

Jennifer L. Feicht Consulting, LLC.

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Owner/Auditor

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Josh Garver

Warden, Mifflin County Correctional Facility

103 West Market St.

Lewistown, PA 17044

June 22, 2018

Dear Warden Garver,

Please find the PREA Final Audit Report for the Mifflin County Correctional Facility.

As required by PREA Standards, please post this final report to your public website within 90 days of receipt of this report.

If you have any questions, please feel free to contact at the phone or email address listed above.

Sincerely,



Jennifer L. Feicht

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: June 20, 2018

Auditor Information			
Auditor name: Jennifer L. Feicht			
Address: P.O. Box 308 St. Petersburg, PA 16054			
Email: jfeicht@embarqmail.com			
Telephone number: (724) 679-7280			
Date of facility visit: February 1-2, 2017			
Facility Information			
Facility name: Mifflin County Prison			
Facility physical address: 103 West Market St., Lewistown, PA 17044			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (717) 248-1130			
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 checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Josh Garver (Current)			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity: 198			
Current population of facility: 177			
Facility security levels/inmate custody levels: Minimum, Medium and Maximum			
Age range of the population: 18-77			
Name of PREA Compliance Manager: Josh Garver		Title: Warden	
Email address: jgarver@mifflinco.org		Telephone number: (717) 248-1130	
Agency Information			
Name of agency: Mifflin County Correctional Facility			
Governing authority or parent agency: <i>(if applicable)</i> Mifflin County, Pennsylvania			
Physical address: 20 North Wayne St., Lewistown, PA 17044			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name: Kevin Kodish		Title: County Commissioner, Chair	
Email address:		Telephone number: (717) 248-6733	
Agency-Wide PREA Coordinator			
Name: Josh Garver		Title: Warden	
Email address: jgarver@mifflinco.org		Telephone number: (717) 248-1130	

AUDIT FINDINGS

NARRATIVE

The Mifflin County Correctional Facility engaged this Auditor for its first ever PREA Audit. The Mifflin County Correctional Facility is located in Lewistown, PA, which is the county seat. The county has a population of approximately 46,000 residents. The county maintains a website where information regarding the county prison can be found at www.co.mifflin.pa.us.

The onsite portion of this PREA Audit took place on February 1-2, 2017. There was an initial meeting with a small group of staff members to discuss the audit process and the schedule for the remainder of the audit on the morning of February 1, 2017. Present at this initial meeting were:

- Michael Book – Warden
- Josh Garver – Lt./PREA Coordinator
- Barry Kearns – Lt./PREA Compliance Manager
- Michelle Weaver – Assistant Warden
- James Crisswell – Assistant Warden
- Pat Zirpoli – Consultant
- Jennifer Feicht – PREA Auditor

After the initial meeting, there was a thorough tour of the entire facility, including both buildings, into all locations that offenders may have access to. After the tour was complete, interviews with staff and offenders began and there was a period of time for multiple file reviews.

At the end of the onsite audit, there was an exit meeting to discuss some of the overall issues that were observed during the onsite portion of the audit. This took place in the afternoon of February 2, 2017.

Once the Interim Audit Report was completed and sent to the facility, this Auditor worked with the Assistant Warden Weaver to review all the corrections that were made in order to come into compliance at the facility. In addition, this Auditor returned to the facility on July 24, 2017, in order to view the physical plant changes that were made at the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

On the first day of the onsite audit, the population count of the facility was 177 offenders. This number is comprised of 142 male offenders and 35 female offenders. The second day of the audit was a heavy intake day with 16 intakes. The facility has two buildings that comprise MCCF. The main building houses all male inmates. The “Annex” houses all of the female offenders. MCCF does house female offenders for both Huntingdon and Juniata Counties.

The current main building was built in 2000. This construction was completed under the supervision of the prior Warden. The total capacity of the facility is 198 offenders, this covers 154 male offenders and 44 female offenders. The building that houses the female offenders is about a block behind the main facility.

