

ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Patrick J. Zirpoli			
Address:			
Email:			
Telephone number:			
Date of facility visit: March 2-4, 2015			
Facility Information			
Facility name: Wayne County Correctional Facility			
Facility physical address: 44 Mid-Wayne Dr. Honesdale, PA 18431			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 570-253-2621			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Kevin Bishop			
Number of staff assigned to the facility in the last 12 months: 75			
Designed facility capacity: 210			
Current population of facility: 92			
Facility security levels/inmate custody levels: work-release through maximum security			
Age range of the population: youthful offender through adult			
Name of PREA Compliance Manager: Lt. Harold Derrick		Title:	PREA Coordinator
Email address: hderrick@waynecountypa.gov		Telephone number:	570-253-2621
Agency Information			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

The first Prison Rape Elimination Act (PREA) audit of the Wayne County Correctional Facility (WCCF) took place from March 2-4, 2015. Prior to the on site portion of the audit all policies and data pertaining to the PREA Standards were reviewed by this auditor. All documentation requested by me was provided in a timely and efficient manner, any follow up requests were acted upon immediately.

The first two days of the on site audit consisted of an extensive facility tour, with all areas being viewed, and random interviews with staff, inmates, volunteers, and medical personnel. I had the opportunity to conduct interviews on all three shifts as well as observe the operations during the shifts. The final day consisted of an interview with Warden Kevin Bishop and an exit interview of preliminary findings with both Warden Bishop and PREA Coordinator Lt. Harold Derrick.

During the the interview portion of the audit 13 formal staff interviews were conducted, as well as in depth discussions with other staff available during the tour. Included in the interviews were the Warden, PREA Coordinator, first line supervisors, medical personnel, training officers, volunteers, and correctional officers.

Also during the interview portion 10 random inmates were interviewed, including female and male inmates, and one inmate identified in the LGBTI category.

I was also able to review extensive documentation relative to the incarceration of a 10 yr. old, who was held at the facility on homicide charges.

All of the interviews were conducted in a very efficient manner, this was accomplished by the efforts of all staff of the WCCF, but more specifically Lt. Harold Derrick.

Overall the facility, though lacking in some areas of policy, was prepared for the on site audit and performed well in most areas.

The areas of non-compliance were addressed by the facility in a very efficient manner, with corrective action starting during my second day at the facility.

All of the deficiencies have been corrected and the facility is in compliance with the applicable PREA standards.

AUDITOR NOTE: I Patrick J. Zirpoli, PREA Auditor, hereby certifies that no conflict of interests exists with respect to my ability to conduct the audit of the Wayne County Correctional Facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility has a mailing address of 44 Mid-Wayne St. Honesdale, PA 18443, but is physically located in Texas Township, Wayne County. Wayne County is located in the Northeast corner of Pennsylvania, and borders New York State to the North. The facility was built to house 210 inmates, both male and female, and is equipped to house juvenile inmates who are charged as an adult. The facility houses inmates serving county sentences, state parole violators, and work release inmates.

The facility has a Warden, Deputy Warden, 4 Lieutenants one being the PREA Coordinator, 5 Sergeants, 38 full time Correctional Officers, 23 part time Correctional Officers, and 3 Casual Officers. The facility also employs numerous support staff to include medical, food service, work release, and administrative officers.

SUMMARY OF AUDIT FINDINGS

The audit of the Wayne County Correctional Facility was conducted on March 2-4, 2015. As previously stated this was the first PREA Audit of the facility. The facility exceeded in 8 of the standards, were compliant in 19 standards, non-compliant in 15 standards and were not applicable to 1 standard. Looking at the overall performance of the facility I was impressed with the facility operations and its ability to respond to not only incidents of sexual abuse or sexual harassment, but any report of misconduct. The standards where they did not meet compliance heavily rely on written policy changes and training issues related to staff and inmate training. Although these policies and training are not up to the standards, the random staff interviews show that the staff at the facility understand their responsibility in situations outlined in the PREA Standards. The staff all have the same response to allegations of sexual abuse or sexual harassment, react immediately and ensure the safety of those involved.

