVENTION PLANNING

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

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

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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*)

#### EVIDENCE OF COMPLIANCE:

Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act outlines the facilities mandated zero tolerance toward all forms of sexual abuse and sexual harassment and further outlines the agency's approach to preventing, detecting, and responding to such conduct. This policy furthermore defines all sexual abuse and sexual harassment.



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

Lieutenant Harold Derrick is designated as the facilities PREA Coordinator. The duties of PREA Coordinator are in addition to his normal duties, during his interview he related that he has enough time to conduct his duties, and feels that once the audit process is completed the maintenance of keeping the facility in compliance is easier.

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

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

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

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

#### **115.12 (a)**

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

#### **115.12 (b)**

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

### **Auditor Overall Compliance Determination**

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

### **EVIDENCE OF COMPLIANCE:**

The facility does not contract for the confinement of its inmates.

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

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  
☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

#### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ 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*)

#### EVIDENCE OF COMPLIANCE:

The facility has developed a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities have taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the aforementioned

policies. I further questioned staff on the policies and the ability to fully staff the facility at all times. I was informed that the facility will fill posts with overtime if needed to be at full compliment. The facility also has the ability to collapse posts and limit inmate activity and movement when needed.

The staffing plan was completed and reviewed by the administration including the Warden and Deputy Warden.

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

The staffing plan has not been deviated from within the last 12 months. I confirmed during staff interviews that any posts would be filled with overtime if needed, and they have the ability to collapse other posts if need be.

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

The facility has implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds take place during all shifts at the facility. The policy prohibits staff from alerting other staff members that these supervisory rounds are occurring. I further confirmed the rounds are occurring during the staff and inmate interviews as well as reviewing the logs generated by the housing unit officers.

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

## **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*)

#### EVIDENCE OF COMPLIANCE:

The facility dictates in policy housing of youthful inmates. This policy ensures that a youthful inmate is not placed in an adult housing unit, and further states they will not share common areas, bathrooms, dayrooms, or sleeping areas with adult inmates. The policy further states that when a youthful inmate is outside of the housing unit they are under direct supervision.

The facility does not place youthful inmates in isolation to comply with this standard. The facility has housed youthful inmates within the last 12 months. The youthful inmates were kept on a separate housing unit, and had no contact with the adult inmates. I reviewed the log for the inmates and ensured that the inmates were not in contact with adult offenders.

All staff interviewed understood their obligations under this policy when housing a youthful inmate.

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

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

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

#### 115.15 (a)

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

**115.15 (b)**

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

**115.15 (c)**

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

**115.15 (d)**

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

**115.15 (e)**

- 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*)

#### **EVIDENCE OF COMPLIANCE:**

The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances or when performed by a medical practitioner. I confirmed this procedure during staff and inmate interviews, as well as review of policy. I also confirmed that the facility has not conducted a search under these circumstances.

The facility assigns female officers to the female housing unit, the male housing units can have either a male or female officer assigned. When a male enters the female housing units they are escorted by the female officer.

The above policies outline procedures and practices that enable 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. The policies further dictate that staff of the opposite gender announces their presence when entering an inmate housing unit. These practices were confirmed during the staff and inmate interviews as well as during the facility tour when I observed the announcements taking place. The bathrooms in the housing units are constructed to provide privacy while performing bodily functions and showering. The showers have curtains to provide this privacy. The toilets in the cells are offset from the cell doors.

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

The facility has not housed a transgender nor intersex resident within the last 12 months.

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

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



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

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

### 115.16 (a)

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

#### EVIDENCE OF COMPLIANCE:

The facility has procedures in place to deal with inmates with disabilities and who are limited English speaking. They have never had an incident where they would utilize another inmate for interpretation, they would utilize staff or a language line. During the classification of the inmates they identify any issues concerning disabilities and take the appropriate actions needed to protect the inmate. The facility is equipped 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance in this area was determined by reviewing policies and procedures of the facility. During the random staff interviews I determined that they all understood the availability of interpreters, and further understood the importance of not utilizing inmates for interpretation during any incident.

At the time of the audit no disabled or non-English speaking inmates were being housed.