The main facility has an administrative area, intake/booking area, seven housing areas, kitchen, central control area, visitation area, laundry, staff training and break room, maintenance area and basement area with storage areas. The basement area is a large, unfinished area which contains the area where shipments are received, mechanical utilities and storage for different departments of the county.

The “Annex”, a block behind the main building, houses all female offenders. The main reconstruction of this building occurred in August 2016. The housing is dormitory style, with two large rooms. One of those holds 20 offenders and the second holds 24 offenders. There is an area for the corrections officers that staff the “Annex”. There is a multipurpose room for offenders to use. While there is no chapel in this building, the multipurpose room is utilized for religious services. Additionally, there are rooms for the female offenders to meet with the counselor or to have visitation with their children.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

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)

The Mifflin County Correctional Facility (MCCF) maintains a zero-tolerance policy against all forms of sexual violence. It publishes the policy on the website for viewing by the general public. The policy reads as follows:

“Mifflin County maintains a zero tolerance for offender-on-offender sexual activity, including but not limited to sexual abuse or assault, and staff sexual misconduct and sexual harassment toward offenders. Every allegation of sexual assault/misconduct and harassment is thoroughly investigated. If the investigation is deemed substantiated, the inmate disciplinary procedure will follow the Mifflin County Correctional Facility disciplinary guideline. The prohibited conduct identified below applies to all employees, volunteers and contract staff of the Mifflin County Correctional Facility. Sexual conduct between staff and offenders is prohibited and subject to administrative disciplinary sanctions and referred for prosecution. PREA S.O.P. supersedes all Facility Policy and procedures and Union Contract for Bi-Laws.”

MCCF has a PREA Coordinator, Josh Garver, who at the time of the onsite PREA audit was a Lieutenant and was later named to the position of Warden. In addition, the facility also has named a PREA Compliance Manager. A Lieutenant fills this position as well.

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)

The MCCF initially had a contract with the Cambria County Jail to house youthful offenders at the time of the onsite audit. However, as of February 28, 2017, the Cambria County Jail no longer accepts outside inmates at its facility. The MCCF will be housing any youthful offenders admitted to the facility within the facility. It does not contract with any other facility to house any of its inmates.

The facility does house female offenders for both Huntington and Juniata Counties.

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)

Initially, the facility did not have an appropriate staffing plan which encompassed all the components outlined in the PREA standards. However, after discussion with this Auditor and review of samples of staffing plans from PREA compliant facilities,

the Mifflin County Correctional Facility has created a staffing plan that encompasses the following information.

- Generally accepted detention and correctional practices
- Any judicial findings of inadequacy
- Any findings of inadequacy from Federal investigative agencies
- Any findings of inadequacy from internal or external oversight bodies
- All components of the facility's physical plant
- The composition of the inmate population
- The number and placement of supervisory staff
- Institution programs occurring on a particular shift
- Any applicable State or local laws, regulations or standards
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse and
- Any other relevant factors.

This staffing plan was signed off on by the Warden of the facility and PREA Coordinator.

Additionally, the policy indicates that this, as well as the video monitoring system, should be reviewed no less than once a year from any needed changes.

Supervisory staff perform random rounds on each shift. The staff members indicated through interviews that they change the pattern of the rounds each time and never follow the same path. Staff are not notified that the rounds are happening.

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)

At the time of the onsite portion of the audit, MCCF was not housing youthful offenders. Youthful offenders were being sent out to the Cambria County Jail. However, the facility notified this Auditor via memo that Cambria County Jail had notified them that they would not be housing youthful offenders for any other counties as of February 28, 2017.

As a response to that notification, the facility started holding youthful offenders at MCCF. The youthful offenders will be housed in cells in the medical department. While at the facility, there was one youthful offender being housed at MCCF. This offender was interviewed. At the time of the audit, he had been at the facility since December 1, 2016. This offender was 17 years old. He had been at Cambria County for about 1 month.

