

**PREA AUDIT REPORT    Interim    Final  
COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** August 12, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Louis Folino			
<b>Address:</b> 168 Big Horn Rd.			
<b>Email:</b> lsf168@verizon.net			
<b>Telephone number:</b> 412-354-1557			
<b>Date of facility visit:</b> June 27-28, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Transitional Living Centers, Inc.			
<b>Facility physical address:</b> 900 West Third Street, Williamsport, PA 17701			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 570-326-7220			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Gregory Smith			
<b>Number of staff assigned to the facility in the last 12 months:</b> 23			
<b>Designed facility capacity:</b> 34			
<b>Current population of facility:</b> 28			
<b>Facility security levels/inmate custody levels:</b> Minimum (Community Corrections)			
<b>Age range of the population:</b> 18-56			
<b>Name of PREA Compliance Manager:</b> Molly Kirby		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> mkirbytlc@comcast.net		<b>Telephone number:</b> 570-326-7220	
<b>Agency Information</b>			
<b>Name of agency:</b> Transitional Living Centers, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Pennsylvania Department of Corrections			
<b>Physical address:</b> 900 West Third Street, Williamsport, PA 17701			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 570-326-7220			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Gregory Smith		<b>Title:</b> Executive Director	
<b>Email address:</b> gregtlc@comcast.net		<b>Telephone number:</b> 570-326-7220	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Molly Kirby		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> mkirby@comcast.net		<b>Telephone number:</b> 57-326-7220	

## AUDIT FINDINGS

### NARRATIVE

A Prison Rape Elimination Act, PREA, audit of the Transitional Living Centers, Inc., was conducted June 27, and June 28, 2017. The purpose of the audit was to determine compliance with the PREA standards which became effective August 20, 2012. For TLC, the applicable standards are for Community Confinement Facilities, 115.211 thru 115.289.

The Transitional Living Center's administrative staff and the auditor, Louis S. Folino, attended an introductory dinner meeting the evening of June 26, 2017, in Williamsport, Pennsylvania. In attendance were the TLC Executive Director Gregory Smith, PREA Coordinator Molly Kirby, Director of Compliance/Interim Executive Director Nicole Hayes, Case Manager/Accreditation Specialist Kristin Confer, Business Manager Shelly Sinicropi, and Director of Staff Development Hollen Allen.

The entrance meeting was conducted the first morning of the on-site review with Executive Director Greg Smith, PREA Coordinator Molly Kirby, Case Manager/Accreditation Specialist Kristin Confer, Director of Compliance/Interim Executive Director Nicole Hayes, Director of Staff Development Hollen Allen, and Business Manager Shelly Sinicropi. Auditor reviewed the comprehensive audit processes and the triangulation of compiling the information, observations and interview results of the Pre-Audit Questionnaire (PAQ), the on-site review process and objectives, and the interviews of staff and residents to justify TLC's compliance with the PREA standards.

Following the entrance meeting, auditor commenced an on-site review of all facility areas, beginning in the West Third Street building, and proceeding thru the external areas, to include the garage, and finishing in the Maynard Street Building. Auditor visited the administrative office areas, all resident bedrooms and bathrooms, to include closets, kitchens, dining rooms and living rooms, basements, Resident Advisor stations, and porches (designated smoking areas). Auditor greeted all staff encountered and engaged numerous residents in informal conversation during the on-site review. Auditor observed extensive required PREA postings, to include Notice of Audit; video monitoring locations and CCTV control areas; and evaluated for blind spots, staff supervision presence, and resident accountability. Auditor observed staff and resident interaction and the culture of the residential group home environment.

Auditor conducted 14 total staff interviews: 11 specialized/random interviews of TLC staff; the Williamsport Regional Medical Center Executive Director of Emergency Services (SANE); a contracted employee; and the Bureau of Community Corrections PREA Security Captain/Investigator OIC. An interview category that was not applicable to TLC was medical/mental health, as TLC relies on medical and mental health services provided from nearby community resources, i.e. Williamsport Medical Center and the Northcentral PA YWCA Wise Options Program. TLC presently does not utilize the services of volunteers. Staff interviews were conducted with staff from all three shifts. Auditor also contacted by telephone representatives from the Pennsylvania Coalition Against Rape, PCAR, and Wise Options to discuss the services available through the Crisis Hotline and the Counseling Services telephone numbers provided to the TLC residents.

A total of 11 residents were interviewed with at least one resident interviewed from each available category. Auditor interviewed residents of 2 races, including 1 LGBTI. One resident interviewed had reported a sexual abuse at another facility, one a high risk assessment score for victimization, and another a high risk assessment score for abusiveness. There were no residents available to interview who were disabled or Limited English Proficient. The residents interviewed were admitted to TLC from PA DOC State Correctional Institutions; from ADAPT; from the PA DOC Quehanna Boot Camp; and from the community (Half-Way Back). The population on the first day of the on-site audit was 28.

As during the pre-audit phase, auditor conferred during on-site review with the PC concerning facility procedures and documentation processes. All of auditor's documentation requests were satisfied by facility personnel. Auditor spent considerable time reviewing with the BCC Security Captain and the TLC PC the investigations conducted during the last 12 months.

Auditor and the TLC administration (Greg Smith, Molly Kirby, Nicole Hayes, Kriston Confer, Shelly Sinicropi and Allen Hollen) conducted an exit briefing on June 28, 2017. Auditor expressed appreciation for the hospitality and accommodations to auditor's many requests. Auditor provided an overview of the audit and advised of the further compilation processes necessary in order to finalize a report. Auditor applauded TLC for their commitment to PREA, and to operating their community facility in such a safe, secure and humane manner as is possible.

The auditor wishes to thank Greg Smith and his PREA Team for their cooperation and assistance throughout the audit process. The organization and presentation of documentation during the pre-audit phase and the effective facilitation of the on-site review and interviews enabled auditor to conduct a very efficient and thorough audit.

The auditor would like to recognize PREA Coordinator Molly Kirby and her management team for their dedicated efforts and teamwork to ensure that TLC is compliant with all the PREA standards.



## DESCRIPTION OF FACILITY CHARACTERISTICS

Transitional Living Centers, Incorporated, TLC, is a non-profit corporation established in 1987 that operates a Contracted Community Facility, CCF, for the Pennsylvania Department of Corrections, PA DOC, in Williamsport, Pennsylvania. TLC provides group home services for women offenders who are primarily transitioning from an institutional setting into the community. TLC also provides residential community housing for referrals by the Pennsylvania Board of Probation and Parole.

TLC has a capacity for 34 beds and offers a gender responsive program for women offenders, only. One building (900 West Third Street) has six bedrooms with 18 beds. W. Third Street, also known as "900", also houses the Executive Director's office on the first floor, and the TLC administrative offices on the third floor. The second building, adjacent to the West Third Street building, is 309 Maynard Street, also known locally as "309". The Maynard Street building has four bedrooms with 16 beds. Both adjacent turn of the century homes have full kitchens, dining and laundry facilities. TLC is located one block from public transportation in a rural central Pennsylvania mountain town of approximately 30,000 residents.

The remaining building on the property is a garage, which sits behind Building 900, and contains primarily lawn mowers and small lawn hand tools. A small employee and visitor parking lot is located behind Building 900. Parking for employees and visitors is also available on Maynard Street.

TLC is a community corrections facility that emphasizes connection to the community. Residents are assigned to complete groups according to their criminogenic needs. TLC employs 3 Case Managers to work individually with residents to accomplish their prescriptive program goals. The majority of the residents of TLC are parolees from Pennsylvania's two female state correctional institutions. Additionally, State Intermediate Punishment, SIP, residents are often housed at the Center. These residents spend approximately 4-6 months at the TLC, and then furlough to their approved home plan for six months with unannounced visits and urinalysis testing. Halfway Back residents are also housed at TLC. These residents were on parole and because of technical violations have been referred to TLC instead of being returned to a State Prison. These Halfway Back residents normally participate in TLC programming for a period of 90 days.

TLC reports the average length of stay at TLC is 3-6 months. 108 residents were admitted to TLC during the last 12 months.

TLC has been successfully accredited by the American Correctional Association, ACA, since 2003. The next scheduled audit is September, 2017. TLC is inspected annually by the BCC, with monthly visits conducted by a BCC Contract Facilities Coordinator, CFC. Annually, the Director of BCC conducts an on-site visit of TLC, and all other PA DOC Community Corrections Facilities and CCFs.

The TLC Mission and Description is as follows: Transitional Living Centers, Inc. provides a supportive community that enables incarcerated women to make a positive and productive transition back into society.

The Transitional Living Centers, Inc. is a community-based, not-for-profit residential program providing services to women who have been convicted of a crime and are about to re-enter society. As a state contracted community corrections center, the TLC provides supervision and assistance in a home-like environment. The residential facilities accommodate offenders who are referred by the Department of Corrections as state intermediate punishment cases, parole cases, or are referred by the Parole District Office as half-way back cases. Professional staff persons provide coverage, support and services, twenty-four hours a day to help prepare each woman for the emotional, financial, and behavioral challenges of independent living.

## **SUMMARY OF AUDIT FINDINGS**

Seven Standards Exceeded: 115.211, 115.216, 115.217, 115.231, 115.241, 115.251, 115.273

Three Standards Not Applicable/NA: 115.212, 115.234, 115.235

Number of standards exceeded: 7

Number of standards met: 29

Number of standards not met: 0

Number of standards not applicable: 3

### **Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

Auditor reviewed Pennsylvania Department of Corrections, PADOB/BCC Administrative Directive 008 (BCC-ADM 008) Prison Rape Elimination Act, effective September 21, 2015. This policy provides direction for Commonwealth facilities and contracted facilities, requiring compliance with all applicable PREA standards. Page one of the policy states that there is zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines the agency's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited conduct and includes sanctions for those found to have participated in prohibited behaviors.

Transitional Living Centers, Inc., TLC, has designated a PREA Coordinator to develop, implement, and oversee agency efforts to comply with the PREA standards. During interview with the PREA auditor, the PREA Coordinator, PC, advised auditor that she has sufficient time and authority to comply with this standard. Into her second year as PC, she advised that she has become more comfortable with her duties. In the organizational chart, she reports directly to the TLC Executive Director. Auditor has verified this direct line of authority from the Executive Director through interviews of the PC and the Executive Director. The PC works closely with the PADOB Bureau of Community Corrections Contract Facilities Coordinator (CFC) concerning any PREA policy revisions, procedures to be implemented, etc. The PC advised auditor that she and TLC have an excellent working relationship with BCC and their assigned CFC.