The facility provides all printed material in both English and Spanish, all posters throughout the facility are in both languages also. I was able to view the posters during the facility tour.

The staff does not utilize inmate interpreters they would utilize Language Line Services for any interpretation needed.

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

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

### EVIDENCE OF COMPLIANCE:

The facility has policies and procedures in place that identify anyone who had been convicted of sexual abuse in a confinement setting, engaged in or attempted to engage in sexual activity in the community or has been civilly or administratively adjudicated for the same. The facility has developed an applicant questionnaire. This form specifically asks the applicant about these activities. During the interviews with staff I verified that the form is being utilized, I further verified the utilization by reviewing personnel files, I found that the questions were asked and answered in all of the reviewed files. During the staff interviews I verified they were asked these questions.

During the documentation review, and review of personnel files I found that this process is also being utilized in the promotion system throughout the agency. The facility conducts criminal history checks on all employees and contractors upon hire, and every five years thereafter. The facility documents the NCIC checks.

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

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

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

The facility has not installed cameras since the last PREA Audit. During the interviews I confirmed that if any camera installation takes place, the overall security and safety is taken into consideration, including the sexual safety of the inmates.

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

## 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes   ☐ No   ☒ NA

- Has the agency documented its efforts to secure services from rape crisis centers?  
☒ Yes ☐ No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE:

The facility has established the Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act. The policy addresses evidence protocol and forensic examinations. The policy states the following:

1. The offender will be escorted to the Medical Department in any situation where there is an allegation of sexual abuse of an inmate.
2. The offender will be examined by the medical staff immediately, to ensure the absence of any injury requiring urgent treatment. It will not be necessary for staff to examine the offender's genitalia unless urgent medical treatment is necessary because the offender will be sent to an outside facility for an examination.

Additionally, photographs of the offender will not be taken at the facility, if they are sent to an outside facility, as the photographs will be taken there.

3. If sexual misconduct is suspected and the inmate/ victim reports an allegation of vaginal, oral, and/or anal penetration by a body part or inanimate object, and the most recent act occurred within the past 96 hours, then he/she will be transported to a medical facility to be examined by a medical professional who is skilled and experienced in the use of a rape kit for the collection of evidence. The offender will be transported to a medical facility that employs a SANE (Sexual Assault Nurse Examiner) If the offender refuses to undergo this examination, he/she must sign a refusal of treatment.

4. The offender will receive testing for sexually transmitted diseases while at the medical facility. At minimum the testing will include the following:

- Gonorrhea
- Human Immunodeficiency Virus
- Hepatitis C
- Hepatitis B
- Chlamydia Trachomatis
- Syphilis
- Pregnancy test for Females only
- Other tests as determined by the physician

5. The victim may receive post-exposure prophylaxis treatment in the form of antibiotics. The offender may refuse treatment and this will be documented.

6. The Facility physician will consult with the outside provider to determine a need for antivirals. This decision will be based on the type and risk of HIV exposure.

7. If pregnancy results for the abuse, the offender will receive information about lawful pregnancy related services.

8. If the offender was exposed to Hepatitis B, the inmate will receive Hepatitis B immune globulin within seven days from exposure and if the offender is not vaccinated, will receive the vaccine series.

9. Treatment services for the victim will be provided at no cost to the offender. This includes co-pays. The alleged victims care will be consistent with the level of care provided in the community.

10. The offender/victim will be referred to the Facility Mental Health Provider for assessment within forty eight hours.

The facility transports all victims to Wayne Memorial Hospital for forensic examinations, this hospital is equipped with SANE nurses. They have also entered into an MOU with Victims Intervention Program (VIP) for victim advocacy.

The Pennsylvania State Police conduct the criminal investigations at the facility. The investigators and Forensic Services Unit members are highly trained in identifying and collecting evidence in sexual assault investigations. The Pennsylvania State Police has policies and procedures in place that exceed this standard.

During the staff interviews I confirmed that the staff understands the process of evidence collection. I reviewed the training provided to the staff and found the subject of evidence identification and collection were covered.

I was able to review all investigations conducted by the facility, although these services were not utilized, they were offered to every victim.