While he has been here, the teacher comes in for about an hour each week. He can make phone calls 2 times per week. He is allowed to go to rec and law library at approximately 2:30 AM. The adult offenders are not out of their cells/units. It was strongly recommended that the facility allow to participate in rec or go to the law library during the day. It was explained to staff that the facility can choose to have a direct supervision of the youthful offender if there are adult offenders in the same area.

There is a small day room area just outside of his cell. When he is in the area where the bed is, he cannot hear anything outside of the cell.

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)

The MCCF does not conduct cross gender searches of offenders. The facility makes every effort to ensure that there are always female officer available to work in the Annex with the female offenders.

When questioned about transgender offenders, many staff indicated that they could not recall having a transgender offender in the facility. However policy indicates that if there were a transgender offender, that individual would be reviewed on a case by case basis to determine the best placement for the safety and security of both the offender and the facility. Transgender and intersex individuals are given the opportunity to shower separately from other offenders.

Additionally, staff members in the facility were clear that if there was an individual who could not be readily identified as female or male, that this offender would be asked questions to try to determine the gender of the individual or go to the medical department for the medical professionals to work with the inmate to make this determination through interview and examination.

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)

Offenders who enter the Mifflin County Correctional Facility are provided with PREA information in numerous ways. If the inmate has a disability, the staff will work with the inmate to ensure that they understand all PREA information. For those who are unable to read or may have a cognitive disability, the staff will read the information to the inmate. Staff will then verify with the inmate that they understand the information was provided to them.

In addition, the MCCF provides resources to Spanish speaking offenders. Initially, the Inmate Handbook was not available in Spanish, but after being required, the facility has those on hand. Posters with reporting and rape crisis information were not originally posted in Spanish, however, as a result of the initial visit, that has now been corrected.

If the inmate speaks a language other than English, the MCCF has access to translation services. In addition, MCCF keeps a listing of staff which speak different languages.

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)

Hiring and promotion related items are contained in the facility's PREA policy. The facility completes NCIC checks on all new staff, volunteers and contractors that enter the facility. That verification form is kept in the personnel file of the individual. Ongoing and continuous checks are done by participating in the Pennsylvania Justice Network (JNET) system. Notification is made to the Warden and Deputy Wardens of any infractions.

Of the personnel files reviewed, one did not contain a background check. This individual was a transfer from the probation office in the county. The background check was re-run and placed in the employee's personnel file.

Information is requested from any other detention facility that the applicant has worked at. If information is received, it is kept in the personnel file of the individual.

All required questions are asked of each applicant and there is a statement on the application indicating that falsification or omission of information could result in termination.

Additionally, the policy is clear that a substantiated case of sexual abuse would result in termination and if termination was not the outcome, the employee was not longer eligible for promotion.

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)

At the time of the onsite portion of the audit in February 2017, the facility was renovating the basement area and implementing a major upgrade to the video monitoring system. The facility would go from less than 100 cameras throughout both buildings to over 300 cameras in both buildings.

Not all construction was complete, or cameras were in place during the February 2017 visit, however, the staff had the schematics to inform the auditor of planned changes. Thought was given to PREA related issues when decisions were made on placement of cameras and all renovations. The PREA related discussions were relayed to this Auditor during the tour. During the visit in July 2017, the cameras were installed in both buildings and some changes were made to the physical plant.

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)

According to PREA policy, investigators utilize a uniform evidence protocol to ensure that evidence is preserved for possible prosecution. The staff members, after the PREA training, were clear that if they were functioning in a first responder role, they should secure the crime scene until investigators are able to process the crime scene.

Forensic medical examinations are not completed at the MCCF. If an incident of sexual abuse is reported within 96 hours of occurring, the offender will be sent to the Geisinger Medical Center (Lewistown Hospital) to have the examination performed by a Sexual Assault Nurse Examiner. There is an agreement with the medical center.