Based upon auditor's review of the TLC Pre-Audit Questionnaire, PAQ, and the on-site observations during the 2-day audit, auditor has concluded that the PC has sufficient time and authority to carry-out her duties, and does so in a very proficient and conscientious manner. The DOC PREA policy (BCC-ADM 008) is very clear, with a comprehensive Procedures Manual mirroring the basics of the PREA standards, and going into further detail to provide additional direction to personnel in the performance of their duties. Auditor has observed the proper implementation of the PREA standards at TLC, and a concerted effort by the management, the TC and personnel to ensure the sexual safety of the TLC residents.

### **Standard 115.212 Contracting with other entities for the confinement of residents**

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

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Not Applicable—TLC does not contract other entities for the confinement of TLC residents.

### **Standard 115.213 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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Auditor reviewed the most recent Staffing Plan Development Committee minutes, dated November 30, 2016. This meeting was attended by the Executive Director, the prior serving PC and the current PC. Items reviewed included current policies, agency operations manual, staff positions/responsibilities, and PREA implementation and review for additional lighting and cameras. Auditor reviewed the TLC Staffing Plan, dated 5-17-16, whose purpose is: To provide supervision and monitoring adequate to prevent the sexual abuse of those confined in the facility as pursuant to community confinement standards.

During interview with the current Executive Director (retirement date of June 30, 2017) and Interim Executive Director, auditor was advised that TLC considers the physical layout of the facility (2 residential buildings/residences), the composition of the resident population (all female, primarily in reentry process) and the prevalence of incidents of sexual abuse, when annually assessing staffing levels and the need for additional video monitoring. Auditor notes that the most expansion of to the video monitoring system occurred in April, 2016, resulting from an internal PREA assessment conducted by the Executive Director and the facility PC.

The Executive Director stated that the PC reviews the printed staff schedules and timesheets, and the automated system in SecurManage in order to check for compliance with the staffing plan. The Executive Director and PC also conduct management walk-thrus of the buildings. Any instance of non-compliance with the staffing plan would result in a DC-121, Report of Extraordinary Occurrence, and staff discipline if appropriate. The PAQ reports that there were no deviations from the staffing plan during the last 12 months. The average daily number of residents during the last 12 months was 34. The staffing plan is predicated on a average daily number of 34 residents. On the first day of the two-day audit, the TLC resident population was 28.

Based upon policy/procedures review, staff interviews and auditor’s on-site review, auditor has determined that TLC is in compliance with this standard. The 24-hour assignment of one Resident Advisor to each residential building, i.e. “900” and “309” provides sufficient security coverage and resident monitoring. The video monitoring system provides excellent deterrent, detection and investigative capability for the facility in enhancing the sexual safety of the resident population. Staff supervision will be enhanced and more efficiently recorded upon implementation of the bar-code reader system. This system was pending activation while the auditor was on-site. Purchase and deployment of such a system evidences the TLCs leadership objective that proper supervision and monitoring is being provided

**Standard 115.215 Limits to cross-gender viewing and searches**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Auditor reviewed PADOC Policy and Procedures Manual, Facility Security, 6.3.1, Section 30-Searches, b. page 13 and e. page 16; and BCC-ADM 008 PREA Procedures Manual Section 2 – Prevention and Training, K. Cross Gender Searches and Supervision, page 2-6. The DOC policy is consistent with the PREA standards, prohibiting male pat searches or strip searches of female residents except in exigent circumstances.

The TLC PAQ reports 0 pat searches or strip searches of female residents by male staff during the last 12 months. TLC has a complement of 23 staff members, all female with exception of the recently retired Executive Director, and a retired part-time maintenance employee. A PREA Audit Report

newly hired part-time maintenance employee is male, and auditor has confirmed that he has received the required PREA orientation and signed the PREA training document/receipt, dated 9-17-17, Attachment 2-H. Two additional part-time/intermittent contracted individuals are also male, (information technology and pest prevention).

Effective July 3, 2017, all TLC full-time personnel were females, to include the Interim Executive Director. TLC reports that 42% of TLC staff have received training in conducting searches of transgender and intersex residents in a respectful and professional manner, consistent with security needs. Full time security Resident Advisors (all female), have received PA DOC Basic Training Academy training in 2014 on conducting resident strip and pat down searches. A refresher training was conducted in December 2015, and another on May 12, 2017, training 17 staff members. Auditor reviewed the TLC Training Attendance Sheet evidencing all participants signatures. This training was conducted on-site by a Lieutenant dispatched by the PADOCC BCC. TLC utilizes the PREA Resource Center CBT training, Guidance in Cross-Gender and Transgender Searches, for the refresher training provided to personnel.

Interviews of random Resident Advisors have confirmed that this on-site training on search procedures was conducted in 2017. The PAQ reports that there have been 0 transgender or intersex inmates housed at TLC during the last 12 months.

All 11 residents interviewed advised auditor that male staff announce their presence when approaching the housing unit floors. Auditor has witnessed the Executive Director announce his presence and this auditor has also announced his presence by speaking loudly "Man on the floor." All 7 random Resident Advisors interviewed informed auditor that male staff do announce their presence to the residents, as "Man on the floor." Both the staff and residents interviewed advised auditor that female residents are never naked in full view of male staff. Auditor notes that auditor observed all resident shower and toilet areas during on-site review. All showers and toilet areas are private, and bedding areas are within single or multi-occupancy rooms, on the second floor of the two buildings, i.e. Building 900 and Building 309.

#### **Standard 115.216 Residents with disabilities and residents who are limited English proficient**

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

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

Auditor has reviewed PADOCC BCC ADM 005, Bureau of Community Corrections Resident Legal Procedures Manual, Section 1-Reasonable Accommodations, D., page 3; PADOCC BCC Language Line Information; BCC ADM 008 PREA Procedures Manual, Section 2-Prevention and Planning, Attachment 2-M Spanish; TLC Training Records, dated 3-1-17; Interpreter/Transliterators contract, dated 6-14-16.

In order to make a determination of compliance, auditor interviewed random staff. Personnel responded that they were aware of the prohibition concerning using resident interpreters or resident readers to assist other residents in reporting incidents of sexual abuse. Staff were not aware of TLC using a resident interpreter in the past. One staff member advised that TLC once housed a resident who had a hearing disability. There were no Limited English Proficient, LEP, or disabled residents currently housed at TLC to interview.

Auditor reviewed PADOCC policy and procedure which requires the use of contracted interpretation services, as needed. Policy also includes a prohibition of use of resident interpreters, resident readers or other types of assistants except in limited circumstances. Auditor reviewed a contract initiated by TLC with a interpreter/transliterators provider dated June 14, 2016, which was utilized on 6-20-16 to provide necessary sign language services with a resident. Auditor reviewed TLC training records which report that 15 staff have received training in "Managing Inmates and Juveniles Who Require Accommodations for Disabilities." This was an on-line training module available from Relias Training. 13 of the 15 employees trained on 3-1-17 on this subject were Resident Advisors. TLC has rarely required interpretation services, but has policy and procedures in place to readily acquire them. TLC has a Spanish version of the PREA education program (Attachment 2-M Spanish), provided to all contract facilities by the PADOCC. The PREA Notice signs posted throughout TLC (bright yellow) are also posted in Spanish, and include essential information concerning PREA and reporting methods. In addition, TLC has one staff member that can provide Spanish translation services, as necessary. Based upon auditors review of policy documentation, facility training records, staff interviews, and swift action in acquiring sign language services during the last 12 months, it is determined that TLC meets and exceeds the requirement of this standard.

### Standard 115.217 Hiring and promotion decisions

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

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Auditor reviewed the TLC Employee Handbook, revised 05/2016. All provisions of this standard, 115.217 a through h, are included in the Employee Handbook. Chapter 2 of the Employee Handbook, Hiring Procedures, pages 5-6, includes PREA Community Confinement Standard 115.217 Hiring and Promotion decisions. Auditor also reviewed BCC ADM 8.3.1 Security Procedures Manual, Section 31 – Contractor and Volunteer Clearances, A through G, pages 31-1 thru 31-6. This comprehensive procedure includes all PREA standard provision requirements, and includes a required annual clearance review of all contracted staff and volunteers. The policy Attachments were also reviewed: Attachment 31-A, Community Corrections Clearance Application; Attachment 31-B, PREA Questionnaire; Attachment 31-C, Consent to Release PREA Information; Attachment 31-D, PREA Employer Response; Attachment 31-E, JNET/CLEAN Process Checklist; Attachment 31-F; and Attachment 31-G, Clearance Notification Letter.

The TLC PAQ reports that 1 individual contractor was hired in the last 12 months who may have contact with residents who has had a criminal record check. The PAQ further reports that 3 total (100%) of the contracted staff have had criminal record checks conducted in the last 12 months, for those individuals who may have contact with residents. Auditor interviewed the Human Resources Director, who advised auditor that TLC complies with all requirements of the PREA Standard (a-h). She noted she recently conducted a background check of the newly hired part-time maintenance employee, who has not started actual employment. The maintenance candidate has passed his criminal background check, as certified/approved by BCC. Auditor reviewed the Attachment 31-B form signed by the maintenance candidate containing the 5 PREA inquiries; the 31-A form sent from TLC to BCC; and the 31-G form returned to TLC clearing the candidate for duty at TLC. TLC provides the BCC of PADOE with all current employee information annually, usually in January of each year-all such information was provided to BCC in January of 2017. The BCC conducts annual NCIC (National Criminal Information Center) criminal record checks and then the BCC notifies the Executive Director if there any employee or contractor concerns noted.

The Employee Handbook includes an affirmative duty for TLC employees to disclose misconduct, including sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution, and community sexual abuse or civil or administrative adjudications concerning sexual misconduct.

Based upon auditors review of the comprehensive agency policy, agency documentation, procedures and verifications conducted by this auditor, and interview with the HR Manager, it is determined that TLC exceeds the requirements of this standard, as the agency obtains annual NCIC checks on all employees and contractors, and completes all other standard requirements in a timely and proficient manner.