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

## **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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

### **115.22 (d)**

- Auditor is not required to audit this provision.

### **115.22 (e)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE:

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through review of policies which outline the procedures for investigating sexual abuse and sexual harassment. I further verified all allegations are investigated during investigator interviews, staff interviews, and review of the investigative reports.

The facility investigates all administrative allegations, and the Pennsylvania State Police investigates all criminal allegations. I verified that the investigative procedure is published on the agency's website.

The facility has policies in place that govern the investigative process. This was confirmed during policy review and investigator interviews. The Pennsylvania State Police have their own policies and procedures that govern the criminal investigation.

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

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ 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*)

### EVIDENCE OF COMPLIANCE

The facility provides training to all employees on the areas enumerated in this standard. I reviewed the training curriculum and materials; I found that they address all areas. I further confirmed the training during the staff interviews and the review of training records. The employees receive initial training and annual updates. It was confirmed during staff interviews that they also receive updates during roll calls.

The training covers the following topics enumerated in the standard:

- Its zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Inmates' right to be free from sexual abuse and sexual harassment;
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with inmates;
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

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

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

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

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE:

The Facility has trained all volunteers and contractors who have contact with inmates on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. At a minimum they are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. No contractors nor volunteers were available during the audit due to the facility lockdown resulting from the Covid 19 pandemic.

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

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

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from 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 the comprehensive education referenced in 115.33(b)? ☒ 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*)

#### EVIDENCE OF COMPLIANCE:

During the intake process inmates receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, this information is located in a pamphlet. This was confirmed during the inmate and staff interviews, I further confirmed this by and ensuring that the acknowledgment forms were signed by the inmates.

All inmates are placed in a quarantine status and housed separately from general population for 14 days. During this time they are classified and receive an in-depth education where they are shown a video on PREA. All inmates interviewed related that they received the education and understood the facility zero tolerance policy and how to report an allegation.

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

The facility has all key information on the zero-tolerance policy and reporting avenues provided through signage placed throughout the facility. I viewed this signage during the facility tour. I further

confirmed that the signage has been in place during the inmate and staff interviews.

The facility is installing the PREA video on the tablets utilized by the inmates, the video will be mandatory on the tablet before access is granted. This will ensure the inmates are receiving the education a second time.

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

## **Standard 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

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

#### **115.34 (b)**

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

#### EVIDENCE OF COMPLIANCE

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

The facility has trained seven staff as administrative investigators. They attended a training course provided by me through the Pennsylvania Prison Wardens Association. This training was originally created to train the Pennsylvania Department of Corrections Investigators.

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

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

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

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

#### 115.35 (a)

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

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☒ **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*)

### EVIDENCE OF COMPLIANCE:

All full and part-time medical and mental health care practitioners have been trained on the following:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

This was confirmed by reviewing the training materials utilized by the facility, and during the review of the PREA Training for Medical & Mental Health Course Rosters at the facility. I also confirmed this training with the medical and mental health staff during interviews.

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

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

The facility is providing this training on a yearly basis to all medical and mental health care practitioners. This practice far exceeds the requirement of the standard.

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

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ 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*)

#### EVIDENCE OF COMPLIANCE

All inmates are initially assessed during the intake process, which is completed upon arrival at the facility. The inmates are asked questions during the initial intake process about overall safety. The inmates are then screened by medical personnel who ask further safety questions. The medical staff has the ability to immediately task for a follow up with mental health or will notify the security staff of any concerns. The inmates then are classified by the Classification Officer. The inmates are held separately from the general population until the classification is completed. At the time of the audit the facility was quarantining all inmates for 14 days upon intake to the facility. This measure was put into place due to Covid 19.

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

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

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

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

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

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

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

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

#### 115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  
☒ 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ 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*)

## EVIDENCE OF COMPLIANCE

The facility utilizes the information from the screening and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. This was confirmed during a review of the policy and I confirmed these procedures during staff and inmate interviews.

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

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

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

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

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

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLAINT:

The facility has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made. This policy addresses all provisions in the standard, the language in the policy meets all aspects of the standard.