Random inmate interviews, were conducted with, male, female, and an inmate who identified himself as transgender. I asked all of the interviewed inmates to identify their level of personal safety in the facility. All of the inmates informed me that they felt safe in the facility, and would feel comfortable reporting any allegations of sexual abuse or sexual harassment to the staff at the facility. They also felt that the facility in general goes above and beyond to ensure the safety of the residences. None of the interviewees felt uncomfortable as far as cross gender viewing, they all told me they can shower, toilet, and change in private.

I interviewed in depth the inmate who identified himself as transgender as to his treatment at the facility. I had some apprehension of his treatment due to the rural setting of the facility. He informed me that he is treated extremely respectfully by all of the staff, some ask him how he would like to be addressed either Mr. or Miss. while the others who do not ask him, address him as Mr. but still treat him with the utmost respect. This is a testament of the caliber of the correctional staff at the facility and their efforts to treat all inmates with the same level of respect.

During the audit tour I identified several plant issues that needed to be addressed, windows that needed to be frosted, and cameras that needed to be adjusted. The issues were acted on immediately by Warden Bishop, who had the work started on the second day of the audit.

I coordinated the audit with Lt. Harold Derrick, the PREA Coordinator for the facility. We constantly discussed corrective action for the non-compliant standards. Warden Bishop and Lt. Derrick took immediate action to remedy these issues to bring the facility into compliance with the PREA Standards.

I was in contact with both Warden Bishop and Lt. Derrick during the period from the issuance of the interim report and the second facility tour. I was able to review policy changes as they were made to ensure the policies met the specific standards.

On April 14, 2015 I toured the facility a second time to inspect areas of deficiency from the initial audit. All deficiencies have been addressed and the corrective action is detailed in the specific standards below.

Number of standards exceeded: 8

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

EVIDENCE OF COMPLIANCE:

I reviewed the Zero Tolerance-Prison Rape Elimination Act Policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the institution. The final version of the policy was recently adopted, this did not hamper the staff's knowledge of their requirements as they pertain to the PREA standards. This was evident during the interviews with the random correctional officers as well as the interviews with upper level supervisors.

I found the PREA Coordinator to be well versed in the PREA Standards, but more importantly their practical application to the everyday running of the facility. He is forward thinking and was up front about deficiencies as they relate to the standards.

The zero tolerance policy is comprehensive and covers all aspects of the PREA standards.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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.

The facility does not contract with any entities for the confinement of inmates.

Standard 115.13 Supervision and monitoring

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

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.

EVIDENCE OF COMPLIANCE:

The WCCF has a staffing analysis that they utilize to identify needs when staffing the facility. The staffing plan is not deviated from if someone calls off they fill that spot with a Correctional Officer. If need be they have a policy in place to mandate someone to stay to fill that position. This was verified during the random staff interviews, Warden interview, and PREA Coordinator interview. I was also able to see this plan firsthand, the second day of the audit was conducted in a snow storm, several officers had called off, but the shift was fully staffed. During the audit I found no investigations that would rise to the level of a staffing issue or need to be considered in the analysis of staffing.

EVIDENCE OF INITIAL NON-COMPLIANCE AND CORRECTIVE ACTION TAKEN:

The facility needs to develop a more comprehensive policy for staffing analysis which takes into consideration the factors enumerated in 115.13 (a).

CORRECTIVE ACTION TAKEN: The facility has developed a policy that takes into consideration the factors enumerated in 115.13(a).

The facility implements a practice of intermediate and higher level supervisors conducting unannounced rounds. During the facility tour I 

Standard 115.14 Youthful inmates

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

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.

EVIDENCE OF COMPLIANCE:

The facility is equipped to separate youthful inmates by both sight and sound. They utilize an area located in the medical department which separates the youthful offender from the adult offenders. When the youthful offender is within sight or sound of adult offenders he is immediately supervised by correctional staff. The youthful offender is also given the opportunity to engage in activities and large muscle exercise.

I was able to review extensive documentation of a 10 yr. old who was incarcerated at the facility awaiting trial for homicide. The charges were transferred back to juvenile court and the youthful offender was sent to a juvenile facility.

This is also documented in the Zero Tolerance-Prison Rape Elimination Act Policy as follows:

YOUTHFUL OFFENDERS

1. A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate. 

Standard 115.15 Limits to cross-gender viewing and searches

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

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.

