IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

ELIZABETH SEITZ; MERSIHA TUZLIC;	:
RIVA DEPASSE; JILL HENDRICKS; KIARI	:
DAY.	3

Case No. 2:16-cv-1879-CRE

Plaintiffs,

V.

ALLEGHENY COUNTY; ORLANDO HARPER, Warden of Allegheny County Jail; SIMON WAINWRIGHT, Deputy Warden; MONICA LONG, Deputy Warden; SGT. JESSE ANDRASCIK,

Defendants.

SETTLEMENT AGREEMENT BETWEEN PLAINTIFFS AND ALLEGHENY COUNTY

This Settlement Agreement ("Settlement Agreement") is entered this day of
, 2017 by and between Plaintiffs Elizabeth Seitz, Mersiha Tuzlic, Riva
DePasse, Jill Hendricks, and Kiari Day ("Plaintiffs") and Allegheny County, Orlando Harper,
Simon Wainwright, Monica Long, and Sgt. Jessie Andrascik (All of these defendants will be
referred to collectively as "Allegheny County").

IT IS ACKNOWLEDGED, UNDERSTOOD, AND AGREED THAT:

1. I, for and in consideration of the mutual promises herein and of the settlement payment by Allegheny County of \$90,000 (ninety thousand Dollars), representing the full liquidation of the monetary value of any and all claims of any and all kinds whatsoever—past, present, and/or future—which claims are or may be had by me in my own right and/or by me on

behalf of my counsel against Allegheny County in connection with the above-referenced lawsuit, including any and all claims for bodily injuries, civil rights violations, constitutional harms, deaths, emotional distress, financial losses, personal injuries, psychiatric and/or psychological injuries, costs of suit, attorneys' fees, sanctions, and any other claim that was or could have been presented in connection with the aforesaid lawsuit, do forever completely acquit, discharge, and release Allegheny County, and all its past, present, and future agents, attorneys, employees, officials, officers, representatives, successors, heirs, and assigns, of and from any and all manner of actions, awards, causes of action, claims, compensation, contracts, costs, debts, judgments, liabilities, losses, sanctions, suits in law or equity, verdicts, and demands of any kind whatsoever, known or unknown, foreseen or unforeseen, which I now have or may in the future have, pertaining to or arising directly or indirectly out of any incarceration of Plaintiffs in the Allegheny County Jail (ACJ), including, without limitation, any and all claims that were or could have been asserted by me in the aforesaid lawsuit.

- 2. The Allegheny County Jail will replace its current Policy #308 with the revised Policy #308, which is attached as Appendix "A" to this Agreement.
- 3. For a period of three (3) years from the date of execution (the "Enforcement Period") the Allegheny County Jail will provide Plaintiffs' counsel identified in paragraph 15 of this agreement with the following information through counsel from the Allegheny County Law Department:
 - a. On request made by Plaintiff's counsel:
 - i. A current list of all pregnant women detained or incarcerated at ACJ;
 - b. On a quarterly basis:
 - i. copies of documents related to the placement of any pregnant woman

- in restrictive housing (e.g., medical clearance, documents indicating the number of days each woman remained in restrictive housing and a description of reason for the placement);
- ii. the total number of misconducts and informal resolutions issued to pregnant women resulting in a loss of privileges.
- c. On request made by Plaintiff's counsel based upon a reasonable belief of possible violations of this Settlement Agreement and attached Policies:
 - i. Documents relevant to pregnant inmates which involve and reasonably relate to issues, claims and allegations asserted in the Complaint by which this action was initiated and addressed in this Settlement Agreement.
- 4. Except as otherwise provided herein, Allegheny County will become obligated to make the settlement payment under this Settlement Agreement 90 (ninety) days after entry of an order granting court approval of this Settlement Agreement.
- 5. Allegheny County will make settlement payment by check payable to the ACLU of Pennsylvania.
- 6. The Settlement payment will constitute all money that is due and/or will ever be due to Plaintiffs and/or their counsel from Allegheny County in connection with this lawsuit.
- 7. Plaintiffs and their counsel are responsible for all tax liabilities and/or tax consequences, if any, related to their receipt of settlement money pursuant to this Settlement Agreement, and Allegheny County will have no responsibility for any such tax liabilities and/or tax consequences that may be asserted against Allegheny County in connection with the payment made to Plaintiffs pursuant to this Settlement Agreement. It is further agreed that Plaintiffs will indemnify Allegheny County for any such tax liabilities and/or tax consequences if any are asserted against Allegheny County by anyone in connection with the payment made to Plaintiffs

pursuant to this Settlement Agreement.