This facility has had no incident where they have segregated an inmate due to being at high risk of sexual victimization.

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

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report 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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  
☐ Yes ☐ No ☒ NA

#### 115.51 (c)

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

#### 115.51 (d)

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

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

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

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

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

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

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

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

**115.52 (e)**

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
☐ Yes ☐ No ☒ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
☐ Yes ☐ No ☒ NA

**115.52 (f)**

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

### EVIDENCE OF COMPLIANCE:

The facility does not accept grievances related to sexual abuse or sexual harassment; therefore, this standard does not apply.

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

## Standard 115.53: Inmate access to outside confidential support services

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

#### 115.53 (a)

- Does the facility provide 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ 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*)

#### EVIDENCE OF COMPLIANCE:

Access to outside confidential support services is outlined in the facility policies and procedures. The inmate would have the ability to utilize the services provided through the Victims Intervention Program. These services are outlined in the inmate handbook, and would be provided to inmates involved in an incident. The services that the inmates would receive are the same as the level received in the community, this was confirmed with the supervisor at Victims Intervention Program.

Through interviews I further established that follow up mental health care would be provided by the facility for any inmate victim or abuser who was involved in an incident.

The PREA Coordinator would 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. This was confirmed during interviews.

The facility has provided the contact information for Victims Intervention Program, it is unknown if they contacted the agency due to confidentiality.

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

### Standard 115.54: Third-party reporting

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

##### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ 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*)

### EVIDENCE OF COMPLIANCE

The facility has established several methods to receive third-party reports of sexual abuse and sexual harassment and has distributed the information on how to report sexual abuse and sexual harassment on behalf of an inmate to the public. This information is provided through the facility website and postings in the visiting areas as well as the lobby of the facility. These methods include contact information for the PREA Coordinator and information on how to contact the PADO.

The following is publicized on the facility website:

Employees and inmates' families may submit reports online by [email](#) or by mail at:

PREA Coordinator  
44 Mid-Wayne Drive  
Honesdale, PA 18431

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

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding 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*)

### EVIDENCE OF COMPLIANCE:

Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act policy states that any staff member, volunteer, visitor, or contracted service provider must report any incident witnessed to the Lieutenant on duty or most senior officer on duty. Failure to report an incident may also result in disciplinary action or termination of services. Retaliatory action against any person reporting a sexual assault or harassment incident is prohibited.

All staff interviewed understood the above policy requiring them to report immediately 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. They also understood their obligation not to reveal 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.

I also reviewed all of the investigations and found that they had been reported properly and acted upon immediately.

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

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE:

The facility policies dictate that when staff learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The staff interviewed understood their responsibility and all responded that they would immediately take appropriate steps to protect the inmate.

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

## Standard 115.63: Reporting to other confinement facilities

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

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ 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*)

#### EVIDENCE OF COMPLAINE:

Through policy the facility has established procedures and practices that meet all of the requirements of the standard and provision. These include notification by the facility head to the head of the facility where the allegation allegedly took place within 72 hours, as well as documentation of the information received and notification. The policy further states that if an allegation is received in such a manner the facility needs to notify the PREA Coordinator for investigation. I confirmed these policies and practices as through staff interviews.

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

### Standard 115.64: Staff first responder duties

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

### 115.64 (a)

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

#### EVIDENCE OF COMPLIANCE:

Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act policy states the following:

The following steps shall be taken immediately after a report of sexual assault or abuse:

- Immediately separate the alleged victim and alleged abuser
- The victim will be taken to the Medical Department
- the alleged victim/ offender will be advised that he/she should not shower or clean him/herself, not drink or brush his/her teeth, or take any action that may damage evidence and then will be escorted to the hospital for evaluation.
- The location of the incident will be closed off. Evidence will be gathered and pictures may be taken.
- If the perpetrating inmate is wearing clothing that may have been worn during the incident, it will be removed and collected as evidence in a paper bag.
- The perpetrating inmate will be placed in administrative custody pending the outcome of the investigation.

During the staff interviews I found that the staff understands their duties as to responding to an incident. They all advised me that they would act immediately and make the protection of the inmate their first priority.