### Standard 115.218 Upgrades to facilities and technologies

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

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Auditor interviewed the Executive Director, who advised that there have been no substantial expansions or modifications of existing facilities in the last 12 months. The Executive Director advised auditor that the last upgrade to the video monitoring system was conducted in early 2016, prior to the first PREA audit. The objective of TLC was to expand monitoring capability to enhance safety by adding additional cameras.

Recently, auditor was informed that lighting has been upgraded in the two buildings' bedrooms and bathrooms. Auditor requested and received documentation confirming that a contract for \$2,425.00 was completed in February, 2017, to upgrade the lighting in both buildings, 900 West Third Street and 309 Maynard Street. Auditor reviewed the most recent annual staffing review committee meeting minutes to confirm the lighting upgrade was discussed by the committee. Auditor has determined that TLC is in compliance with the standard, and follows the required procedures in order to ensure and enhance the sexual safety of their residents.

### **Standard 115.221 Evidence protocol and forensic medical examinations**

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

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Auditor has reviewed BCC-ADM 008, Procedures Manual, Section 4, Responding to a Report of Sexual Abuse, C. 2. page 3, which requires that all victims of sexual abuse be offered access to a forensic medical examination at an outside facility, without financial cost to the victim, using a SAFE or SANE where possible. If a SAFE or SANE cannot be made available, the exam can be performed by other qualified medical practitioners and documented appropriately. Auditor has reviewed the University of Pittsburgh Medical Center (UPMC) Sexual Assault Examinations & Treatment Memorandum of Understanding (MOU) Attachment 4-A, dated 1-27-17, listing Williamsport Regional Medical Center as providing SAFNET nursing staff that have received special education in the care of patients who have been sexually assaulted. These nurses have been trained to do physical examinations that include the collection of evidence and specimens.

The TLC PAQ reports 0 forensic medical exams conducted during the last 12 months, due to a sexual abuse of a resident at TLC. Auditor has reviewed the PREA-Rape Crisis Center Letter of Agreement, dated January 30, 2017 between TLC and the Wise Options program of the Lycoming County YWCA. Wise Options would provide a representative to provide victim advocacy and accompany a sexual abuse victim to the hospital (Williamsport Medical Center) or other location where a forensic exam is to be conducted. The representative would provide confidential supportive services by either telephone, mail or in person, and would accompany the victim to court proceedings concerning the alleged sexual assault.

Auditor interviewed the Executive Director of Emergency Services at Williamsport Medical Center. The Medical Center has trained SANE nurses on-call. If none were available the attending physician would conduct the forensic medical examination. The Director advised auditor that the hospital co-partners with the YWCA's Wise Options program when receiving sexual abuse patients. The hospital would contact Wise Options and they would dispatch a trained Counselor to accompany and support a victim of sexual abuse while in the Emergency Room. The Counselor would provide victim advocacy to the patient. Law Enforcement would also be contacted by the hospital, if had not already been done, and as requested by the victim. The Executive Director of Emergency Services was not aware of any transports of a sexual abuse victim to the ER of Williamsport Medical Center during the last 12 months.

Auditor interviewed the agency PREA Coordinator, who advised auditor that she would take the victim to the hospital, and she would notify Wise Options to provide a Rape Crisis Counselor. The PC advised auditor that TLC has MOUs with Wise Options and Williamsport Medical Center to provide the services required by the standard. Auditor successfully tested the Wise Options Crisis Hotline (1-800-326-8483), and the Wise Options Counseling phone number posted at TLC (570-323-8167). For both calls made by auditor, the responding on-duty Wise Options representative stated that if a sexual abuse had reportedly occurred, a counselor would be activated to respond to the facility or hospital to function as an advocate and for emotional support and counseling. Other calls would be directed or referred by the on-duty staff accordingly. There were no residents available to interview that had suffered a sexual abuse at TLC during the last 12 months.

### Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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In order to make a determination of compliance, auditor reviewed BCC-ADM 008, PREA Procedures Manual, Section 5, Investigations and Retaliation Monitoring, page 1; and TLC PAQ.

The TLC PAQ reports 5 allegations of sexual abuse or sexual harassment received in the last 12 months; 3 of those allegations received resulted in an administrative investigation; and 0 allegations received resulted in a referral for criminal prosecution. During on-site review auditor reviewed all investigative files for the 5 allegations and the subsequent investigations conducted. Auditor reviewed these files with the TLC PC and the Officer in Charge/Security Captain (by phone) of the BCC Main Operations Center, MOC. The MOC is the BCC department responsible for investigating all sexual abuse and sexual harassment allegations at PA DOC community corrections facilities and contract facilities.

Auditor reviewed the PA DOC website, at: [www.cor.pa.gov/](http://www.cor.pa.gov/), finding that appropriate documentation (ADM 008 Prison Rape Elimination Act, Policy Statement and Procedures Manual) is posted concerning PREA. The BCC-ADM 008 Section 5, Investigations and Retaliation Monitoring, page 1, states that every reported incident/allegation of sexual abuse or sexual harassment of a resident will be investigated promptly, thoroughly, objectively, and a confidential report compiled. The DOC policy describes the agency's role during administrative investigations, and its role when cases are referred for criminal prosecution.

Based upon auditor review of the policy requirements, review of the five reported allegations during the last 12 months, and interview with the BCC-MOC Security Captain, auditor has confirmed that TLC meets the requirements of this standard. TLC has a verifiable reporting process/documentation, with all aspects satisfying the BCC PREA policy and the PREA Standard. While 3 of the 5 reported PREA allegations were determined to not consist of sexual abuse or sexual harassment, TLC processed these reports, reported them to BCC-MOC, and timely and thorough investigations were conducted in accordance with policy.

### Standard 115.231 Employee training

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

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

Auditor reviewed BCC-ADM 008, Section 2, Prevention and Training, pages 10-11; PA DOC Basic Training-PREA curriculum (classroom/Instructor facilitated).

The PAQ advises that TLC employees attend PA DOC basic training upon hire, receiving PREA training at the DOC Training Academy. Auditor reviewed the PA DOC Course Lesson Plan presented at the Central Training Academy. This Basic Training-PREA, consists of a comprehensive overview, review of definitions and key concepts, first responder duties, a Quick Reference Guide, responder "Helpful Hints," review of PREA Risk Assessment Tool, and Resident PREA Orientation and Staff Training. They are then PREA retrained every

two years, on-site, and receive refresher information during the odd years. TLC utilizes Relias Learning (CBT-online training), and BCC staff to provide group trainings at TLC.

TLC currently employs 23 staff members. The PAQ advises that all staff have been properly PREA trained. Auditor has reviewed a sample of requested staff training records, and rosters of the training sessions held during the last 12 months, which included on-site Search Procedures; PREA: What it Means for You and Your Agency (online); and Managing Inmates and Juveniles Who Require Accommodations for Disabilities, (Relias Training online). The PC coordinates PREA trainings with the Human Resources Manager, who is responsible for employee training. Auditor has reviewed class rosters containing staff signatures evidencing attendance. Auditor has verified that the new part-time maintenance employee has received the on-site PREA orientation required.

Auditor has interviewed random Resident Advisors, who have demonstrated to auditor that they have received prior PREA training and are familiar with the agency's zero tolerance policy, resident's rights, the dynamics of sexual abuse and sexual harassment in confinement, their mandatory reporting responsibilities, detecting signs of threatened and actual sexual abuse, communicating effectively with all residents, and avoiding fraternization and inappropriate relationships with residents. Responses of the Resident Advisors indicates they are prepared to act as first responders accordingly in responding to a sexual abuse allegation or incident, i.e. separate the individuals, notify the PC, secure the scene, etc.

TLC has a well-documented training program, and they seek additional training resources to further the professional development of personnel. Based upon staff interviews, auditor has observed employee pride and professionalism to be evident. Staff are not resistant to training, but receptive and attentive. The management team works well together in identifying and presenting such training modules, with support from BCC.

#### **Standard 115.232 Volunteer and contractor training**

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

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

Auditor reviewed PA DOC PREA Orientation Receipt for Department and Contract Employees, Volunteers, and Interns, Attachment 2-G of BCC-ADM 008, Section 2-Prevention and Training; TLC PAQ.

Auditor reviewed the BCC-ADM 008, Attachment 2-G, which serves as the PREA Orientation and signature receipt for contracted employees, volunteers and interns. This document includes the Definitions of sexual abuse and sexual harassment, and the Prohibitions and Reporting Requirements.

In order to make a determination of compliance auditor interviewed a contracted employee. This employee advised auditor that he recalled receiving the PREA orientation, and is aware to report any incidents or information he is aware of concerning sexual abuse or sexual harassment of residents. Auditor verified that this contracted employee had received the required PREA orientation, in August 2016. This employee is one of 3 contracted employees that service TLC. All have reportedly received the required PREA orientation; auditor verified this report by requesting and obtaining copies of the Attachment 2-G signature page/employee receipt for PREA Orientation for the 3 contracted staff members. All of the PREA Orientations were conducted by the PC, and receipted-for by the individual contractors, i.e. June 2016; August 2016; and March 2017. There are no volunteers or interns utilized at TLC.

#### **Standard 115.233 Resident education**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

In order to make a determination of compliance auditor reviewed BCC-ADM 008, Section 2-Prevention and Training, Section ). Resident Education, pages 11-13; Attachment 2-I, PREA Brochure, Sexual Abuse Awareness-End The Silence (English and Spanish); Attachment 2-K, PREA Brochure Receipt for Residents; and Attachment 2-N, PREA Education Receipt for Residents.

The TLC PAQ reports that 106 residents received the PREA Brochure upon reception at Intake during the last 12 months. The PAQ reports that 25 residents were transferred to TLC from another community confinement facility during the last 12 months, with all 25 receiving the PREA Brochure/refresher information, upon intake at TLC. This information is available to all incoming residents, in formats accessible to all residents, including those who are Limited English Proficient (LEP), deaf, visually impaired, otherwise disabled, as well as residents who have limited reading skills.