- 9. Plaintiffs agree and represent that they do not owe any taxes or other indebtedness to Allegheny County. As part of the terms and conditions of this Settlement Agreement, Allegheny County may perform a search of its taxing records to confirm that each Plaintiff is current on her taxes and is not otherwise indebted to Allegheny County. If any Plaintiff is not current on her taxes and/or owes other indebtedness to Allegheny County, Allegheny County may deduct from Plaintiffs' settlement payment any such taxes or indebtedness. If there are no outstanding taxes or indebtedness, Allegheny County will process the settlement payment to Plaintiffs as otherwise described herein.
- 10. Plaintiffs' attorneys, as counsel for Plaintiffs, acknowledge and agree by their signature below that any claims by them, their law firms, and/or any other attorneys for attorneys' fees against Allegheny County under the federal civil rights statutes, for sanctions under the Federal Rules of Civil Procedure, and/or for any other money under any legal authority(ies) in connection with the instant lawsuit are being satisfied in full through the payment made pursuant to this Settlement Agreement.
 - 11. Allegheny County will not be responsible for any court costs.
- 12. By this Settlement Agreement, Plaintiffs are releasing Allegheny County from all liability, including all claims for attorneys' fees and costs.
 - 13. This Agreement will be filed with the Court, but judgment will not be entered.
- 14. Plaintiffs and Allegheny County ("the Parties") agree that the Court shall retain continuing jurisdiction to enforce the terms of this Settlement Agreement during the Enforcement Period, as agreed to in the stipulated Order of Dismissal. The Parties do not anticipate a breach of this Settlement Agreement. In the event of a breach, however, the Parties agree:

- a. The non-breaching Party will have lost the benefit of its bargain and therefore may take action to enforce this Settlement Agreement, subject to the procedures set forth below; and
- b. The appropriate and hereby stipulated remedy upon proof of a breach is an order of specific performance.
- 15. While the Parties do not anticipate a breach of this Settlement Agreement, in the event a Party believes that the terms of this Settlement Agreement have been breached during the Enforcement Period, the Parties agree that the following procedure will govern:
 - a. The Party that believes the terms of this Settlement Agreement have been breached will notify the other Party of the specific nature of the alleged breach in writing to the attention of counsel for the Parties identified below:

Plaintiffs' Counsel:

Bret Grote, Esq.

Abolitionist Law Center

P.O. Box 8654

Pittsburgh, PA 15221

Sara Rose, Esq.

ACLU of Pennsylvania

P.O. Box 23058

Pittsburgh, PA 15222

Defendant's Counsel:

Solicitor

Allegheny County Law Department

300 Fort Pitt Commons Building

445 Fort Pitt Boulevard

Pittsburgh, Pennsylvania 15219

b. After the notification set forth above, the Party believed to have breached the terms of this Settlement Agreement shall have seven (7) days from the date of notification to respond in writing to the attention of counsel for the Party identified above as to the specific nature of the alleged breach, identifying a reasonable basis for the alleged breach and/or its good faith efforts to remedy the alleged breach.

- c. If after the seven (7) day period, the Party believed to have breached the terms of this Settlement Agreement has not responded in writing to the attention of counsel for the party identified above as to the specific nature of the alleged breach, identifying a reasonable basis for the alleged breach and/or its good faith efforts to remedy the alleged breach, the Party that believes the terms of the Settlement Agreement have been breached may take action to enforce the terms of the Settlement Agreement by filing an appropriate motion with the Court, which will retain jurisdiction over the enforcement of this Settlement Agreement during the enforcement Period and to resolve any motion to enforce this Settlement Agreement that is filed prior to the expiration of the Enforcement Period.
- d. If the Party believed to have breached the terms of this Settlement Agreement responds in writing to the attention of counsel for the Party identified above as to the specific nature of the alleged breach, identifying a reasonable basis for the alleged breach and/or its good faith efforts to remedy the alleged breach within the seven (7) day period, the Party that believes the terms of this Settlement Agreement have been breached will not take action to enforce the terms of the Settlement Agreement, except as set forth in the following paragraphs:
- i. If after receiving a written response set forth above, a Party still believes the terms of this Settlement Agreement have been breached, they will notify the other Party of the specific nature of the alleged breach and/or alleged deficiency in the identified justification and/or good faith efforts to remedy the alleged breach in writing, to the attention of counsel for the Party identified above.
- ii. After the notification set forth above, the Party believed to have breached the terms of this Settlement Agreement shall have seven (7) days from the date

of notification to respond in writing to the attention of counsel for the Party identified above setting forth any additional justification for the alleged breach and/or good faith efforts to remedy the alleged breach.

