This document has been prepared in conjunction with two unannounced inspections of Allegheny County Jail, conducted by Allegheny County Controller Corey O'Connor and Terri Klein, members of the Jail Oversight Board, on Thursday, October 27 and Monday, November 14, 2022. This document shall be made available in its entirety for public access pursuant to 61 Pa. C.S. § 1724.

Controller O'Connor and Ms. Klein conducted the first unannounced inspection on October 28 from approximately 9:00-12:00 p.m. They conducted the second unannounced inspection from approximately 8:45-11:00 a.m. on November 14. During both inspections, a correctional officer escorted the members throughout the facility, with a Jail media spokesperson tagging along during some of the second inspection. The information provided below is based on a review of ACJ records and documents, interviews with residents, observations onsite, and discussions with Jail employees and correctional officers. JOB members were escorted through intake and central booking processes, kitchen and food service, medical and mental health services administration, juvenile and female housing pods, and other facility operations.

During both inspections, members were provided with open access to the facilities they requested to inspect and were able to speak with staff and residents in private. Jail staff time and cooperation were critical to generating this report, to whom we owe our appreciation.

Date/Time	Thursday, October 28, 2022 (9-12 p.m.)		Monday, November 14, 2022 (9-11 a.m.)	
JOB Member	Corey O'Connor	Terri Klein	Corey O'Connor	Terri Klein
Area				
Intake and booking	This is a crowded and busy area in the Jail. Individuals booked into the facility are first housed in Intake where they remain for several days, often more.  The Jail partly reasons that this is a mitigation effort from COVID-19, but all	<ul> <li>There is currently no night shift for mental health staff, and no one can go upstairs until they are interviewed by mental health. This can back things up in Intake.</li> <li>One person reported being in intake for four days and staff</li> </ul>	<ul> <li>Staff reported that intake and booking during Monday's are typically a less busy day.</li> <li>There was no nurse stationed in intake over the weekend that caused some issues for staff to troubleshoot.</li> <li>There were several people on the</li> </ul>	<ul> <li>Intake was less crowded than in previous visits.</li> <li>There was no mental health nurse on duty.</li> <li>We heard that people can be in intake for up to 5 days.</li> <li>During that time, they get bagged meals only. Breakfast would be milk, juice, two</li> </ul>

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	incarcerees are housed together and no steps are taken to test, check temperatures, use masks, socially distance, sanitize, or further ventilate.  Around 149 people were in line to see a psychiatrist, with the longest wait to be seen 71 days.  Approximately 31 people are on mental health sick call, with the longest wait of approximately seven days.  COs complained about being overworked, forced overtime, and understaffing.  There was one nurse conducting screening procedures.  Staff reported varying times regarding how soon one might	agreed that could be the case.  It appears that privacy is an issue for mental health interviews. We also saw the queue for medical requests—149 people waiting for a psychiatrist with longest wait of 71 days.  31 people are awaiting mental health sick call with longest wait of seven days.  Formerly, there were four nurses in Intake, but during our visit, there was only one nurse in Intake.  Staff reports a long list of people waiting to be seen when they get to work each day.  Intake was out of hygiene kits, but we were assured by staff that there are kits	waiting list for a mental health screening.  · While there, the attending medical staff were screening an individual with approximately six others on a waitlist.  · Staff reported that an individual in booking did not receive a hot meal for approximately five days.	pieces of bread, and cereal.

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	receive psychiatric, psychological, or behavioral health assistance.	available on the pods.		
Kitchen	Staffing concerns were reported today. Summit staff reported needing anywhere from 5-10 staff in addition to the 25-30 individuals currently in kitchen and foodrelated roles. The area was somewhat clean, but issues reported involved rodent/insects and droppings, providing clean trays, and food quality. Many also reports involved being fed too early, with dinner service occurring as early as 3:00 p.m., just about three or four hours after lunch service.	<ul> <li>Kitchen staff noted that the fans don't work in the kitchen and that there is condensation in the food.</li> <li>Staff were concerned that trays were not properly cleaned either. I observed trays coming out of the cleaner ("the beast"). Food material was still present in some of the trays.</li> <li>A kitchen worker would segregate these trays to be cleaned again.</li> <li>Trays are not dried after coming out of the washer but are stacked in preparation for the</li> </ul>	<ul> <li>Summit staff noted that 28 employees were on the current food service shift, which was sufficient to handle operations.</li> <li>Resident staff reported wanting to receive better wages and days off, as currently they are provided a stipend and no time off.</li> <li>Staff also reported there are poor hygiene and sanitary conditions when the morning 4:30 a.m. shift arrives daily.</li> <li>Some food staff reported that dinner service was occurring slightly later than the previously</li> </ul>	