EVIDENCE OF COMPLIANCE:

The facility does not conduct nor have they conducted in the past any cross gender strip searches. The staffing plan identifies this issue and allows for all shifts to be staffed appropriately. During the random interviews of both staff and inmates this was verified. I asked staff if exigent circumstances occurred how they would document a cross gender strip search. If need be they would conduct this in the presence of another officer, and document on a memo to the warden. All staff and inmates confirmed that any pat down searches of females are conducted by female officers, at no time was a female denied any out of cell opportunities. During the interview process I had the opportunity to interview an inmate who identified himself as transgender, he confirmed that he was not strip searched in an attempt to identify his gender. He told me that he is treated very well, with officers asking him how he wants to be addressed. The officers have all received training on cross gender pat searches and all attend a yearly update training.

This is also documented in the Zero Tolerance-Prison Rape Elimination Act Policy as follows:

LIMITS TO CROSS GENDER VIEWING AND SEARCHES

1. Staff of the opposite gender shall announce their presence every time when entering an inmate housing unit in accordance with the following:

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

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

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.

EVIDENCE OF COMPLIANCE:

The facility has procedures in place to deal with inmates with disabilities and who are limited English speaking. They have never had an incident where they would utilize another inmate for interpretation, they utilize staff or a language line. During the classification of the inmates they identify any issues with disabilities and take the appropriate actions needed to protect the inmate.

The procedures were verified during the interviews with the staff and inmates.

Standard 115.17 Hiring and promotion decisions

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

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.

EVIDENCE OF COMPLIANCE:

The facility as well as the county have an in depth and comprehensive hiring practice. All potential new employees are subject to a hiring process which includes a criminal history background check, and questions asked relative to sexual misconduct. They also have the same procedure for volunteers. These procedures are also used in the promotion system.

The following is the section of the Zero-Tolerance-Prison Rape Elimination Act Policy dealing with this standard:

HIRING AND PROMOTION DECISIONS

1. The Warden shall not hire or promote anyone who may have contact with offenders and shall not enlist the services of any contractor who may have contact with offenders, who:

- A. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- B. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent, or



Standard 115.18 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)

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.

EVIDENCE OF COMPLIANCE:

During my interview with the warden I found that no immediate facility updates are planned. We did discuss in depth the future installation of video monitoring equipment. I found Warden Bishop to be well versed in this area and he is looking into the future as to where he may need to upgrade for the safety of the inmates. More importantly he took into consideration not only the input of the PREA Coordinator but also myself.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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.

EVIDENCE OF COMPLIANCE:

The facility is tasked with responding to administrative investigations, the criminal investigations are conducted by the Pennsylvania State Police. The evidence protocol is outlined in the zero tolerance policy under responding to reports of sexual abuse, this meets the standard for the limited evidence collection expected of the first responders. It is a common practice between the Pennsylvania State Police and the WCCF that if an incident rises to the level of a criminal investigation trained members of the Pennsylvania State Police Forensic Services Unit will respond to process the scene for evidence.

During the random staff interviews I asked about evidence protocols all of the staff understood the evidence collection process and notification system for reporting these incidents.

The facility does not perform any forensic medical examinations, these are performed off site at Wayne Memorial Hospital by trained SANE Nurses.

The facilities offers a victim advocate to the inmate, this process is through the Wayne County Victim Intervention Program. The advocates are automatically notified when an inmate is transported to the hospital. When the inmate is not transported to the hospital the facility has procedures in place to notify the victim advocate. This is outlined in the inmate access to outside confidential support services in the Zero Tolerance Policy.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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.

EVIDENCE OF COMPLIANCE:

The Lieutenant on shift is assigned to conduct an initial investigation when a report is made. It would be the Lieutenants responsibility to identify the incident as an administrative incident or possible criminal investigation. Once the incident crosses the threshold and becomes criminal it will be reported to the state police. The administrative investigations are investigated by trained investigators from the facility. I had the opportunity to review several investigations completed by the PREA Coordinator. I found these investigations to be conducted in a efficient and professional manner. I also discussed the investigation process with random staff interviewed, all of them knew who conducted these investigations.

The facilities Zero Tolerance-Prison Rape Elimination Act Policy under responding to reports of sexual abuse outlines the investigative steps to be taken and notification to the Pennsylvania State Police. The Pennsylvania State Police have policies in place governing their response to these allegations.

Standard 115.31 Employee training

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

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.