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)

Interviews with investigators indicate that all allegations are administratively investigated. When an allegation is received, it is assigned to one of the staff with the appropriate training.

Interviews with staff who complete PREA investigations at the facility were clear that if the investigation appears to have criminal implications, it will be referred to the Lewistown Police Department for investigation, and if warranted, will work towards prosecution with the Mifflin County District Attorney.

The investigators make every effort to stay up to date on all criminal investigations related to PREA. This information is documented in the investigation file.

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)

Staff at the MCCF did not have a basic PREA training at the time of the initial onsite audit visit to the facility. However, with the use of an outside consultant, all staff members received basic PREA training by the time of the second onsite visit. This training includes all the required pieces of PREA Training outlined in the standard. The training was reviewed, and the following items were included:

- The Zero-Tolerance Policy of the facility
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures
- Inmates' right to be free from sexual abuse and sexual harassment
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- The dynamics of sexual abuse and sexual harassment in confinement
- The common reactions of sexual abuse and sexual harassment victims
- How to detect and response to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with inmates
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates

- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Policy has been put into place that the facility will conduct annual PREA training for all staff members that will include PREA information, any changes in policy/procedure and any additional information deemed appropriate by the PCM.

Staff signed off that they not only received PREA training, but that they understood the training.

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)

Volunteers and contractors who have contact with offenders are required to receive both verbal and written information about sexual assault/misconduct prior to entry to the facility. This information addresses:

- Prevention
- Self-Protection
- Reporting sexual assault/misconduct, including methods to identify and report such misconduct
- Protection from retaliation
- Treatment and counseling
- Mifflin County Correctional Facility's Zero-Tolerance for Sexual Assault

The facility's PREA policy requires that all contractors, volunteers and visitors that are with inmates over 28 hours per week, are required to complete the 4-hour PREA training. All others must sign off on the PREA Acknowledgement form.

Examples of these sign offs were provided for review by this Auditor.

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)

MCCF requires that all offenders entering the facility participate in PREA education in order to learn about what PREA is, how to make a report of sexual abuse if they need to and what other services are available to them when they experience sexual abuse in a confinement setting.

Offenders are provided information in three different ways. They are provided with an "Inmate Handbook", they are provided with a pamphlet entitled "Reporting Sexual Misconduct" and all are required to view a video regarding sexual abuse.

The pamphlet is provided at the intake of the offender and verbally explained to the offender by a staff member. The PREA video is shown once per week, at the Shift Commander's discretion.

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)

Staff were upfront at the beginning of the onsite audit that the goal was to have all individuals on the PREA Team trained to complete investigations. However, there were still a couple of members that still needed to take the training. The facility has implemented a specialized investigations training by having an outside consultant come into the facility to provide that training at the same time the basic PREA training was being conducted.

Certificates were provided for all participants in specialized investigations training for PREA investigations.

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)

During interviews with the medical and mental health care professionals in the facility, it was noted during the initial onsite visit, that these individuals had not completed any mandatory specialized medical and mental health training. This was a requirement listed for compliance.

Prior to the return visit to the facility, the completion certificate, along with the applicable curriculum, were returned to this Auditor for review. The curriculum met all requirements for medical and mental health care training. This training was online and certificates were provided for all medical and mental health staff at the facility.

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)

The Mifflin County Jail implemented the PREA Screening Tool and was conducting that screening on all new receptions that came through the Intake Department. This was ensuring that all inmates were receiving the screening tool within the 72-hour timeframe required by this standard. During the initial onsite audit visit in February 2017, this practice was not in place. However, during the re-visit in July 2017, the practice had been fully implemented.

The required 30-day reassessments were not being conducted during the initial onsite visit either. However, the facility was able to implement them by the return visit. A sampling of files was reviewed for offenders to determine if the risk assessment had been completed for all offenders in the facility. These have been completed as required.