- iii. Following the seven (7) day period, a Party that still believes the terms of this Settlement Agreement have been breached may take action to enforce the terms of the Settlement Agreement by filing an appropriate motion with the Court, which will retain jurisdiction over the enforcement of this Settlement Agreement during the Enforcement Period and to resolve any motion to enforce this Settlement Agreement that is filed prior to the expiration of the Enforcement Period.
- 16. This Settlement Agreement is in compromise of a disputed claim or claims embodied in the lawsuit filed by Plaintiffs and is entered to avoid further costs and expenses of protracted litigation. Neither this Settlement Agreement nor the payment made hereunder will be construed as an admission of liability or wrongdoing on the part of Allegheny County or its past, present, and/or future agents, attorneys, employees, officials, officers, representatives, successors, heirs, and/or assigns—such liability and wrongdoing being expressly denied on behalf of and by Allegheny County and on behalf of its past, present, and future agents, attorneys, employees, officials, officers, representatives, successors, heirs, and/or assigns.
- 17. If any term, condition, or provision of this Settlement Agreement is determined by a court of competent jurisdiction to be void or invalid, then only such term, condition, or provision determined to be void or invalid will be stricken from the Settlement Agreement, and the remainder of the Settlement Agreement will continue in full force and effect in all other respects. This Settlement Agreement will be interpreted in accordance with the laws of the Commonwealth of Pennsylvania.

18. This Settlement Agreement may be executed in counterparts.

19. This Settlement Agreement constitutes and contains the entire agreement and

understanding between Plaintiffs, their counsel, and Allegheny County in connection with the

settlement of this lawsuit. The terms of this Settlement Agreement are contractual and are not

mere recitals.

20. Nothing in this Agreement shall preclude any person not bound by this Agreement

from filing a separate, original action to vindicate alleged rights that are otherwise addressed in

this Agreement.

21. I declares that I have carefully read this Settlement Agreement, know and

understand its contents, know and understand that by signing it I am releasing certain rights in

accordance with this Settlement Agreement, have conferred with my counsel concerning the terms

of this Settlement Agreement and concerning the consequences of her signature hereon, and

knowingly sign this Settlement Agreement as my free and voluntary act with the intent to be bound

legally by it. I agree to this Settlement Agreement for the purpose of making a full and final

adjustment and resolution of all matters as between myself and Allegheny County in connection

with this lawsuit.

IN WITNESS HEREOF AND INTENDING TO BE BOUND LEGALLY, the

undersigned set their hands and seals this day of September, 2017.

AGREED TO AS TO SUBSTANCE AND FORM. WITNESS:

Elizabeth Seitz, Plaintiff

Mersiha Tuzlic, Plaintiff

- 18. This Settlement Agreement may be executed in counterparts.
- 19. This Settlement Agreement constitutes and contains the entire agreement and understanding between Plaintiffs, their counsel, and Allegheny County in connection with the settlement of this lawsuit. The terms of this Settlement Agreement are contractual and are not mere recitals.
- 20. Nothing in this Agreement shall preclude any person not bound by this Agreement from filing a separate, original action to vindicate alleged rights that are otherwise addressed in this Agreement.
- 21. I declares that I have carefully read this Settlement Agreement, know and understand its contents, know and understand that by signing it I am releasing certain rights in accordance with this Settlement Agreement, have conferred with my counsel concerning the terms of this Settlement Agreement and concerning the consequences of her signature hereon, and knowingly sign this Settlement Agreement as my free and voluntary act with the intent to be bound legally by it. I agree to this Settlement Agreement for the purpose of making a full and final adjustment and resolution of all matters as between myself and Allegheny County in connection with this lawsuit.

IN WITNESS HEREOF AND INTENDING TO BE BOUND LEGALLY, the undersigned set their hands and seals this _____ day of _______, 2017.

AGREED TO AS TO SUBSTANCE AND FORM. WITNESS:

Elizabeth Seitz, Plaintiff	
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Mersiha Tuzlic, Plaintiff	9-18-14

Riva DePasse, Plaintiff
Jill Hendricks, Plaintiff
Kiari Day, Plaintiff
William D. McKain Allegheny County Manager
Andrew F. Szefi Allegheny County Solicitor Counsel for Defendant Allegheny County, Allegheny County Jail, Orlando Harper
John A. Bacharach Assistant Allegheny County Solicitor Counsel for Defendant Allegheny County Allegheny County Jail, Orlando Harper