EVIDENCE OF COMPLIANCE:

The facility has a training program in place to train all of the employees on the following:

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



Standard 115.32 Volunteer and contractor training

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

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.

EVIDENCE OF COMPLIANCE:

The facility has set forth in the Zero Tolerance-Prison Rape Elimination Act Policy the procedures for training of all volunteers and contractors, this reads as follows:

Volunteer and Contractor Training

- A. The agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
- B. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates will be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- C. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.



Standard 115.33 Inmate education

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

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.

EVIDENCE OF COMPLIANCE:

The facility has a training program in place through policy to train the inmates on PREA. The training meets the requirements of the PREA standards. Any inmate being received at the facility is given the information relative to the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is given in writing in a separate pamphlet, this pamphlet is in the process of being added to the inmate handbook. I reviewed both the pamphlet and handbook the information is clear and outlines specific topics listed above. I interviewed several inmates who were booked into the facility within the last two weeks, they did receive the pamphlet with the information. I found during my interviews that most of the inmates were under the influence upon their arrival at the facility and remember very little of the process. Giving them the information to take with them to read is an effective way to provide the inmates with the information.

EVIDENCE OF INITIAL NON-COMPLIANCE AND CORRECTIVE ACTION TAKEN:

No inmate training has taken place to date. This was discussed with both the warden and the PREA Coordinator, they informed me that they did not have the proper equipment to show the video. They have taken care of the issue and will begin training all of the inmates at the facility immediately. Upon this training being completed it will be documented.



Standard 115.34 Specialized training: Investigations

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

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.

EVIDENCE OF COMPLIANCE:

The investigators at the facility have been trained in conducting investigations in confinement settings, techniques for interviewing sexual abuse victims, Garrity and Miranda warnings, and evidence collection for both administrative and criminal investigations.

This training was provided by the Pennsylvania Department of Corrections, with assistance from the Pennsylvania State Police. I created the blocks of instruction for the training, they are informative and cover all topics discussed in the standards.

The facility documents all investigators who have attended the training.

Standard 115.35 Specialized training: Medical and mental health care

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

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.

EVIDENCE OF COMPLIANCE:

The facility has a training program in place to train all of the employees and medical staff on the following:

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



Standard 115.41 Screening for risk of victimization and abusiveness

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

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.

EVIDENCE OF COMPLIANCE:

The facility uses a comprehensive screening tool to screen incoming inmates at the time of booking. The questions asked are in depth and obtain most of the information required in the standard. The inmates are placed in a classification unit, until the screening information is reviewed by a Lieutenant. This process takes place within 72 hours of arrival. Any new information received during incarceration is taken into consideration for risk of abusiveness or sexual victimization.

The process of booking was explained to me by the PREA Coordinator and the Correctional Officer working in intake on the first day of the audit.

EVIDENCE OF INITIAL NON-COMPLIANCE AND CORRECTIVE ACTION TAKEN:

The facility does not consider all of the risk factors in 115.41 (d).

I provided the list of the risk factors to the PREA Coordinator, who will add them to the intake questions.

CORRECTIVE ACTION TAKEN: The screening tool has been updated to include all risk factors enumerated in 115.41(d)



Standard 115.42 Use of screening information

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

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.

EVIDENCE OF COMPLIANCE:

The facility utilizes the information from the screening tool to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. This is done on a case by case basis, and the decisions are made from all information on hand at that time.

During the interviews with the random staff the assignment of inmates was discussed, all of the interviewees related that they constantly monitor activities of the inmates to ensure the safety of any inmate who is at high risk for victimization. The PREA Coordinator also verified the process of the screening tool information and how they make housing unit assignments using the screening tool.

The facility utilizes this information to ensure the health and safety of transgender or intersex inmates. During my interview with an inmate who identified himself as transgender, he informed me that his housing assignment was made to ensure his health and safety. He related that he has not been denied any recreational or other activities because of his housing assignment. He also informed me that the facility took his own perception into account when making his housing assignment. He verified that he can shower and toilet in private, but added that all inmates can.

The facility does not have a designated unit for lesbian, gay, bisexual, transgender, or intersex inmates. +

Standard 115.43 Protective custody

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

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.

EVIDENCE OF COMPLIANCE:

The facility does not place inmates in involuntary segregated housing because they are at high risk for victimization. All inmates at the facility, other than those in disciplinary housing, have the same access to programs, education, privileges and work opportunities.