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)

The MCCF utilizes the information that is gained from the PREA Screening Tool to inform their decision-making process when it comes to items of housing, work, education and programming. If an offender, through the screening process, is identified as either a potential victim or a potential abuser, this information is utilized by those staff members that do placements to ensure the highest safety of the facility.

The facility utilizes offender workers and considers the screening information when placing workers together in work assignments. Information is considered when offenders are placed together in education and programming settings.

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)

Offenders at MCCF will not be placed in protective custody involuntarily, except in situations where there are no other options or the offender requests placement in protective custody status.

The facility is required to explore all other options for placement in the facility. Offenders may only remain involuntarily in protective custody for 24 hours while all options are explored. If no other placement can be made for the safety of the offender and the facility, periodic reviews are required within 7 days and every 30 days thereafter. All involuntary placement and reviews shall be documented.

At the time of the PREA Audit, the facility had not placed any offenders in Involuntary Protective Custody, therefore there was not supporting documentation to review.

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)

MCCF provides multiple methods for offenders to make a report of sexual abuse. Offenders have the option to make a report to staff members verbally, through writing a staff request, by writing to the PCM or through the outside reporting line established to take reports of sexual abuse.

The facility contracts with the Pennsylvania Department of Corrections for an outside reporting entity. Calls are taken by the PADO and then sent immediately back to the facility for investigation.

Information is posted in the housing unit as to the number that offenders can call to make a report about sexual abuse. These call can be anonymous or the offender can provide their name.

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)

The MCCF policy has outlined the specifics of the inmate grievance process related to reports of sexual abuse and sexual harassment. The facility puts no time limit on the submission of a grievance related to sexual abuse within the facility. Offenders are not required to follow the informal grievance process to try to resolve the grievance with the alleged abuser. Additionally, inmates may receive assistance with the filing of a grievance related to sexual abuse or have a grievance filed on their behalf by an outside third party.

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)

Offenders have access to outside confidential support services from The Abuse Network, the local rape crisis center that provides services to all of Mifflin County.

Information is provided to the offenders through posters that are displayed in the housing units of the facility. Initially the posters were only displayed in English, however, they now have the posters in Spanish as well.

Discussion with staff from The Abuse Network indicated that they are willing to work with the facility and are in discussions to provide a group related to sexual abuse at the facility.

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)

MCCF staff are required to accept any report of sexual abuse or sexual harassment of an offender, whether or not that reporter is inside the facility or is a member of the community. The facility has posted the following information on their PREA webpage as to how to make a report of sexual abuse or sexual harassment at the facility.

- Tell any correctional staff member
- Call the correctional facility directly and report at (717) 248-1130. Ask for the Lieutenant on duty.
- Write a complaint to: PREA Coordinator Mifflin County Correctional Facility 103 W. Market St. Lewistown, PA 17044
- Contact the Chief County Clerk (717) 248-6733 Monday-Friday 8am-4pm (excluding County Holidays) or
- Chief County Clerk Mifflin County Courthouse 20 N. Wayne St. Lewistown, PA 17044

Investigators indicated that they would take a report from a third party as seriously as they would if it was from an offender directly.

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)

Employees, volunteers and contractors of MCCF have a duty to report, as outlined in the facility’s PREA policy, any incidents or allegations of sexual abuse or harassment. The requirements are to report any knowledge or suspicions of the occurrence of sexual abuse or harassment. If a staff, volunteer or contractor is found to have knowledge of sexual abuse or sexual harassment, they can face disciplinary actions for the failure to act.

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)

PREA policy clearly articulates the responsibility of the facility to protect an inmate that is at substantial risk of victimization. The facility notifies victims and abusers, as indicated by the PREA risk assessment that is completed for all offenders and does not house those individuals together in a cell. If the facility becomes aware of a risk of sexual abuse to an offender, the staff will take immediate action to protect that offender. This could be the movement of the potential victim or the potential abuser.