During on-site review, auditor observed PREA information posted throughout the housing areas and common areas of TLC, in English and Spanish. The PREA Brochure is issued in Spanish, as necessary. Auditor notes that there were no LEP residents at TLC during the on-site audit, or housed at TLC during the last 12 months. The PREA Education provided to all residents by the PREA Coordinator is available in Spanish in a typewritten format. Auditor's Notice of Audit was also observed posted in multiple areas of each building of TLC. Auditor learned of a afternoon practice at TLC, wherein the afternoon Resident Advisor reads a Daily PREA Announcement, Attachment 2-L, at 2100 Hours Count (between 2030-2130 hours). This Resident Advisor nightly reads Attachment 2-L, which reiterates TLC's Zero-Tolerance policy against Sexual Abuse and Sexual Harassment, reminds the residents of reporting methods, and directs PREA questions to the TLC PC.

TLC has contracted with an interpretation agency to provide additional services to ensure that all residents are provided the PREA information in accessible formats. Auditor notes that TLC utilized a contracted sign language interpreter on one occasion during the last 12 months.

Auditor interviewed an employee who does intake processing of residents arriving from the community, other community confinement programs or from confinement facilities. This employee advised auditor that she provides an intake orientation and gives the PREA Brochure to all incoming residents. The resident receipts for the PREA orientation/brochure by signing the form. She stated that most of the residents arrive on Mondays, having been released from PA DOC facilities (SCIs Muncy and Cambridge Springs). All of the random residents interviewed advised auditor that they had received the information about the facilities rules against sexual abuse and sexual harassment when they first arrived to TLC. These residents included releases from both PA DOC facilities, and from other community confinement agencies, e.g. ADAPT, and from the community, i.e. Halfway-Back. Auditor requested 2 samples of the Attachment 2-K, PREA Brochure for Residents, of the 11 random inmates interviewed, to confirm that they had received and receipted-for the PREA Brochure. Further, auditor has verified that the two residents auditor had confirmed as receipting for their intake PREA Brochure, had also received their PREA Education and had signed for their PREA Education Receipt for Residents, both within 10 days of reception to TLC. The actual PREA Education is provided to the residents by the PC, with both the resident and the PC signing the PREA Education Receipt for Residents, Attachment 2-N.

Facility policy requires that PREA orientation/information be provided upon intake. The staff interviewed assert that they provide such documentation, and that the residents receipt for it. The residents advised auditor that they received the required orientation upon intake. The auditors review of signed/dated Attachment 2-Ks has confirmed that TLC is consistently adhering to the standard and PA DOC policy requirements.

### **Standard 115.234 Specialized training: Investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Not Applicable.

TLC staff do not conduct investigations at TLC. Any investigation of sexual abuse or sexual harassment is conducted by PA DOC BCC trained investigators. All reports are made to BCC-MOC by TLC staff, normally the PC. The MOC Security Captain then receives the report and assigns a trained BCC investigator to investigate.

Auditor interviewed the BCC MOC Officer-In-Charge (OIC) who advised auditor that all BCC investigators have received the required specialized training for conducting investigations in confinement settings. The BCC Captain/OIC informed auditor that the BCC investigators provide Miranda and Garrity warnings, and have received specialized training in interviewing techniques, sexual abuse evidence collection, and the criteria for substantiating a case for administrative action or prosecution referral. The BCC maintains documentation of all actions taken, and submits investigative reports to the BCC and contracted agency.

Auditor requested and received written verification of completion of the 12-hour mandatory PREA Training for Correctional Investigators course by the two BCC Lieutenants assigned to investigate the 5 alleged cases of sexual abuse/sexual harassment at TLC during the last 12 months.

Auditor has determined that this standard is Not Applicable to TLC, as they do not conduct any form of criminal or administrative investigations. As noted above, BCC performs this duty, and complies with the standard.

#### **Standard 115.235 Specialized training: Medical and mental health care**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Not Applicable. TLC does not employ medical or mental health personnel. TLC utilizes nearby medical and mental services at the Williamsport Medical Center and YWCA/Wise Options program, respectively. TLC maintains MOUs with each agency concerning the medical and mental health services to be provided for TLC residents.

#### **Standard 115.241 Screening for risk of victimization and abusiveness**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**

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

In order to make a determination of compliance, auditor reviewed BCC-ADM 008, Section 2, L. Screening for Risk of Victimization and Abusiveness, pages 2-6 to 2-8; PREA Risk Assessment Tool (English), Attachment 2-D; PREA Risk Assessment Tool (Spanish), Attachment 2-E.

DOC policy requires that an initial risk assessment be conducted within 72 hours of arrival at the facility, and a reassessment be conducted within 30 days after their arrival. The PREA Risk Assessment Tools, or PRATS, were reviewed by auditor. The PRATs assess residents for their risk of being sexually abused by other residents or sexually abusive toward other residents. The PRAT forms consist of one page each (English or Spanish) of risk assessment inquiries, and one page of instructions. These objective screening instruments consider the residents mental, physical or developmental disability, age, physical build, prior incarcerations, criminal history, prior sex offenses against an adult or child, whether the resident is LGBTI, prior sexual victimization, and the resident's own perception of their vulnerability. The TLC PAQ reports that 106 residents entering the facility whose length of stay was 72 hours or more were screened for risk of sexual victimization or risk of being sexually abusive with other residents within 72 hours of their entry into the facility. The PAQ reports 97 residents were reassessed within 30 days of their arrival to TLC, based upon any additional, relevant information received since intake.

Auditor interviewed random residents, with all individuals reporting that they received a risk assessment upon their arrival during the intake process, either the same day as arrival or the next day. All of the residents interviewed were able to identify the PC at TLC.

The PC, who performs the risk assessments, reassessments and PREA education, advised auditor that she completes the initial risk assessment within 72 hours, often the same day or the very next day of the residents arrival. The PC normally calls the resident up to the Admin offices, on the third floor of Building 900. She sits with the new resident and enters the data in the SecurManage software program. Only the PC conducts risk assessments. The PC has programmed an automated computer reminder into the SecurManage software program to alert her to conduct the reassessments within 20-30 days of reception. She then enters the reassessment data into SecurManage. The PC demonstrated the process to auditor on SecurManage. Auditor utilized SecurManage during the PREA Audit to access the TLC PAQ and associated documentation, but did not have authorized access to restricted resident information, including PREA PRAT scores, etc. The PC stated she has never had to conduct a reassessment after 30 days, due to the lack of incidents at TLC, but she understood the reasoning and expectation to do so. The TLC PC has a practice of conducting the reassessments within 20 days of the residents arrival. The PC stated that residents are not disciplined for refusing to respond, or for not disclosing complete information. The PC advised auditor that only she has access to the resident's risk assessment data in SecurManage. In the absence of the PC, a designated Case Manager would conduct the required risk assessments/reassessments.

Auditor requested and reviewed two random PRATS conducted by the PC, of two of the random residents interviewed during the on-site portion of this audit. Both initial PRATs were conducted within 72 hours. Both reassessments conducted by the PC were verified as completed within the required 30 days of arrival to TLC. All were entered and securely stored win the SecurManage computer program utilized by TLC.

#### **Standard 115.242 Use of screening information**

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

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

Auditor reviewed BCC-ADM 008 Section 2-Prevention and Training, L. Screening for Risk of Victimization and Abusiveness, pages 2-6 to 2-8; and M. Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Residents, pages 2-8 to 2-9. This policy document includes the standard requirements of 115.242, a-f.

Auditor interviewed the PC, who advised auditor that risk screening information is used to make housing assignments to keep residents from being sexually victimized or being sexually abusive. The PC noted that the facility Case Managers cannot move a resident without the PC approving such a move. Only the PC has access to the risk assessment data in SecureManage, e.g. High Risk Victimization, High Risk Abusive, Low Risk, etc. She stated TLC makes individualized determinations in order to ensure the safety of each resident. While there were no transgender residents at TLC during on-site review, the PC advised auditor that the resident's own views would be given serious consideration. All LGBTI resident's own views are considered by the PC.

All showers and bathrooms are individual at TLC. The PC advised auditor that LGBTI residents are not segregated or placed in dedicated rooms or buildings. TLC uses the PRAT scores to house accordingly. LGBTI would be intermixed in group rooms or may have an individual room, depending on their own views and security considerations.

Auditor interviewed a bisexual resident who stated she informed staff when provided the risk assessment upon entry into TLC that she was bisexual. She was not placed in a housing area only for lesbian, bisexual, transgender or intersex residents. Auditor confirmed that the bisexual resident was presently housed in a multi-occupancy room at TLC during on-site review. This resident expressed no adjustment concerns at TLC to the auditor.

Auditor found that TLC is in compliance with agency policy and the PREA Standard. The risk assessments and reassessments are completed in a very organized manner by the PC, who has sole access to the assessment data in the agency computer system. She maintains authority to review proposed resident housing moves. The PC is familiar with all TLC residents due to her role and her conscientious work habits and motivation. Due to the diligence of the PC, all the residents encountered at TLC, both formally interviewed and informally engaged, are familiar with the PC, and her duties concerning PREA. The Resident Advisors and Case Managers work well with the residents and the PC in order to ensure the sexual safety of all residents. At TLC, auditor has observed a culture of compliance and teamwork. The favorable group home environment maintained, coupled with the caring, knowledgeable and professional staff serves to promote resident cooperation. No resident interviewed expressed any hesitation in contacting an employee in the event of sexual abuse or sexual harassment situations.

### **Standard 115.251 Resident reporting**

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

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

In order to make a determination of compliance, auditor reviewed BCC-ADM 008, Section 3-Reporting Incidents and Allegations, A-D, pages 3-1 to 3-3. This policy document/Procedures Manual mirrors the PREA Standard, providing direction to facilities concerning resident and employee reporting methods, staff handling of resident reports, retaliation prohibitions, confidentiality of information, and third party reporting. Auditor reviewed the TLC Employee Handbook, pages 13-14, which provides direction to personnel in privately reporting sexual abuse or sexual harassment. The Employee Handbook informs staff to file a report with [www.Tipsubmit.com](http://www.Tipsubmit.com), or by writing: BCI/PREA Reporting, 1800 Elmerton Avenue, Harrisburg, PA 17110.