I reviewed the investigations that were conducted, I found that all first responders acted appropriately.

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

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE:

The facility has adopted the Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act policy as the overall institutional plan to respond to sexual abuse incidents. This plan dictates the actions and coordination between first responders, supervisors, administration, medical, mental health and investigators. I confirmed the institutional plan through review of the plan, as well as during staff interviews. The facility has not had any investigations related to sexual abuse, but has had investigations of sexual harassment. During the investigation review I found the institutional plan was followed.

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

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.



## Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE:

The facility has not entered into any contract nor collective bargaining agreement that would restrict them from protecting an inmate from contact with an alleged abuser. The correctional officers are represented by the American Federation of State County and Municipal Employees Local. I spoke with the shop stewards who verified that the agreement would not limit the ability of the facility to remove alleged staff sexual abusers from contact with inmates.

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

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

- Has the agency 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*)

## EVIDENCE OF COMPLIANCE

Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act policy states the following:

### PROTECTION AGAINST RETALIATION

1. Any inmate or staff member that reports sexual abuse or harassment or cooperates with an investigation shall be protected from retaliation from staff or other inmates.
2. The PREA coordinator shall be designated to monitor potential retaliation.
3. The PREA coordinator shall employ multiple protection measures, such as housing changes, removal of staff abusers from contact with victims, and emotional support for inmates or staff who fear retaliation.
4. For ninety days following a report of sexual abuse, the PREA coordinator shall monitor the conduct and treatment of inmates or staff involved to observe any changes that may occur to suggest retaliation and act promptly to remedy any such retaliation.
5. The Facility's obligation to monitor the situation shall terminate if the PREA coordinator deems the allegation unfounded.

The PREA Coordinator would be assigned to monitor retaliation. During his interview he related he understood his responsibilities under this policy.

I reviewed the investigations and found that all required monitoring was being documented in the investigative reports.

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

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE:

The facility has established a policy that states any inmate who is alleged to have suffered sexual abuse is subject to the requirements of standard 115.43. This was confirmed through review of the policy. The audited facility did not have any inmates who suffered sexual abuse who were put into segregated housing.

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

# 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*)

### EVIDENCE OF COMPLIANCE:

Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act policy states the following:

#### INVESTIGATING ALLEGATIONS OF SEXUAL HARASSMENT OF INMATES

2. An allegation of harassment shall be investigated thoroughly and objectively.
3. The PREA coordinator will interview the offender complainant or complainant and obtain a written statement following the interview. If the offender refuses to be interviewed or provide a written statement, document the refusal and keep it in the investigation file.
4. The PREA coordinator will interview any inmate or staff witnesses and collect reports if necessary.
5. Video footage will be reviewed and saved to a media storage device to submit with the investigation.
6. When appropriate, review all housing unit log books, medical documentation, misconduct reports, inmate grievances, and other pertinent documentation specific to the allegation of sexual abuse and include the documentation in the investigation report.
7. All interviews will be conducted in a professional, non-abusive, and non-threatening manner.
8. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff.

#### RESPONDING TO REPORTS OF SEXUAL ABUSE

4. A Report of Extraordinary Occurrence must be completed in every case where sexual contact of any kind is reported.
5. Every allegation of sexual contact will be investigated thoroughly and promptly. The preliminary investigation will be conducted by the Lieutenant on duty. The Pennsylvania State Police will be contacted to conduct a criminal investigation.
6. A copy of the investigation report will be forwarded to the Pennsylvania State Police in all cases of sexual contact with an offender.
7. The following steps shall be taken immediately after a report of sexual assault or abuse:
  - G. Immediately separate the alleged victim and alleged abuser
  - H. The victim will be taken to the Medical Department
  - I. the alleged victim/ offender will be advised that he/she should not shower or clean him/herself, not drink or brush his/her teeth, or take any action that may damage evidence and then will be escorted to the hospital for evaluation.

- J. The location of the incident will be closed off. Evidence will be gathered and pictures may be taken.
- K. If the perpetrating inmate is wearing clothing that may have been worn during the incident, it will be removed and collected as evidence in a paper bag.
- L. The perpetrating inmate will be placed in administrative custody pending the outcome of the investigation.