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)

MCCF will make a report to any facility in which they receive information about sexual abuse occurring in that facility. This information has been included in the PREA policy of the facility. However, the staff have indicated that they have not received any reports about abuse occurring at another 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)

The PREA policy of the facility outlines what the responsibilities of the staff are who are the first responders to allegations of sexual abuse or sexual harassment in the facility. At the time of the onsite audit portion of the audit in February 2017, staff had not yet received PREA training.

In March 2017, an outside consultant provided the staff with PREA training, which included the staff first responder duties. During the follow up visit to the facility, it was clear that staff had information about their responsibilities when they would receive an allegation of sexual abuse.

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)

The agency has developed a coordinated response to allegations of sexual abuse and sexual harassment. This response is incorporated into the PREA policy that was adopted by the MCCF. This policy is available on the county's website, on the MCCF page.

The policy outlines the responsibilities of the staff in the facility, other entities that are involved in the process and any notifications that are required.

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)

At the time of the onsite audit, the facility was in the middle of contract negotiations with the union. The union contract was finalized and the language allowing for the removal of staff who have engaged in sexual abuse of an offender, or removal from contact with an offender during an investigation of sexual abuse is included and is part of the PREA policy.

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)

At the time of the onsite audit, the facility did not have a process in place to ensure that victims, reporters and those that participate in a PREA investigation are protected against retaliation.

In order to come into compliance, the policy was revised to include this information. The PREA Compliance Manager will monitor the identified individuals in a PREA allegation at identified intervals, for a minimum of 90 days. This information is documented and kept in the investigation file.

If the PCM determines that further monitoring is indicated, it can continue for more than 90 days.

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)

Interviews with staff and offenders confirmed the facility's policy that they do not place offenders in involuntary protective custody. The offender may request this placement, however, the facility will only implement this in exigent circumstances or if the offender requests to be placed in protective custody.

If an offender is placed in involuntary protective custody, procedures outlined for standard §115.43 will be followed.

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)

The specific staff members at the facility have received specialized investigations training in order to be able to conduct investigations of sexual abuse in the facility. Members of the PREA Team, who have received the specialized investigations training, conduct PREA investigations in the facility.

Interviews with investigators in the facility indicated that credibility of victims and witnesses are determined on a case by case basis, and not by their standing as a staff member or offender.

All investigations are documented in PREA Investigation files. These files are secured in the PREA area in a locked filing cabinet.

If there is an indication that the activity being investigated involves criminal activity, there will be a referral made to the Lewistown Police Department.

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)

Review of the PREA policy for the Mifflin County Correctional Facility states that the evidentiary standard for administrative investigations is a "Preponderance of the Evidence". Interviews with investigative staff have confirmed this is the standard that is used for the administrative investigations conducted involving PREA allegations.

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)

The policy of the facility initially did not include information regarding how information about the outcome of the investigation is conveyed to the victim offender. Policy was revised to outline the process for notifying victims of the outcome of the administrative and/or criminal investigations.

During the return visit to the facility in July 2017, this Auditor was able to view documentation to verify that this standard is being met.

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)

The MCCF has stated clearly in the PREA policy that any staff member that has been found to have a substantiated case of sexual abuse against them will be disciplined. This discipline can be up to and including termination, with termination being the presumptive action. This can be found in the PREA policy for the facility.

The staff member may be suspended, with or without pay, at the discretion of the Warden. Policy also specifies that if the activity is potentially criminal, it will be referred to the Lewistown Policy Department and any relevant licensing bodies.

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)

It was clear through interviews with staff that if a contractor or volunteer will be removed from contact with any offender if there is a case of sexual abuse or sexual harassment against that individual.

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)

The facility has a disciplinary process in place for offenders. If an offender is found to be the perpetrator of a substantiated case of sexual abuse or sexual harassment in the facility, that offender will go through the disciplinary process. Sanctions are outlined in the disciplinary process and will be commensurate with sanctions imposed for similar offenses prior to the current situation. The officer hearing the disciplinary meeting does consider other items such as mental health status of the offender.