Auditor reviewed the TLC Resident Handbook, Section I, Prison Rape Elimination Act, pages 4-6. The Resident Handbook includes instructions on filing reports of sexual abuse or sexual harassment by: contacting the nearest non-involved staff member; or by filing an on-line report at: [www.tipsubmit.com](http://www.tipsubmit.com). Auditor successfully tested [www.Tipsubmit.com](http://www.Tipsubmit.com) by utilizing the online resource on August 4, 2017. On August 8, 2017, however, PA DOC/BCC informed contracted facilities that [www.tipsubmit.com](http://www.tipsubmit.com) would no longer be utilized by BCC for resident reporting of sexual abuse or sexual harassment allegations. Auditor conferred with the TLC, who would make the local revisions necessary in order to inform the residents and revise resident instructions on reporting. Henceforth, the BCI/PREA Reporting address would be utilized as a third party reporting mechanism. BCI refers to the Pennsylvania State Police Bureau of Criminal Investigation, BCI.

Auditor Auditor reviewed the PREA brochure, which includes instructions on reporting. This brochure is issued to every TLC resident and receipted for, by resident signature (Attachment 2-K). Auditor also observed staff mailboxes available in the Resident Advisor's office for use by residents in contacting specific personnel.

Auditor interviewed random personnel, who advised auditor that the residents could report allegations of sexual abuse or sexual harassment in writing to the BCI address posted throughout TLC, they could speak with the PC, they could e mail Tipsubmit, notify staff, use TLC website, call the 1-800 number, notify the YWCA, use a third party to report, notify office (Resident Advisor), write to staff, report through roommates, report anonymously, and report in-person. Staff expressed that they would document verbal reports received, immediately or by the end of their shift.

Random inmates interviewed informed auditor that they could report to a staff member or Case Manager, contact the PC, call 1-800 number on posters, use Tipsubmit, inform Resident Advisor, notify family member, call Parole Officer, inform Case Manager or other staff, or report to sponsor. One resident stated she probably would not report such an incident, but that it would never happen at TLC. The majority of residents expressed that they understood that they could report anonymously or through a family member or third party. Auditor explained to several residents how and why anonymous or third party reporting could be used, and that staff would act on the information received regardless of how the information was received.

Random staff informed auditor that they could privately report sexual abuse or sexual harassment in writing, on-line through Tipsubmit.com, in person, verbally or via email to the PC, or by using the phone number or addresses that are posted.

Auditor interviewed the TLC PC, who advised auditor that residents can write to a BCI address, which is posted throughout both buildings of TLC, and by the two telephones on the first floor in each building. Residents can go to website at Tipsubmit.com, or use the Wise Options Toll Free number to report allegations of sexual abuse or sexual harassment. The PC advised that the facility has never been notified that any of the agencies had received a complaint from a resident at TLC.

Auditor determined that the residents were well educated and the staff well trained concerning resident and staff reporting methods. PREA posters and BCI postings were noted throughout TLC during on-site review. The residents have access to their own personal cell phones at TLC, which enables them telephone access 24 hours a day, in addition to the two house telephones located on the first floor in each building for resident's use. Auditor noted during on-site review that computers are available for residents's use in each building, in the Dining Areas. Posters from the YWCA Wise Options, BCI and the Pennsylvania Coalition Against Rape (PCAR) provide addresses, phone numbers and an online address for resident's use. Auditor successfully tested the YWCA Hotline number, and Wise Options Counseling number on August 4, 2017. Auditor successfully tested the PA Coalition Against Rape (PCAR) number (800-692-7445), on August 8, 2017.

Auditor reviewed a DC-121 Part 3-BCC, Employee Report of Incident, submitted during the last 12 months by the PC reporting a sexual abuse of a resident that allegedly occurred at another community confinement facility. This verbal information received by the PC at TLC during the intake process during PREA orientation completion was immediately documented by the RA, processed and documented by the PC, and the other agency and BCC-MOC notified.

#### **Standard 115.252 Exhaustion of administrative remedies**

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

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

Auditor reviewed the TLC Operations Manual, Grievance Procedure, pages 54-55; and PREA Grievance Procedures, pages 55-56. The TLC PREA Grievance procedures include all provisions of Standard 115.252 (a through g). A resident Grievance received alleging sexual abuse or sexual harassment is immediately forwarded to the TLC PREA Coordinator. The PC then notifies BCC MOC, and completes First Responder duties as required by BCC-ADM 008, Section 4. All reports of sexual abuse or sexual harassment are investigated by the BCC Security Division, Main Operations Center (MOC). The TLC Operations Manual includes provisions for resident filing and staff processing of emergency PREA grievances (page 56).

Auditor reviewed the TLC Resident Handbook, page 15, Section N. Grievance Procedure, which states: PREA allegations do not require a grievance. Grievances pertaining to sexual abuse shall be handled in accordance with PREA policy by the PCM at TLC.

Auditor interviewed a Resident who Reported Sexual Abuse. This allegation involved a resident being in-processed during the last 12 months, who reported to the on-duty Resident Advisor that she had been sexually victimized at her prior community confinement facility. According to the resident, the RA immediately contacted the PC, who spoke with her by phone, and then the following day in her office for a half-hour. The resident advised auditor that an investigation was being conducted by her prior facility, and she has not yet received notification of the outcome. The PC at TLC has contacted the prior facility to inquire about any findings, according to the reporting resident. The resident interviewed was aware of the process involved, and she spoke highly of the TLC PC, her response, and interaction with her (the resident). Auditor followed-up with the PC on this matter, and confirmed the version as related by the resident as being factual. The PREA investigation remains on-going by the other agency, as reported by the TLC PC. Auditor has reviewed the noted documentation as related to the auditor by the resident and the PC.

The PAQ reports that 0 grievances have been received in the last 12 months that alleged sexual abuse, or reporting that a resident was in imminent risk of sexual abuse. There were no actual incidents of sexual abuse at TLC during the last 12 months, or grievances alleging such abuse, or sexual harassment. The one case where an incoming resident reported a prior sexual abuse, the RA receiving the allegation immediately notified the PC, who took immediate action in speaking with the resident by phone, meeting with her the following day, and documenting all actions taken. A second similar case of a sexual abuse allegation from a prior facility also remains under investigation, as reported to TLC staff upon reception. TLC staff have demonstrated an awareness of PREA responsibilities and first responder duties, even though there were no actual allegations of sexual abuse, or incidents at TLC during the last 12 months.

### **Standard 115.253 Resident access to outside confidential support services**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Auditor reviewed BCC-ADM 008, Section 4-Responding to a Report of Sexual Abuse, C. pages 4-3, 4-4, which requires facilities to provide residents with access to outside victim advocates for emotional support services, providing addresses and telephone numbers of local, state or national victim advocacy or rape crisis organizations, and to enable reasonable communication between residents and those organizations in as confidential manner as possible. Auditor reviewed the YWCA Northcentral PA website, at: [www.YWCAwilliamsport.org](http://www.YWCAwilliamsport.org), and the Wise Options webpage describing Counseling Services available to community citizens and TLC residents. The YWCA Toll-Free Crisis Hotline number is 1-800-326-8483; the Wise Options direct line is 570-323-8167. Auditor observed both phone numbers posted prominently throughout TLC during on-site review. Auditor conducted successful tests of the Crisis Hotline and Wise Options program telephone numbers on August 5, 2017, speaking with an advocate representative during each call.

TLC has renewed their Letter of Agreement (Attachment 4-B of BCC-ADM 008, Section 4) with Wise Options to provide resident advocacy and confidential supportive services to sexual assault victims either by telephone, mail or in person. This document is signed by the TLC PREA Coordinator and Wise Option Co-Program Director.

Random resident interviews supported TLC’s PREA education efforts with the resident population. The majority of residents interviewed were knowledgeable concerning the Hotline availability and community counseling services available. A resident noted to auditor that the residents at TLC are allowed to possess their own cell phones, so this enables them to contact an outside agency at any time. Also posters with community agency contact information are posted next to the two “house phones” or hard-line phones available to the residents on the first floor of each building. The residents reported that there are Hotline numbers available, addresses and websites, and “literature all over the house.” Another resident informed auditor that this information is “drilled-in” to the residents of TLC by the staff and through the postings. One resident interviewed who reported a prior sexual victimization at another facility stated that she was aware that the communication between residents and these organizations remains private, except when used for investigative purposes.

### **Standard 115.254 Third-party reporting**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make a determination of compliance, auditor reviewed the TLC website ([www.tlcwilliamsport.org/](http://www.tlcwilliamsport.org/)) to verify that the agency publicly distributes information concerning third party reporting of sexual abuse or sexual harassment. Auditor reviewed the PREA posting which includes methods to report, i.e. [www.tipsubmit.com](http://www.tipsubmit.com); or in writing to BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110. The TLC website provides an overview of the PREA legislation, and emphasizes the Transitional Living Centers, Inc. Zero Tolerance against sexual assault and sexual harassment. The PA DOC website, at: [www.cor.pa.gov](http://www.cor.pa.gov), instructs viewers to file reports verbally or in writing, to use the BCI/PREA address provided, or to write to the Pennsylvania Coalition Against Rape, i.e. PCAR, P.O. Box 400, Enola, PA 17025.

The PREA brochure, Sexual Abuse Awareness, End the Silence, issued and receipted-for by all incoming residents to TLC includes the address for the BCI/PREA Coordinator; address for the PCAR (Pennsylvania Coalition Against Rape); and the website for [www.tipsubmit.com](http://www.tipsubmit.com). The Resident Handbook, page 6, informs residents that [www.tipsubmit.com](http://www.tipsubmit.com) can be used for third party or anonymous reporting of sexual abuse or sexual harassment.

The Employee Handbook, page 13, PREA, informs personnel that to report anonymously or for third party reporting to utilize either the BCI/PREA Coordinator office address, or to go online to: [www.tipsubmit.com](http://www.tipsubmit.com).

#### **Standard 115.261 Staff and agency reporting duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Auditor reviewed BCC-ADM 008, PREA, Section 3-Reporting Incidents and Allegations, page 3, D, which requires all staff to make an immediate verbal report to the facility director of any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Auditor interviewed the TLC Executive Director, who advised auditor that all allegations, from any source, of sexual abuse or sexual harassment are reported to the PC, who notifies the BCC MOC. Based upon interviews of random staff, auditor has concluded that personnel are aware of their requirement to report any information concerning sexual abuse or sexual harassment, retaliation or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff related to auditor the information they would provide when reporting, expressing awareness of confidentiality. Staff mentioned a “need-to-know” concerning information, and that unauthorized sharing of information is “not tolerated.”