The facility conducts administrative investigations, and the Pennsylvania State Police investigate any criminal act within the facility.

I found the PREA investigators to be well versed in their duties as too the administrative investigation, and more importantly the understanding of when the investigation takes on a possible criminal element they immediately contact the State Police.

I reviewed all of the investigations and found that they were conducted immediately and by the proper authorities.

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

## 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*)

### EVIDENCE OF COMPLIANCE:

The facility has policies that states there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. During the investigation review and investigator interviews I verified that they are applying preponderance of evidence to make a determination.

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



## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

- 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*)

### EVIDENCE OF COMPLIANCE:

Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act policy states the following:

#### REPORTING TO INMATES

1. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in the facility, the PREA coordinator shall inform the inmate.

2. Following an inmate's allegation that a staff member has committed sexual abuse, the PREA coordinator will notify the inmate:

- A. If the staff member is no longer posted within the inmate's unit;
- B. The staff member is no longer employed at the facility
- C. The PREA Coordinator learns of the staff member has been indicted on a charge related to sexual abuse within the facility; or
- D. The PREA Coordinator learns that the staff member has been convicted on a charge related to sexual abuse

3. Following an inmate's allegation that he or she has been abused by another inmate, the PREA Coordinator will notify the inmate:

- A. If the PREA Coordinator learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- B. The PREA coordinator learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The PREA Coordinator understands his obligation on reporting to inmates after an investigation has been conducted.

I reviewed the investigations conducted and found that the inmates had been notified in writing of the outcome of the investigation.

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

## 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*)

#### EVIDENCE OF COMPLIANCE:

The facility has policy in place that address staff discipline for a violation of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs staff conduct. I confirmed the utilization of the discipline through review of the investigations, and staff interviews.

The audited facility has not disciplined any staff member within the last 12 months for a violation of these policies.

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

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE:

The facility has policy in place that addresses corrective action for volunteers and contractors who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. I confirmed the utilization of the discipline through review of the investigations and staff interviews.

The audited facility has not disciplined any volunteers and contractors within the last 12 months for a violation of these policies.

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

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

- 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)

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

### EVIDENCE OF COMPLIANCE:

The facility has policy in place that addresses discipline for inmates who violate any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs inmate conduct. I confirmed the utilization of the discipline through review of the investigations and staff interviews.

The audited facility has not disciplined any inmates within the last 12 months for a violation of these policies.

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

## 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*)

## EVIDENCE OF COMPLIANCE:

The agency has policies in place that address the provisions of this standard. As previously stated under standard 115.41 the medical department does a second screening of the inmates and asks questions relative to sexual victimization as well as sexual abusiveness. If it is found that any inmate has experienced either they will be scheduled for an evaluation with a mental health practitioner within 14 days. I confirmed these evaluations with the medical and mental health personnel as well as during the inmate interviews.

All medical records are kept secure and are only available to medical and mental health personnel.

I confirmed compliance with the standard through the review of inmate medical files, staff interviews and inmate interviews.

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

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

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

#### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
☒ 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*)

### EVIDENCE OF COMPLIANCE:

Wayne County Correctional Facility Policy Statement# PS 6400 Subject: Zero Tolerance Prison Rape Elimination Act policy states the following:

#### MEDICAL

1. The offender will be escorted to the Medical Department in any situation where there is an allegation of sexual abuse of an inmate.
2. The offender will be examined by the medical staff immediately, to ensure the absence of any injury requiring urgent treatment. It will not be necessary for staff to examine the offender's genitalia unless urgent medical treatment is necessary because the offender will be sent to an outside facility for an examination. Additionally, photographs of the offender will not be taken at the facility, if they are sent to an outside facility, as the photographs will be taken there.
3. If sexual misconduct is suspected and the inmate/ victim reports an allegation of vaginal, oral, and/or anal penetration by a body part or inanimate object, and the most recent act occurred within the past 96 hours, then he/she will be transported to a medical facility to be examined by a medical professional who is skilled and experienced in the use of a rape kit for the collection of evidence. The offender will be transported to a medical facility that employs a SANE (Sexual Assault Nurse Examiner) If the offender refuses to undergo this examination, he/she must sign a refusal of treatment.
4. The offender will receive testing for sexually transmitted diseases while at the medical facility. At minimum the testing will include the following:
  - Gonorrhea
  - Human Immunodeficiency Virus
  - Hepatitis C
  - Hepatitis B
  - Chlamydia Trachomatis
  - Syphilis
  - Pregnancy test for Females only
  - Other tests as determined by the physician
5. The victim may receive post-exposure prophylaxis treatment in the form of antibiotics. The offender may refuse treatment and this will be documented.