It is the policy of the facility that an offender will only be disciplined for sexual contact with a staff member, if it is determined that the staff did not consent to the sexual contact.

Additionally, the facility will not discipline an offender for making a report of good faith. Sanctions will be imposed if it is determined that the offender made the report knowing it was untrue.

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)

The facility conducts a PREA Risk Assessment as required in §115.41. According to interviews with staff, if it has been indicated that the offender has been a victim or a perpetrator of sexual abuse, they will be referred to the facility's counselor

for follow up. The timeframe for seeing individuals who have victimized or are perpetrators is 14 days, however the counselor will prioritize those individuals and meet with them as soon as possible.

Interviews with medical staff and the facility's counselor verified that both nurses and the counselor ask questions related to sexual abuse.

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)

The MCCF utilizes the Geisinger Medical Center (Lewistown Hospital) in Lewistown for medical emergencies if the need arises. This is also the case if there is a situation where emergency medical services are needed. Geisinger employs Sexual Assault Nurse Examiners. This auditor was in touch with the medical department at Geisinger Medical Center. If there is a situation that arises, they will provide sexual assault forensic exams should the abuse be reported within the 96-hour time frame.

The Geisinger Medical Center (Lewistown Hospital) confirmed that the facility has Sexual Assault Nurse Examiners (SANE) on staff. In addition, the hospital also confirmed that they will conduct forensic rape examinations on offenders brought to the medical center.

Interviews with the staff verified that these services are provided free of charge to victims of sexual abuse.

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)

The MCCF employs medical professionals to work in the medical department at the facility. At the time of this onsite audit, it had only been about one year that the nursing staff started working for the county. The facility has a registered nurse and a licensed practical nurse on the first shift and one licensed practical nurse on the second shift. There is no nurse that works on the third shift.

There is a Nurse Practitioner that comes to the facility one day per week. The nurse practitioner is a contractor who is employed by Prime Care. If there are other services that are required that are above and beyond basic care, the offender will be taken out into the community to see the doctor of that particular specialty.

Interviews with staff and review of MCCF PREA policy indicate that the facility is meeting PREA standards outlined in §115.83. The only item that the facility did not meet initially was the requirement to have information regarding all lawful pregnancy related options should a female offender become pregnant as a result of a sexual assault while they are in the custody of the MCCF. The facility gathered the appropriate information and keeps it on hand should the situation would arise if needed.

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)

The facility conducts sexual abuse incident reviews for all investigations where the outcomes are either substantiated or unsubstantiated. Policy review of the MCCF PREA Policy and interviews with staff indicate that these reviews have been according to policy. Policy states "At the conclusion of every sexual abuse or sexual harassment investigation the MCCF will conduct an incident review within 30 days. This review will include the PREA Coordinator, investigators, upper-level management and allow for the input from line supervisors, investigators, and medical or mental health practitioners. These reviews will consider, at a minimum, policy changes, motivation of incident, physical layout of area, staffing levels and monitoring technology. A PREA Incident Review Form will be completed."

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)

Initially, the facility did not have any information collected for an annual report as required by standard. Once this was identified as an area that would need to be collected, the facility started to document information which would be needed to be included in an annual report. This includes statistics of the PREA related incidents for the preceding calendar year, the number of investigations with the outcomes of those investigations and demographic information regarding the individuals involved in those incidents.

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)

At the time of the initial onsite portion of the audit, the facility had not developed an annual report including information required by §115.87 Data Collection. The Annual Report has been developed to include the statistics collected as required in §115.87 Data Collection, identification of any areas of concern for the facility and what actions were taken over the course of the prior year to correct any areas which would result in the reduction of incidents of sexual abuse and/or sexual harassment in the facility.

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)

Staff at the facility showed the area where the PREA information is kept. The information, including statistics, files, investigation tools are all kept in a locked cabinet with few people that actually have access to this information.

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.

Jennifer L. Feicht

June 22, 2018

Auditor Signature

Date