#### **Standard 115.262 Agency protection duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

BCC-ADM 008 PREA, Section 2-Prevention and Training states that the PREA Compliance Manager duties include, D-5, page 2-2: Ensure that when staff learns that a resident is subject to a substantial risk of imminent sexual abuse, appropriate, immediate action will be taken to protect that resident. 008, Section 3-Reporting Incidents and Allegations, page 3-1 requires that employees take immediate action to protect the resident and verbally contact the Facility Director/designee for additional direction. This information shall be documented on a DC-121, Part 3-BCC, Report of Extrordinary Occurrence.

The TLC PAQ reports that there 0 occurrences during the last 12 months where the agency determined that a resident was subject to substantial risk of imminent sexual abuse.

Auditor interviewed the Executive Director, who advised auditor that the TLC PC would be immediately notified that a resident was a substantial risk of imminent sexual abuse. The staff would then separate the alleged abuser and victim if an incident allegedly occurred. Staff could separate by assigned rooms, or buildings; or possibly transfer one of the residents to another BCC location, based upon the level of risk involved. Random staff were very familiar with their first responder duties, and practices to protect potential victims. Auditor was advised that staff would first separate the residents, or put one in one house, and the other in the other house; make safe; separate and secure; have them walked to the other house-whatever is necessary; separate them immediately; keep safe #1 priority; notify/call PC; block off room if something is happening at the time.

Based upon auditor review of agency policy and interviews with random staff and the Executive Directive, auditor has determined that a resident at risk of sexual abuse would be protected by facility personnel. Staff are sufficiently trained at TLC concerning the PREA standards, based upon the employees knowledgable interview responses and training records review. In the last 12 months, there have no alleged cases of sexual abuse, or residents requiring protection to ensure their sexual safety.

### **Standard 115.263 Reporting to other confinement facilities**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Auditor reviewed BCC-ADM 008, PREA, Section 3-Reporting Incidents and Allegations, page 3-4. The policy language is consistent with the PREA standard. Additionally, the facility receiving the information shall verbally notify the BCC-MOC without delay.

Auditor reviewed the PAQ which reports two residents in the last 12 moonths reported to TLC staff that they had been sexually abused at another facility. Auditor interviewed one of these two residents, who had reported the incident to the RA upon the Intake process at TLC. She was also interviewed by the PC, the day she arrived and informed staff of her alleged victimization, by phone. The PC interviewed her further, in-person, the following day in the PC’s office. All required actions/notifications were completed. The PAQ reports that there were no instances of other facilities reporting that a resident had alleged that she was sexually abused at TLC, in the last 12 months, prior to

arriving to her new location.

During interview with the Executive Director, he advised that there has never been a case when TLC has received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at TLC. If it would occur, i.e. TLC receiving such a notification, TLC would refer this information to the PC. The PC then notifies BCC-MOC and files a DC-121 report. The BCC or the TLC PC will notify the alleged confinement facility of the report received within 72 hours of receiving the allegation.

#### **Standard 115.264 Staff first responder duties**

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

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

Auditor reviewed BCC-ADM 008, PREA, Section 4-Responding to a Report of Sexual Abuse, B. page 4-2. This 008 Procedures Manual Section addresses First Responder Duties. The actions to be taken include separating the alleged victim and abuser, and preserving and protecting any crime scene. The BCC policy also includes direction to call "911" if a physical and/or sexual assault is currently in progress, escorting the victim to a safe location away from others, and filing a BCC First Responder Checklist (Attachment 4-D) and a DC-121, Part 3-BCC.

In the last 12 months, TLC reports receiving two allegations of sexual abuse (not at TLC). These reports was not timely made to provide for preservation or collection of evidence. The staff person receiving this report, however, immediately notified the facility PC, who interviewed the arriving resident. One of the two alleged resident victims was subsequently interviewed by auditor. She advised that upon informing the TLC at intake, the RA notified the PC at home, who spoke with her by phone and then met with her the following day. The PC has since discussed the ongoing investigation with her, being conducted at another facility, and has inquired about receiving a notification at TLC when the investigation is complete.

Auditor interviewed a non-security staff who have acted as a first responder. This employee advised auditor that she would separate the alleged victim and abuser; if it occurred on-site, secure the room; take actions to preserve evidence; contact PC-if PC is not available, call BCC-MOC; offer resident victim services; ensure resident is transported to hospital; a Wise Options staff person would accompany to hospital (hospital only 2 miles away, and Wise Options/YWCA is several blocks away).

While TLC staff have minimal practical experience in responding to sexual abuse incidents or allegations, they do evidence good job knowledge concerning PREA and their first responder duties. Random staff interviewed provided responses indicating staff are knowledgeable concerning their individual duties in the event they receive allegations or encounter an incident of sexual abuse.

#### **Standard 115.265 Coordinated response**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

Auditor reviewed TLCs Institutional Plan (115.265) which assigns duties and responsibilities to First Responders and the PREA Compliance Manager/PREA Coordinator. TLC does not have on-site medical, mental health or investigative personnel. During interview with the Executive Director, he advised that the PC has the key role in receiving notification from staff of an incident of sexual abuse. The residents would be separated by staff. The PC then takes appropriate action given the circumstances of the information received or incident.

TLC has a written institutional plan. The Executive Director, the PC and random staff interviewed are all aware of the roles personnel play in responding to an incident of sexual abuse. Further, auditor interviewed the Williamsport Medical Center Executive Director of Emergency Services and the BCC-Security Division OIC of investigations. Auditor has determined that TLC has in-place a workable plan, with staff familiar with the roles of facility personnel, BCC MOC, Wise Options and Williamsport Medical Center. Staff interviews establish that the employees are properly trained resulting from frequent and effective training offerings.

### **Standard 115.266 Preservation of ability to protect residents from contact with abusers**

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

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

Transitional Living Center, Inc. does not have any collective bargaining for their employees. TLC maintains their ability to assign personnel and/or discipline staff.

BCC-ADM 008, Section 7- Disciplinary and Administrative Action, A. Staff Discipline, provides direction and support to TLC concerning employee violations of sexual abuse or sexual harassment policies. Staff shall be subject to disciplinary sanctions or administrative action up to and including termination. This also includes contractors and volunteers. Contract agency hiring, firing and promotional practices must comply with the National Prison Rape Elimination Act (PREA) standards.

The TLC Employee Handbook, Chapter 2, General Employment Policies, Section XII – Corrective Policy and Procedure, pages 12-13, provides for remedial administrative actions with personnel, and employee discipline up to and including termination for violation of applicable PA DOC policies and procedures, agency policies or criminal conduct in the community.

The TLC Operations Manual, Section 5. C. x. Code of Ethics, pages-61-62, includes regulations governing the behavior of staff towards residents. Included in that Code (BCC Code of Ethics) is the regulation that there shall be no fraternization or private relationship of any kind between staff and residents. Residents shall be free from sexual harassment by staff and/or other residents, with employee conduct in compliance with TLC's/BCC's PREA Policy and Procedures Manual.

### **Standard 115.267 Agency protection against retaliation**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Auditor reviewed BCC-ADM 008 PREA, Section 5 – Investigations and Retaliation Monitoring, B. Retaliation Monitoring, pages 5-1 thru 5-2; BCC-ADM 008, Attachment 5-A - Retaliation Monitoring form. Auditor notes that the BCC PREA policy language is inclusive of all 115.267 standard element requirements.

The TLC PAQ reports 0 number of times an incident of retaliation occurred during the last 12 months.

At TLC, the PREA Coordinator has been designated as the staff person responsible for monitoring retaliation. During interview, the PC advised auditor that she would monitor for 90 days, or until they are released, and this can be extended if necessary. The PC noted that there have been no claims of retaliation to-date. She could use housing unit moves to separate residents, as a precaution. She would monitor the residents behavior, staff behavior, and utilize other staff to monitor for any out of the ordinary behavior. The PC strives to establish open communications with all the residents, so they are comfortable with her and willing to come to her if there is ever a problem.

The Executive Director informed auditor during interview that the PREA policies are clear, that retaliation is prohibited. He informed auditor that the PC is tasked with monitoring retaliation at TLC. Such a monitoring period could go to 90 days, or beyond. For other protective measures, the residents could be moved to a different room or house, or transferred to another contracted community program. Staff disciplinary action for retaliation could result up to termination of the employee.

While the TLC has not had any claims of retaliation, or incidents of sexual abuse or sexual harassment that would have resulted in retaliation monitoring during the last 12 months, it is concluded by auditor, based upon policy review and staff interviews, that TLC personnel are fully informed and aware of the requirements for such retaliation monitoring. During the last 12 months, the PC initiated Retaliation Monitoring on two occasions as a precaution, due to information received by TLC staff. The PC documented all weekly retaliation contacts (Attachment 5-A), and discontinued both monitorings upon the release of the two residents, in 2016. Auditor reviewed this documentation. Staff at TLC would utilize room reassignments or building reassignments, or possibly a transfer to another community program, as necessary, similar to their past practices in addressing other resident separation issues. During on-site review, auditor had reviewed documentation evidencing personnel making precautionary housing unit reassignments, and also at the request of a resident, to avoid interaction issues.

**Standard 115.271 Criminal and administrative agency investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Auditor reviewed BCC-ADM 008 PREA, Section 5 – Investigations and Retaliation Monitoring, page 5-1. This BCC policy requires every contracted facility to promptly report every incident/allegation of sexual abuse and/or sexual harassment of a resident, which will be assigned and investigated promptly, thoroughly, objectively, and a confidential report compiled as outlined in policy. Where sexual abuse is alleged, only staff who have received special training in sexual abuse investigations will be used. The completed investigations shall be forwarded to the Bureau Major/designee for review, processing, and final approval by the Bureau Director/designee. The completed investigative packet (including supporting documentation) shall be forwarded to the DOC Prison Rape Elimination Act (PREA) Coordinator and OSII (Office of Special Investigations and Intelligence) by the due date. The victim shall be notified of the outcome of the investigation as outlined in the PREA Procedures Manual.