This information was verified through the inmate interviews and interviews with staff.

Standard 115.51 Inmate reporting

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

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.

EVIDENCE OF COMPLIANCE:

The facility provides several internal ways of privately reporting sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The staff and inmates interviewed were all aware of internal reporting, such as reporting directly to a staff member or in written form through channels. Everyone was also aware of the PREA tip line which goes to the State Correctional Facility at Camp Hill, this line can be used anonymously for reporting incidents.

All of these reports, unless it is an incident that needs immediate attention, are filtered to the PREA Coordinator, if unavailable to a trained investigator.

I was able to view the posters with the PREA tip line number in all of the housing units, corridors, and common areas.

Standard 115.52 Exhaustion of administrative remedies

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

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.

EVIDENCE OF COMPLIANCE:

The facility has an extensive inmate grievance policy that does not establish any time-lines for reporting any grievances. The inmate is not required to attempt to resolve the grievance with staff. The grievances are directed to the Warden who assigns them to a staff member for investigation. During my interview with Warden Bishop he advised me that if he receives any complaint of inappropriate behavior of a staff member, that staff member is removed from any post where he would have contact with the inmate. The staff member will remain in this position until the investigation of the complaint is completed. The grievance policy establishes a 10 day time limit on a facility response.

EVIDENCE OF INITIAL NON-COMPLIANCE AND CORRECTIVE ACTION TAKEN:

The grievance policy does not address any emergency grievance that alleges substantial risk of imminent sexual abuse. This needs to be added to the grievance policy, once this is completed the facility will be in compliance with this standard.

CORRECTIVE ACTION TAKEN: The grievance policy has been updated and addresses emergency grievance that alleges substantial risk of imminent sexual abuse. This policy was changed shortly after the interim report was issued and the policy was reviewed.

Standard 115.53 Inmate access to outside confidential support services

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

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.

EVIDENCE OF COMPLIANCE:

The inmates have access to outside confidential support services, this is established in the Zero Tolerance-Prison Rape Elimination Act Policy. Prior to this policy the inmates were afforded the opportunity to use these services through the medical department and Wayne County Victim Intervention Program and Wayne County Mental Health Mental Retardation. This information is distributed to the inmates per capita during their medical intake interview.

I found six of the random inmates interviewed had used these confidential services. They all told me that it is completed in confidence, and they felt that the system worked.

It should be noted that the facility had no incidents of sexual abuse where these services were utilized.

Standard 115.54 Third-party reporting

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

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.

EVIDENCE OF INITIAL NON-COMPLIANCE AND CORRECTIVE ACTION TAKEN:

The facility has a public website that is administered at the county level. The county is in the process of publishing both the Zero Tolerance-Prison Rape Elimination Act Policy, and established reporting procedures on the website for third party reporters.

CORRECTIVE ACTION TAKEN: The website has been updated and contains the required information for third party reporting as well as the Zero Tolerance-Prison Rape Elimination Act Policy.

Standard 115.61 Staff and agency reporting duties

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

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.

EVIDENCE OF COMPLIANCE:

The facility has an established reporting procedure for reporting all incidents including any sexual abuse or sexual harassment incident. This operational procedure was in place before the implementation of the PREA standards dictating such procedure. The facility has placed the procedures in the Zero Tolerance-Prison Rape Elimination Act Policy. When I interviewed the random staff I was impressed with the answers related to staff reporting. All of the staff understood the importance of reporting, what their duties were, and how to effectively report this information. The staff also understood the internal reporting system as well as the external reporting avenues. They all understood the importance of keeping the information reported to them private as well as all applicable mandatory reporting laws.

All incidents reviewed were reported and investigated by the facility investigators. During my interviews with the random inmates I asked about the reporting system, if they knew how to report an incident, and if they felt safe with the procedures. They all told me that they were aware of who to report an incident to and felt comfortable with the process.

Standard 115.62 Agency protection duties

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

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.

EVIDENCE OF COMPLIANCE:

The facility dictates in the Zero Tolerance-Prison Rape Elimination Act Policy the immediate response to an inmate who is subject to a substantial risk of imminent sexual abuse. The operational knowledge of the correctional staff exceeds any expectation I had of their response to an incident of this nature. Every staff member described their actions in the same manner, act immediate and protect the alleged victim in the incident. The answers ranged from taking the alleged victim off the block, to locking them in their cell until the incident could be defused. They all would immediately report to the shift sergeant and request assistance.