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		next meal. Bread or cake can be placed into wet compartments and will be wet upon their arrival to the pod.  According to Summit staff, dinner is served between 3 and 4:30 p.m. This leaves residents waiting until 6-8 a.m. for breakfast.  The kitchen appeared clean, and workers took pride in their work to prepare food.  Kitchen workers reported frequently spotting roaches.	documented time of 3-3:30 p.m. Some reported receiving food closer to 5 p.m.  Staff reported separately that hot water access for food for residents was returning, which has been a popular accommodation for residents to use.	
Female housing pod	Did not visit during inspection.	Did not visit during inspection.	During the inspection, medication was being administered on Level 1B. The occupancy of this unit was at 57/110.	<ul> <li>We toured 1B.</li> <li>Women reported</li> <li>having enough</li> <li>hygiene products and</li> <li>that the tablets</li> <li>worked well.</li> <li>Received complaints</li> <li>that brown water and</li> </ul>

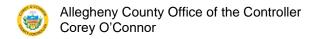
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			<ul> <li>There was a long line of residents waiting to receive medication.</li> <li>A female incarceree reported having her headscarf confiscated several weeks ago, which she needed to conduct prayer.</li> <li>It is unclear whether she submitted a grievance but has not been granted this religious accommodation.</li> </ul>	mice were present in housing cells.  Two residents reported spending nearly \$150/week on commissary to supplement diet and complained about high expenses.
School and classrooms	Did not visit as kids were in class during inspection.	Did not visit as kids were in class during inspection.	<ul> <li>Approximately 11 teachers deliver educational services.</li> <li>Teachers reported a mixture of virtual and in-person instruction being administered.</li> <li>During the inspection, some kids were conducting class via Zoom.</li> </ul>	<ul> <li>We visited the school, and I had the opportunity to speak with four juveniles.</li> <li>They complained of collective punishment where they are locked down when one person misbehaves.</li> </ul>

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			Children are allowed to take out two books at a time, and many liked having this access to literature.	<ul> <li>They did not like that school time counted as rec time.</li> <li>Staff reported that juveniles get two hours rec in AM and two hours rec in PM in addition to school time.</li> </ul>
Library	Did not visit during inspection.	Did not visit during inspection.	<ul> <li>During this inspection, we briefly visited the physical library space, which was vacant and under renovation.</li> <li>It is unclear whether the catalogue spans 20,000 books, but I roughly estimated several hundred from what I could review.</li> <li>There did not appear to be construction in any other facility segments.</li> </ul>	
Chapel	Did not visit during inspection.	Did not visit during inspection.	We briefly observed the chapel area wherein services were ongoing.	

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			Staff reported that these services are often cut or cancelled as officers are not available to supervise.	
Juvenile housing pod	Did not visit as kids were in class during inspection.	Did not visit as kids were in class during inspection.	<ul> <li>Many kids (all male) present were around high school age, with a pod occupancy of 19/27.</li> <li>Kids seemed to be from surrounding areas, such as Washington County and Jeanette, PA.</li> <li>Kids reported enjoying the basketball hoop, but it was unclear whether and how much outdoor recreation is also provided.</li> <li>The area seemed cold, and staff reported that coats would be provided</li> </ul>	<ul> <li>Juveniles admitted to being hungry and cold.</li> <li>Kids receive two blankets, with one used as a mattress cover.</li> <li>The juvenile unit also contains books, puzzles, and games.</li> <li>No coats are available for outdoor rec. Staff reported jackets for outside rec are given after Thanksgiving.</li> <li>One juvenile told me that his letters were not mailed, that laundry comes back wet and mildewed, and that there is a</li> </ul>

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			by the end of November.	long wait between haircuts.  · Kids complained that night meds may come at 3:30 p.m. and morning meds sometimes don't come until noon.  · Kids in restrictive housing (RHU) are only permitted showers on Mon-Wed and Friday.  · Kids also reported that COs talk to them like they hate them and are uncomfortable and don't feel safe when they are strip searched.
Medical services	The medical and mental health areas, including the area in which mental and medical care is administered, are located on the same floor. Across these	There were two PAs and one RN on duty. They are responsible for the care of residents in the medical unit and for responding to medical emergencies	<ul> <li>There was a doctor present conducting rounds and some staff were observed seeing patients.</li> <li>Staff complained about poor working conditions, lack of</li> </ul>	I did not review information yet regarding the quality and types of care administered under the new teams model. My hope is that the Jail can

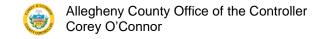
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Alou	segments, staffing issues and low morale prevent both access to and quality of care.  Current staff are sometimes required to station these areas and respond to medical emergencies, which can enhance wait times and impact the ability for staff to respond to requests for care.  For medical services: As a general approach, staff is primarily tasked with administering emergency, as opposed to preventive, care due to understaffing and number of patients requiring treatment.  Attending dentist reported that wait times can be up to	in the facility. This appeared to be clearly challenging.  People can wait 3-4 weeks for sick call dental visits.	medical independence, and unqualified managerial support.  Staff welcomed the new roving teams' model but were also unsure why it had stopped in the first place.  Staff also reported that it seemed to have lowered wait times somewhat on at least one floor (Level 3).	provide more information on the implementation and duration of medical care delivery.