Auditor interviewed the Executive Director, who advised thatn the PC remains informed of of the progress of sexual abuse investigations through emails to/from the BCC-MOC Security Captain. The PC, when interviewed by auditor, stated that she coordinates the investigative process with BCC-MOC, and any investigative Lieutenant that may come on-site to conduct resident interviews, review documents, etc. She communicates with BCC-MOC through emails and phone calls. TLC would receive a final report from BCC at the conclusion of any investigation conducted.

Auditor interviewed the BCC-MOC Officer-in-Charge (Security Captain). The Captain informed auditor that all assigned investigators have received specialized training for conducting investigations in confinement settings. Auditor requested and was provided training verifications that confirmed that two Lieutenants that had conducted the TLC PREA investigations during the last 12 months had received this specialized training. The Security Captain stated that the investigators had received the specialized 2-day investigative training which included Miranda and Garrity warnings, interviewing techniques, PREA definitions, PRAT assessments, outcomes, burden of proof (preponderance of evidence), and evidence preservation and collection. The Captain advised that the assigned investigators are given 72 hours to reach out to the alleged victim, either to meet with them or interview by phone. The investigators would meet with the victims, perpetrator, to work hand-in-hand with the PSP. Under no circumstances would a polygraph examination be required of a resident who alleges sexual abuse, as a condition for proceeding with an investigation. When the MOC receives notification of a sexual abuse allegation, the PSP are immediately notified by MOC. If a case appears warranted to proceed for prosecution, the PSP confer with the local county District Attorney concerning the filing of criminal charges. It was apparent to auditor that the Captain was well-versed and experienced concerning conducting investigations and managing a team of PREA investigators. Auditor was advised by both the TLC PC and BCC-MOC Captain that they maintain excellent working relationships with each other, and each other's agency.

Auditor has reviewed all five documented reports or allegations reported by TLC during the last 12 months involving TLC residents. There were no cases referred for criminal prosecution, and no cases determined to be sexual abuse or sexual harassment at TLC. Two cases were incidents alleged to have occurred prior to arrival to TLC, while assigned to other facilities; two consisted of conduct reported to be consensual in nature; and another was a non-PREA report. In all cases, the TLC documented actions taken, notified BCC-MOC, and facilitated any investigation conducted by BCC investigators.

TLC's policy and procedures mirror the PREA standards, as developed by PA DOC/BCC, and implemented at TLC. Facility staff do not conduct any investigations of sexual abuse or sexual harassment. Staff are well-informed that BCC-MOC is the responsible agency, and local staff notify them of an allegation received, and then function to facilitate investigative procedures utilized by the BCC-MOC Lieutenants.

#### **Standard 115.272 Evidentiary standard for administrative investigations**

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

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

TLC does not conduct either administrative or criminal investigations of sexual abuse or sexual harassment. TLC is compliant with PA DOC BCC policy, in that they are required by policy to promptly report to the BCC-MOC any incidents or allegations of sexual abuse or sexual harassment. BCC-MOC is tasked with investigating all reported incidents and allegations received from contracted facilities such as TLC.

Auditor interviewed the BCC-MOC Security Captain. This Captain is in charge of a cadre of PA DOC BCC trained investigators that she assigns, regionally. According to the Security Captain, the burden of proof required to substantiate allegations or misconduct is a preponderance of evidence. This burden of proof requirement is reviewed during the specialized training of BCC investigators, as part of the 12 hour investigative training. Auditor has confirmed that the preponderance of evidence is included in the investigative training in the confinement settings curriculum provided for BCC investigators.

#### **Standard 115.273 Reporting to residents**

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

- Does Not Meet Standard (requires corrective action)

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

In order to make a determination of compliance, auditor reviewed BCC-ADM 008 PREA, Section 8 Notification to Residents, A & B, pages 8-1 and 8-2; and Attachment 8-A, Notification to Residents. This BCC Policy/Procedures Manual section requires written notification of the results of the investigations (Attachment 8-A), to residents who have alleged sexual abuse or sexual harassment.

The TLC PAQ reports 0 criminal or administrative investigations conducted of alleged resident sexual abuse during the last 12 months. There were 0 allegations of sexual abuse or sexual harassment at TLC during the last 12 months. There were 0 substantiated or unsubstantiated complaints of sexual abuse or sexual harassment committed by a staff member during the last 12 months. There were therefore no notifications issued to any residents. The three cases reviewed by auditor that were investigated by BCC investigators were determined by BCC-MOC investigators to not constitute PREA violations, or consisting of sexual abuse or sexual harassment. Auditor has reviewed the 3 noted cases with the TLC PC, and the BCC Security Captain. The Security Captain oversees the BCC Security Division, assigns investigators, and reviews all investigative reports. Auditor concurs with the investigative findings, that based upon the evidence, there were no sexual abuse or sexual harassment incidents or allegations received concerning conduct during the last 12 months at TLC.

During interview with the Executive Director, he advised that the PC would be responsible for notifying a resident of the investigative results, should there be an incident or an allegation of sexual abuse or sexual harassment. Auditor interviewed the BCC-MOC Security Division Security Captain who confirmed that the notifications required by policy are sent to residents by BCC informing them of whether the investigations had been determined to be substantiated, unsubstantiated or unfounded.

Auditor interviewed a Resident who Reported Sexual Abuse concerning an incident that allegedly occurred prior to the resident's arrival to TLC. That matter remains under investigation, according to the resident, and the TLC PC. There are no medical or mental health staff employed by TLC that provide therapy, counseling or other interventions to residents.

Auditor reviewed facility policy which addresses the standard provisions. BCC policy requires that all allegations of sexual abuse and sexual harassment shall receive such official notifications subsequent to an investigation. While the standard requires that sexual abuse allegations be responded-to, BCC has policy and a practice of informing residents whether sexual harassment allegations have also been substantiated, unsubstantiated or unfounded.

#### **Standard 115.276 Disciplinary sanctions for staff**

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

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

BCC-ADM 008, PREA Procedures Manual, Section 7 – Disciplinary and Administrative Action, A. Staff Discipline, page 7-1, addresses staff that engage in, fails to report, or knowingly condones sexual abuse or sexual harassment. Such violations shall result in appropriate disciplinary or administrative action up to and including termination. When the basis for such terminations exist, and staff are terminated or resign and would have been terminated, these facts will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. This policy applies similarly to contract employees, volunteers, and interns.

The PC reported to auditor on March 9, 2017 that TLC did not have any staff member violations of agency sexual abuse or sexual harassment.

harassment, no terminations, or resignations or reports made to law enforcement, during the last 12 months. The PAQ reported 0 occurrences during the last 12 months.

Policy language provides for staff discipline, including commensurate sanctions considering the nature and circumstances of the conduct, an employees disciplinary history, and comparable offenses by other staff with similar histories.

### **Standard 115.277 Corrective action for contractors and volunteers**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

BCC-ADM 008, PREA Procedures Manual, Section 7 – Disciplinary and Administrative Action, A. Staff Discipline, page 7-1, addresses contractors and volunteers who engage in sexual abuse. Such conduct shall result in those individuals being prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Department shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.

TLC utilizes the services of 3 contracted staff, and no volunteers. Policy is in place to address such misconduct, should it occur. There were 0 reported incidents of contractors reported to law enforcement during the last 12 months for engaging in sexual abuse with TLC residents. Auditor has confirmed that all contracted staff have been appropriately screened for employment, and PREA trained.

Auditor interviewed 11 residents during on-site review, of the total population of 28 residents housed at TLC. None of the residents interviewed expressed any concern of staff conduct, to include the contracted employees. Auditor observed that the resident population appeared comfortable at TLC, with an absence of tension evident. The residents reported that they could notify staff of sexual abuse or sexual harassment incidents.

### **Standard 115.278 Disciplinary sanctions for residents**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Auditor reviewed BCC-ADM 008 PREA Procedures Manual Section 7, Disciplinary and Administrative Action, C. Resident Discipline – General, page 7-3. Agency policy provides for resident discipline following an administrative finding that the resident engaged in resident-on-resident sexual abuse, resident-on-resident sexual harassment, or following a criminal finding of guilt for resident-on-resident sexual abuse. BCC PREA policy language provides for commensurate discipline, based upon the circumstances of the abuse or harassment

committed, and considers the resident's mental disabilities or mental illness. A resident may not be disciplined for filing a report in good faith. A resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such conduct.

Agency policy prohibits all sexual activity between residents and disciplines residents for such activity. The agency will not deem such activity to constitute sexual abuse if the Agency determines that the activity is not coerced (meaning it is consensual).

The PAQ reports that there were 0 criminal or administrative findings of resident-on-resident sexual abuse during the last 12 months.

Auditor interviewed the Executive Director, who advised auditor that there were no incidents of resident-on-resident sexual abuse at TLC. The Executive Director advised that discipline of residents would be similar to other resident's discipline, based upon the circumstances.

Residents with mental illness or mental disabilities are not housed at TLC, due to the community nature of the residential housing/program, and absence of on-site medical or mental health practitioners.

### **Standard 115.282 Access to emergency medical and mental health services**

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

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

Auditor reviewed BCC-ADM 008 PREA, Section 4 – Responding to a Report of Sexual Abuse, C. Access to Emergency Medical and Mental Health Services; and D. Follow-Up Care for Victims of Sexual Abuse, page 4-3. This policy directs that: Resident victims of sexual abuse shall 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. Treatment services, to include pregnancy tests for resident victims of sexually abusive vaginal penetration, timely and comprehensive information about and timely access to emergency contraception, lawful pregnancy-related services, and sexually transmitted infections testing and follow-up treatment.

The policy further requires that the PREA Coordinator coordinate medical and mental health evaluations as appropriate, treatment for all residents who have been victimized by sexual abuse, and includes follow-up services, treatment plans, and referrals for continued care following their release from the facility. All victims of sexual abuse shall be offered access to outside victim advocates for emotional supportive services, without financial cost to the victim.

Auditor interviewed a resident that reported a sexual abuse alleged to have occurred prior to her arrival to TLC. The nature of this reported sexual abuse did not result in referral to a mental health doctor or nurse immediately after she reported the abuse. The resident states she was not offered emergency contraception and/or sexually transmitted infection prophylaxis, due to the nature of the reported allegations.

Auditor interviewed a non-security staff member who reported that she has contacted the PC in a prior sexual abuse report. The PC assumed control of the situation from there. In event of a future occurrence, the staff member interviewed stated she would secure the room, attempt to contact the PC, separate the victim and abuser, call BCC-MOC, offer victim services at hospital and Wise Options, and accompany the victim (hospital is less than 2 miles away).