Standard 115.63 Reporting to other confinement facilities

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

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.

EVIDENCE OF COMPLIANCE:

During my interview with Warden Bishop we discussed any incidents where he needed to report to another confinement facility, he related that he never had to report to another facility on any PREA related matters. I asked him what actions would he take if this occurs. He informed me that he would immediately call the head of the other facility and report the incident to them. He would have the allegations documented at the WCCF and have them forwarded to the facility where it had occurred. I asked if the roles were reversed what would the staff at the WCCF do, he replied that the incident would be investigated.

Warden Bishop's response to this questioning shows his vast experience in corrections, and highlights his expertise in the daily operation of the facility.

Standard 115.64 Staff first responder duties

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

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.

EVIDENCE OF COMPLIANCE:

The facility outlines the duties of the staff first responders in the Zero Tolerance-Prison Rape Elimination Act Policy. During the interviews with the random staff I asked about their response to these incidents. The majority of the staff interviewed related that they would have the inmate taken to medical, and not allow them to change clothes, defecate, urinate or clean themselves up in any manner. The medical personnel interviewed understood their response to these incidents, and her obligation to preserve evidence.

Standard 115.65 Coordinated response

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

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.

EVIDENCE OF COMPLIANCE:

The facility outlines the coordinated response of staff in the Zero Tolerance-Prison Rape Elimination Policy. This coordinated response outlines the responsibilities of each staff member, to include notifications, evidence collection, and transport to outside facilities.

During the interviews with the random staff, medical personnel, PREA Coordinator and the Warden this aspect was discussed. When I asked the staff members about responding to incidents they understood their responsibilities as far as being initial responders. The medical personnel also understood their responsibilities. Both the PREA Coordinator and the Warden related that any response to an incident of this magnitude would be coordinated through the shift Lieutenant.

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

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

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.

EVIDENCE OF COMPLIANCE:

The facility does not enter into any collective bargaining agreement that would limit their ability to remove alleged staff sexual abusers from contact with inmates.

The Warden and PREA Coordinator both verified that it is the facilities practice to remove a staff member from contact with inmates who allege misconduct by the officer. This practice has been in place well before the PREA Standards were enacted.

This practice shows the facilities ongoing efforts to protect inmates.

Standard 115.67 Agency protection against retaliation

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

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.

EVIDENCE OF COMPLIANCE:

The facilities Zero Tolerance-Prison Rape Elimination Act Policy addresses the issues of retaliation and the responsibilities of the PREA Coordinator. The Policy reads as follows:

•• PROTECTION AGAINST RETALIATION

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

Standard 115.68 Post-allegation protective custody

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

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.

EVIDENCE OF COMPLIANCE:

The facility has not placed any inmates in protective custody after an allegation of sexual abuse. The facility has the ability to move inmates from block to block without using protective custody. If this has to be done the inmates have the same access to programs, education, privileges and work opportunities.

This information was verified through the inmate interviews and interviews with staff as to the ability to engage in the specified activities.

I confirmed this information with the PREA coordinator during the interview.

Standard 115.71 Criminal and administrative agency investigations

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

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.

EVIDENCE OF COMPLIANCE:

The facility conducts administrative investigations they do not conduct any criminal investigations for prosecution. They conduct the initial investigation promptly and thoroughly, when the investigation reaches the threshold of a criminal investigation it is turned over to the Pennsylvania State Police.

Any investigation of Sexual Abuse in the Commonwealth of Pennsylvania is considered a criminal act and would be investigated by an agency with the power to file criminal charges against the actor.

As to the specific subsections of the standard the facility follows the standards to the extent of their involvement of a criminal investigation.

The Pennsylvania State Police have policies and procedures in place, although not subject to this audit, they do comply with all sections of this standard.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

EVIDENCE OF COMPLIANCE:

The agency does not impose a standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

During the interview with the PREA Coordinator this was verified. I also had the opportunity to review several investigations conducted by the facility, after reviewing these investigations I found that they do not impose a standard higher than preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

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.