6. The Facility physician will consult with the outside provider to determine a need for antivirals. This decision will be based on the type and risk of HIV exposure.
7. If pregnancy results for the abuse, the offender will receive information about lawful pregnancy related services.
8. If the offender was exposed to Hepatitis B, the inmate will receive Hepatitis B immune globulin within seven days from exposure and if the offender is not vaccinated, will receive the vaccine series.
9. Treatment services for the victim will be provided at no cost to the offender. This includes co-pays. The alleged victims care will be consistent with the level of care provided in the community.
10. The offender/victim will be referred to the Facility Mental Health Provider for assessment within forty eight hours.
11. Ongoing medical and mental health treatment shall be available for inmates who have been victimized by sexual assault.

The facility has the policies in place for emergency medical and mental health services. These services are offered to any inmate who reports sexual abuse or sexual harassment. I confirmed that these services are offered with both the PREA Coordinator and medical supervisor.

When reviewing the investigations, I found that all of the alleged victims were offered these services, although none of them accepted.

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

## **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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

#### 115.83 (e)

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

#### 115.83 (f)

- 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*)

#### EVIDENCE OF COMPLIANCE:

The medical personnel ensure that victims of sexual assault receive prompt and appropriate medical follow up treatment. The nature and scope are determined by medical and mental health practitioners according to their professional judgment.

The policy further states that prophylactic treatment and testing is offered to the patient, as well as follow up care for sexually transmitted or other communicable diseases. An evaluation by a mental health provider is completed for crisis intervention counseling and long term follow up plans.

The above services are offered at no financial cost to the inmate. These policies and procedures were confirmed with the medical and mental health staff during interviews.

In the past 12 months these services have not been utilized nor has any incident rose to the level where they would be needed.

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

## 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*)

### EVIDENCE OF COMPLIANCE:

During the interview with the PREA Coordinator he informed me that the incidents are reviewed. I found that the administration meets regularly to discuss any issues with in the facility and take appropriate action.

The incident review is documented within the investigative report. During the review of the reports I found that all incidents have been reviewed and documented.

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

## Standard 115.87: 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*)

#### EVIDENCE OF COMPLIANCE:

The agency has established policies that address all provision of this standard. The agency utilizes data collection instrument utilized to collect all sexual abuse data.

Compliance was confirmed through review of completed data collection instruments and staff interviews.

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

#### Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: 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*)

#### EVIDENCE OF COMPLIANCE:

The data being collected is reviewed by the administration at the facility. I was informed by both the Warden and PREA Coordinator that if a trend was noticed, they would put into place an immediate corrective action plan.

While reviewing the investigations I did not identify any trends or issues that would call for immediate action. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

I reviewed the 2016 through 2019 reports and found no trends in the facility. All personal identifiers have been removed.

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

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

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
☒ Yes ☐ No

#### 115.89 (b)

- 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*)

### EVIDENCE OF COMPLIANCE:

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

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

The agency has a policy in place that maintains all sexual abuse data for at least 10 years from the date received.

Staff interviews and review of the annual reports further confirmed this procedure.

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

## 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 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

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

### 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*)

### EVIDENCE OF COMPLIANCE:

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

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

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

### Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds 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*)

### EVIDENCE OF COMPLIANCE:

The agency has published all final audit reports on their website, this was confirmed by navigating to the page on the website and reviewing all of the audit reports.

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

## AUDITOR CERTIFICATION

I certify that:

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

Patrick J. Zirpoli

August 20, 2020

**Auditor Signature**

**Date**