Wise Options is the local YWCA program which provides crisis intervention services and counseling support services to victims of sexual abuse. Auditor successfully tested the Wise Options Hotline, and spoke with an on-duty representative, who advised auditor that the services provided to a TLC victim would be confidential and dependent upon the circumstances of the incident. Such services would be provided without financial cost to the victim. TLC renewed their MOU with Wise Options on January 30, 2017. Wise Options agrees to provide advocacy for and accompany a victim to the hospital or other location for forensic examination, provide confidential supportive services to the victim either by telephone, mail or in person (Wise Options is within several city blocks from TLC), and accompany the victim to court proceedings concerning the alleged assault.

### **Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Auditor reviewed BCC-ADM 008, PREA, Proceudres Manual Section 4 – Responding to a Report of Sexual Abuse, D, Follow-up Care for Victims of Sexual Abuse; and E, Resident Abusers. Governing policy requires that the TLC PREA Coordinator/PREA Compliance Manager shall coordinate medical and mental health evaluations for all residents who have been victimized by sexual abuse. This includes follow-up services, treatment plans, and referrals for continued care following their release from the facility. The PC shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards, to include pregnancy tests for resident victims of sexually abusive vaginal penetration, timely and comprehensive information about and timely access to emergency contraception, lawful pregnancy-related services, and sexually transmitted testing and follow-up treatment. Such services shall occur without financial cost to the victim, and be consistent with the community level of care. The facility shall attempt to coordinate a mental health evaluation for all known resident-on-resident abusers within 60 days of learning of such abuse history and coordinate treatment with deemed appropriate by mental health practitioners.

In order to make a determination of compliance, auditor reviewed BCC PREA policy, reviewed the Wise Options MOU, and reviewed the responses to the PAQ. There were no reported sexual abuse incidents or allegations of incidents at TLC during the last 12 months. Random residents interviewed during on-site review expressed no knowledge of any sexual abuse incidents at TLC during their time at TLC. Auditor interviewed a resident that had reported a sexual abuse allegation prior to her arrival to TLC. This matter remains under investigation by the other facility. This resident advised auditor that she is aware of victim and emotional support services available to her in the local community.

Required medical and mental health services would be provided to TLC residents by the Willaimsport Medical Center and YWCA Wise Options program, respectively, in accordance with established MOUs. As described to auditor by the Medical Center Executive Director of Emergency Services, the hospital “partners” with the Wise Options program, in providing such required medical and mental health services to the TLC residents, and to the community. Such services are consistent with the community level of care, and provided at no financial cost to a victim. Such services include pregnancy related services, information and sexually transmitted testing, as appropriate.

### **Standard 115.286 Sexual abuse incident reviews**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Auditor reviewed BCC-ADM 008 PREA, Section 6 - Sexual Abuse Incident Review, A and B, pages 6- through 6-3. Policy requires that a Sexual Abuse Incident Review be conducted at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated. The review will occur within 30 working days of investigation completion. The PCM will chair the Sexual Abuse Review committee, which may involve the Facility Director/designee, other manager or supervisor, Facility Counselor, or Agency PREA Coordinator (when necessary). The policy/procedures manual includes all other provisions of PREA standard 115.286, which considers PREA Audit Report

staffing levels/supervision, incident locations and incident motivations, e.g. race, ethnicity, gender identity, LGBTI, gang affiliations or other group dynamics), and adequacy of monitoring technology. The PC will initiate Attachment 6-A, PREA Sexual Abuse Incident Review, reporting committee findings and recommendations, and forward to the facility Director and BCC Investigator within five working days of the incident review.

Upon receipt of the Attachment 6-A, Sexual Abuse Incident Review, the Executive Director shall review the findings and approve the report as is, or add recommendations/direction; and email the report with recommendations and supporting documentation to PA DOC and the Executive Deputy Secretary. The Facility Director shall implement the recommendations for improvement, or shall document reasons for not doing so. The PREA Coordinator will provide a copy of the documentation to the BCC Director/designee.

The PAQ reports that TLC has had 0 sexual abuse incident reviews in the last 12 months, with no administrative or criminal investigations conducted, which consisted of sexual abuse or sexual harassment conduct.

Auditor interviewed the PC, who advised auditor that she would initiate a Sexual Abuse Incident Review, would chair the committee, and take actions necessary concerning residents, cameras, physical layout or concerns, whatever necessary. She would consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI, gang affiliations or other group dynamics. The committee would examine the area of the facility reportedly involved, assess the adequacy of staffing levels during the different shifts and assess whether monitoring technology should be deployed or augmented to supplement staff supervision. The PC advised auditor that TLC has never had to convene a Sexual Abuse Incident Review committee. If one was necessary, the committee would consist of herself, the Executive Director, the resident's Case Manager, and possibly medical staff from the hospital, Wise Options staff, police or the BCC investigator.

During interview with the Executive Director, he advised auditor that the TLC Sexual Abuse Incident Review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical and mental health practitioners. The committee would review the reported incident scene for possible issues or concerns, consider individual or group profiles and dynamics, assess staffing levels and existing monitoring technology and lighting. This would be done to ensure the facility did not overlook something.

Based upon policy review and staff interviews, it is evident to auditor that staff are familiar with the sexual abuse incident review process and intentions. Staff are knowledgeable concerning the requirements of this process and proactive with their planning.

### **Standard 115.287 Data collection**

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

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

Auditor reviewed BCC-ADM 008 PREA/Procedures Manual Section 1 – Data Collection, pages 1-1, 1-2. This policy and procedures manual directs DOC departments and facilities concerning submission of sexual abuse incident-based data, the review of this data, and the posting of this aggregated data upon the PA DOC website. These policy requirements include all PREA standard provisions (a thru f) and apply to all DOC correctional facilities, DOC community corrections centers and contracted community facilities.

In accordance with BCC policy, TLC reports all PREA allegation data to the PA Department of Corrections/Bureau of Community Corrections. The DOC/BCC assumes responsibility for collecting the data necessary to answer the questions for the BJS Annual Survey of Sexual Victimization, SSV. Data pertaining to TLC is included in all of the reporting methodology for DOC/BCC statistics and is classified as a CCF, or Contracted Community Facility. The DOC/BCC aggregates the incident-based sexual abuse data at least annually, and maintains, reviews, and collects data from all incident-based documents, including reports, investigation files and sexual abuse incident reviews. The data from TLC complies with the BCC ADM 008 PREA policy, and SSV reporting, regarding content.

Auditor reviewed the PA DOC/BCC aggregated sexual abuse and sexual harassment data on the PA DOC's website, at: [www.cor.pa.gov/](http://www.cor.pa.gov/). The 2016 Survey of Sexual Victimization was posted on 8-1-2017, and was thoroughly reviewed by auditor. It includes all CCF data, and

analysis. The SSV contains comprehensive data collected from all DOC facilities, Community Corrections Centers (CCC) and Contracted Community Facilities (CCF). The website also includes the SSV reports from calendar years 2015, 2014 and 2013.

#### **Standard 115.288 Data review for corrective action**

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

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

During the last 12 months, TLC did not have any PREA allegations that were substantiated or unsubstantiated. Therefore, no corrective actions are documented for this time period. Auditor reviewed with the TLC PC and with the BCC-MOC Security Captain the five cases that were reported and/or investigated. None of the five documented cases during the last 12 months were determined to be sexual abuse or sexual harassment.

The PA DOC/BCC Annual Report provides an assessment of the agency's progress in addressing sexual abuse, and enhancing the sexual safety of its facilities. The Annual Reports includes a comparison of the current year's data and corrective actions with annual reports from prior years. An assessment is provided of the agency's progress in addressing sexual abuse. The 2016 Annual Report was posted and made readily available to the public on the PA DOC website August 1, 2017. The website, [www.cor.pa.gov](http://www.cor.pa.gov) also includes 2015, 2014, and 2013 calendar year's reports. The PA DOC Annual Reports are compiled by the agency PREA Coordinator and approved by the Secretary of Corrections prior to submission and posting.

Auditor interviewed the PC, who advised auditor that all data is submitted to BCC, if there is data. The PC advised that there has been no data to report during the last 12 months, or prior years. TLC would take necessary and appropriate action in the event of an incident(s). The PC advised that BCC aggregates the data from TLC and other contract facilities, based upon reports received. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety of a facility.

#### **Standard 115.289 Data storage, publication, and destruction**

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

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

PA DOC/BCC ADM 008, Section 1, Data Collection, A, page 1-2, requires the agency to make all aggregated sexual abuse data information from facilities under its direct control and contracted facilities, readily available to the public through the Department website, annually. The Procedures Manual requires that the Department securely retain all aggregate PREA data, on the Department's secure servers, collected for a period of no less than ten years after the date of the initial collection unless federal, state or local law requires otherwise. Specific personal identifiers collected for reporting purposes shall be redacted so that no individual is identifiable.

During interview, the PC advised auditor that TLC does not generate annual reports-that BCC pulls such data from on-going submissions of PREA Audit Report

incidents/allegations reported to BCC from such contracted facilities, and the subsequent investigations conducted by BCC PREA-trained investigators.

At TLC, all PREA incident-based data is securely stored in a locked filing cabinet, within a locked administrator's office, to which the PREA Coordinator has primary access control. The PA DOC maintains sexual abuse data collected pursuant to Standard 115.287 for at least 10 years after the date of initial collection, unless federal, state or local law requires otherwise. The DOC/BCC removes all personal identifiers before making aggregated sexual abuse data publicly available.

Auditor found the facility in compliance with this standard, due to the policy and procedure requirements, and auditor review of the website reports containing the aggregate data, with no personal identifiers. The most recent annual report, 2016, and prior year's reports can be found at: [http://www.cor.pa.gov/General%20Information/PrisonRapeEliminationAct\(PREA\)/Pages/DOC-PREA-Statistics.aspx#.WQtDQ-XysdU](http://www.cor.pa.gov/General%20Information/PrisonRapeEliminationAct(PREA)/Pages/DOC-PREA-Statistics.aspx#.WQtDQ-XysdU)

### **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.

Louis Folino

August 12, 2017

Auditor Signature

Date