EVIDENCE OF COMPLIANCE:

The facility addresses reporting to inmates in the Zero Tolerance-Prison Rape Elimination Act Policy. The section reads as follows:

REPORTING TO INMATES

1. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in the facility, the PREA coordinator shall inform the inmate.
2. Following an inmate's allegation that a staff member has committed sexual abuse, the PREA coordinator will notify the inmate:
 - A. If the staff member is no longer posted within the inmate's unit;
 - B. The staff member is no longer employed at the facility
 - C. The PREA Coordinator learns of the staff member has been indicted on a charge related to sexual abuse within the facility; or



Standard 115.76 Disciplinary sanctions for staff

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

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.

EVIDENCE OF COMPLIANCE:

The discipline of staff is addressed in two policies. The first being the Zero Tolerance-Prison Rape Elimination Act Policy which reads as follows:

STAFF DISCIPLINE

1. Any employee, contract service provider, volunteer, intern, or any individual that conducts business with the Wayne County Correctional Facility who engages in, fails to report, or knowingly condones sexual abuse or harassment of any offender will be subject to appropriate disciplinary action.
2. Any accused staff member, volunteer, visitor, contracted service provider may be suspended pending investigation of any allegations. The Warden will make this decision on a case by case basis, based on evidence and severity of the alleged offense.

Secondly this is also addressed in the Standards of Employee Conduct Policy, this policy reads as follows:

Sexual Relationships/Contact With Inmates: Employees may not allow themselves to show partiality toward or become emotionally



Standard 115.77 Corrective action for contractors and volunteers

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

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.

EVIDENCE OF COMPLIANCE:

The corrective action for contractors and volunteers is addressed in the Zero Tolerance-Prison Rape Elimination Act Policy which reads as follows:

Sexual Relationships/Contact With Inmates: Employees may not allow themselves to show partiality toward, or become emotionally, physically, sexually, or financially involved with inmates, former inmates, or the families of inmates or former inmates. Chaplains, psychologists, and psychiatrists may continue a previously established therapeutic relationship with a former inmate in accordance with their respective codes of professional conduct and responsibility.

(1) An employee may not engage in, or allow another person to engage in, sexual behavior with an inmate. Regardless of whether force is used, or threatened, there is never any such thing as “consensual” sex between staff and inmates.

(2) “Sexual contact” is defined as the intentional touching of “the genitalia, anus, groin, breast, inner thigh, or buttocks.” Penetration is not required to support a conviction for sexual contact. All allegations of sexual abuse shall be thoroughly investigated and, when appropriate, referred to authorities for prosecution.



Standard 115.78 Disciplinary sanctions for inmates

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

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.

EVIDENCE OF COMPLIANCE:

The disciplinary sanctions for inmates in addressed in the Zero Tolerance-Prison Rape Elimination Act Policy, this reads as follows:

INMATE DISCIPLINE

1. Offenders will be subject to disciplinary action pursuant to the formal disciplinary process. Criminal charges may also be filed.
2. A reporting inmate may be subject to disciplinary action if the report is determined to be unfounded at the conclusion of the investigation.
3. All sexual activity between inmates is prohibited and will be subject to discipline.
4. An offender may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to the contact.

The Inmate Discipline and Special Housing Policy also addresses the issue of inmate discipline and sanctions for any misconduct within the facility. This policy was reviewed and the discipline outlined meets the standard



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

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

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.

EVIDENCE OF INITIAL NON-COMPLIANCE AND CORRECTIVE ACTION TAKEN:

As per the screening tool the inmates are not asked any questions relative to prior sexual victimization, the inmates however are interviewed by medical upon arrival and spoken with relative past history. Those inmates who have any issues relative that need addressing are offered services by Wayne County Mental Health Mental Retardation.

No incidents of an inmate reporting sexual victimization on their own was identified.

During the inmate interviews I found that several inmates had reported issues pertaining to prior mental health issues and were offered services through Wayne County MH/MR.

Upon the screening tool questions under standard 115.41 being revised, the facility will be in compliance with this standard.

CORRECTIVE ACTION TAKEN: The screening tool has been revised to include questions relative to prior sexual victimization, the inmates are also interviewed by medical upon arrival and questioned about relative past history. Those inmates who have any issues that need addressing are offered services by Wayne County Mental Health Mental Retardation.



Standard 115.82 Access to emergency medical and mental health services

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

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.