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	six weeks for sick calls, and during inspection, wait times were around 3-4 weeks.			
Mental health services	<ul> <li>The men's mental health pod had an occupancy of 22/24.</li> <li>Mental health residents do not recreate outdoors. If approved, they recreate in cages on the pod. 2/4 of these recreation spaces have windows.</li> <li>Like the medical area, mental health staff report a lack of resources and independence to administer care based on industry standard.</li> <li>Staff reported 41 employees, down from 125.</li> <li>Staff reported having to follow directives</li> </ul>	<ul> <li>We toured the men's acute mental health pod. It has a capacity of 24 beds and is almost always full.</li> <li>I spoke to residents and most disagreed with the decision to send them to Torrance.</li> <li>Staff reported there are residents with significant MH issues that they cannot adequately care for.</li> <li>If cleared by medical, they can recreate in cages adjacent to cells. Two of the cages have windows and two do not. None have access to outside air.</li> <li>The pod was clean.</li> </ul>	Did not visit during this inspection.	Did not visit during this inspection.

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	from non-medical Jail management and the Warden's Office regarding scope and administration of care.  • Medical staff reported frequent year-to-year turnover and poor workplace treatment.  • Patients see elongated wait times to be taken to Torrance. Residents do not agree with procedures involved to be admitted there.	Staff reported that the autism training was helpful.		
Facility operations	The overall facility appeared to be orderly. Staff reported issues with slow elevator use. Staff reported Jail's administration has become more focused on the media around ACJ issues instead of improving	<ul> <li>The overall facility appeared clean and orderly.</li> <li>Understaffing is a major issue that leads to backups in Intake with the goal of everyone being moved out in 24 hours unattainable.</li> <li>There is a very long time between dinner</li> </ul>	<ul> <li>CO staff consistently complained about forced overtime (conducting 16-hour shifts 4x week).</li> <li>CO staff also reported that between forced overtime, FMLA-sanctioned leave, and chronic understaffing, COs</li> </ul>	I spoke with a CO from a special response unit. He was generous in his time speaking to me. He felt confident in his de-escalation training and that was always his first intervention unless residents or staff were being injured. He said he has a

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	basic administration and care for incarcerated residents.  Staff reported that providing basic needs such as adequate food, medical care, and resources have reached breaking points.	and breakfast which might explain why so many reported going to sleep hungry. I would suggest that the new food vendor serve dinner later or provide snacks.  Recommendations: (1) the mental health pods should get bid on so COs with a special interest can work there; (2) more specialized CO training in mental health pods; (3) allow mental health residents to access outside rec; and (4) more blankets for all residents.	are in a lose-lose situation.  There are no significant incentives in place to attract, hire, and retain new CO staff, as approximately a third of new hires in the past are no longer employed.	good relationship with residents and staff.  Recommendations for kids: (1) bring jackets when temperatures drop instead of after Thanksgiving; (2) supply juveniles with an extra blanket; (3) allow juveniles in RHU to shower daily; and (4) reform policy regarding collective punishment.



Jail residents and staff together must be protected from abuse and neglect. The issues around residents' living conditions are serious despite being resolvable from a practical standpoint. For jail staff, many reported poor conditions as well regarding being overburdened, overworked, and understaffed. And yet, the issues present at ACJ are not novel—countless detention facilities experience comparable issues and have changed course such that its constituents' (employees and incarcerees alike) welfare was prioritized. We hope the County and Jail use this opportunity to implement the recommendations provided in this report.

Inside the Jail, improvements to poor hygiene, inadequate medical and mental health treatment, and lack of nutritious food, in addition to reentry programming (i.e., housing, education, mental health, and access barriers) are practical in nature and can ameliorate a host of issues. Attention must also be drawn to the Jail staff, its workplace culture, and its hiring, retention, and staffing procedures. The Controller's Office completed an overtime and staffing audit in 2009 and has begun another audit this quarter. But we know many of the concerns present a decade ago still exist today. Issues of being overworked because of understaffing or forced overtime, or both, have reached a critical level. The County and Jail should look to surrounding jurisdictions who have proposed and implemented hiring, retention, culture, and staffing best practices to improve their overall operations.

We hope the County and Jail use the reports submitted by JOB members to meaningfully support the community, reduce recidivism, provide for Jail residents and staff alike, and serve the public's interest.