EVIDENCE OF COMPLIANCE:

No incidents have been reported within the last 12 months that would require these actions to be taken. The responsibilities are outlined in the Zero Tolerance-Prison Rape Elimination Act Policy and read as follows:

MEDICAL

1. The offender will be escorted to the Medical Department in any situation where there is an allegation of sexual abuse of an inmate.
2. The offender will be examined by the medical staff immediately, to ensure the absence of any injury requiring urgent treatment. It will not be necessary for staff to examine the offender's genitalia unless urgent medical treatment is necessary because the offender will be sent to an outside facility for an examination. Additionally, photographs of the offender will not be taken at the facility, if they are sent to an outside facility, as the photographs will be taken there.
3. If sexual misconduct is suspected and the inmate/ victim reports an allegation of vaginal, oral, and/or anal penetration by a body part or inanimate object, and the most recent act occurred within the past 96 hours, then he/she will be transported to a medical facility to be examined by a medical professional who is skilled and experienced in the use of a rape kit for the collection of evidence. The offender will

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

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

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.

EVIDENCE OF COMPLAINT:

This standard is addressed in the Zero Tolerance-Prison Rape Elimination Act Policy and reads as follows:

MEDICAL

1. The offender will be escorted to the Medical Department in any situation where there is an allegation of sexual abuse of an inmate.
2. The offender will be examined by the medical staff immediately, to ensure the absence of any injury requiring urgent treatment. It will not be necessary for staff to examine the offender's genitalia unless urgent medical treatment is necessary because the offender will be sent to an outside facility for an examination. Additionally, photographs of the offender will not be taken at the facility, if they are sent to an outside facility, as the photographs will be taken there.
3. If sexual misconduct is suspected and the inmate/ victim reports an allegation of vaginal, oral, and/or anal penetration by a body part or inanimate object, and the most recent act occurred within the past 96 hours, then he/she will be transported to a medical facility to be examined by a medical professional who is skilled and experienced in the use of a rape kit for the collection of evidence. The offender will be transported to a medical facility that employs a SANF (Sexual Assault Nurse Examiner) If the offender refuses to undergo this

Standard 115.86 Sexual abuse incident reviews

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

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.

EVIDENCE OF INITIAL NON-COMPLIANCE AND CORRECTIVE ACTION TAKEN:

The facility does not have a Sexual Abuse Incident Review team in place. A policy needs to be created that will establish the review team and outline its duties.

CORRECTIVE ACTION TAKEN: The facility has created a policy that has put into place a Sexual Abuse Incident Review Team and outlines the duties of said team.

Standard 115.87 Data collection

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

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.

EVIDENCE OF INITIAL NON-COMPLIANCE AND CORRECTIVE ACTION TAKEN:

The facility does not have a policy establishing data collection. A policy needs to be created that will outline the data collection and its retention, dissemination, storage and destruction.

CORRECTIVE ACTION TAKEN: A policy has been created that outlines the data collection and its retention, dissemination, storage and destruction. This policy was reviewed by this auditor.

Standard 115.88 Data review for corrective action

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

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.

EVIDENCE OF INITIAL NON-COMPLIANCE AND CORRECTIVE ACTION TAKEN:

The facility does not have a policy establishing data collection. A policy needs to be created that will outline the data collection and its retention, dissemination, storage and destruction.

CORRECTIVE ACTION TAKEN: A policy has been created that outlines the data collection and its retention, dissemination, storage and destruction. It also addresses the review of data by the facility to identify effectiveness of its sexual abuse prevention, detection, response policies, practices, and training.

Standard 115.89 Data storage, publication, and destruction

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

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.

EVIDENCE OF INITIAL NON-COMPLIANCE AND CORRECTIVE ACTION TAKEN:

The facility does not have a policy establishing data collection. A policy needs to be created that will outline the data collection and its retention, dissemination, storage and destruction.

CORRECTIVE ACTION TAKEN: A policy has been created that outlines the data collection and its retention, dissemination, storage and destruction.

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.

Digitally signed by Patrick J Zirpoli
DN: cn=Patrick J Zirpoli, o=Patrick J. Zirpoli LLC, ou=PREA Auditor, email=pjz6896@ptd.net, c=US
Date: 2015.04.15 12:32:27 -04'00'

04/15/2015

Auditor Signature

Date