Riva DePasse, Plaintiff
Jill Hendricks, Plaintiff
Kiari Day, Plaintiff
William D. McKain Allegheny County Manager
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Jill Hendricks, Plaintiff	e e e e e e e e e e e e e e e e e e e
Kiari Day, Plaintiff	
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Andrew F. Szefi Allegheny County Solicitor Counsel for Defendant Allegheny County, Allegheny C	County Jail, Orlando Harper
John A. Bacharach Assistant Allegheny County Solicitor Counsel for Defendant Allegheny County Allegheny C	ounty Jail, Orlando Harper

Mersiha Tuzlic, Plaintiff	
Riva DePasse, Plaintiff	
Jill Hendricks, Plaintiff	
Kiari Day, Plaintiff	
Willem McCon	
William D. McKain	•
Allegheny County Manager	
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Andrew F Szefi	
Allegheny County Solicitor	
Counsel for Defendant Allegheny County, Allegheny C	County Jail, Orlando Harper
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John A. Bacharach

Assistant Allegheny County Solicitor

Counsel for Defendant Allegheny County Allegheny County Jail, Orlando Harper

APPENDIX "A"



ALLEGHENY COUNTY
BUREAU OF CORRECTIONS

APPLICABILITY: All Authorized Personnel

POLICY NUMBER: #308

EFFECTIVE: 2/12/15 REVISED: 7/25/17

TITLE: Management of Pregnant Females

AUTHORIZED BY: ORLANDO L. HARPER

SIGNATURE: Orlando L. Hapa

POLICY

It is the policy of the Allegheny County Bureau of Corrections ("BOC") to provide a safe, secure and healthy environment for pregnant inmates and their unborn children, while they are incarcerated at the Allegheny County Jail ("ACJ"), and to limit the use of restrictive housing as a punishment for pregnant inmates except where it is necessary to protect the safety of BOC employees, the mother and unborn child, or other inmates at ACJ, and, even in that case, to provide special protections against harm to the pregnant inmate and her unborn child.

PURPOSE

To ensure the safe housing and care of all pregnant inmates and their unborn children with comprehensive care, including ongoing prenatal and postpartum follow-up medical services and linkages, to be provided in a confidential matter.

DEFINITIONS

<u>Pregnant Inmates</u>: Unless the context clearly provides otherwise, the term "pregnant inmates" shall include pregnant inmates, post-partum inmates, lactating inmates, and inmates who within the past 30 days are known to have miscarried or had their pregnancy terminated.

Qualified Healthcare Professional:

A "qualified healthcare professional' is a physician or other individual who is qualified by education, training, licensure/regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice and

independently reports that professional service. A qualified healthcare professional will provide services consistent with then-current standards in the medical community.

QHPs — depending on authorized Pennsylvania scope of practice, licensing includes, in addition to physicians:

Nurse practitioner (NP)

Certified nurse specialist (CNS)

Physician assistant (PA)

Registered Nurses (RN)

Certified nurse mid-wife (CNM)

Certified registered nurse anesthetist (CRNA)

Clinical social worker (CSW)

Physical therapist (PT)

Dietician-Nutritionist (LDN)

Licensed Practical Nurse (LPN)

Medical Assistant (MA)

PROCEDURES

Detection, Confirmation, and Notification of Staff

- All female inmates, age 50 and under, shall be offered a pregnancy test during the intake medical assessment process. Refusals shall be documented by staff.
- All female inmates, age 50 and under, who decline a pregnancy test shall be assessed by a qualified healthcare professional for pregnancy if and when they appear to be pregnant.
- When an inmate is determined to be pregnant by a qualified healthcare professional, the facility Administration shall be notified.
- A list of all pregnant inmates must be presented to the Warden or designee weekly. This list is to include the trimester of the pregnancy and housing status.

Medical: Prenatal Care (Pregnancy Plan of Action)

a. All pregnant inmates shall be offered a complete health assessment by a qualified healthcare professional within 14 days of confirmation of pregnancy unless a sooner assessment is warranted under the circumstances. Refusal to submit to the health assessment by an inmate shall be documented in writing and signed by the inmate or her refusal noted by the inmate in writing or witnessed by staff.

- b. After confirmation of pregnancy, the BOC shall provide examinations, prenatal vitamins, lab tests, and any medications as prescribed by a physician. A therapeutic/pregnancy diet and snack shall be issued for each pregnant inmate.
- c. Pregnant inmates shall be initially given professional counseling concerning such matters as proper nutrition, activity, hygiene and safety precautions; routine pregnancy and postpartum medical care; unusual health symptoms warranting emergency care; future family planning; breast-feeding and breast-pumping options; and visits/communication with family members on a schedule to be determined by qualified healthcare professionals.
- d. Qualified healthcare professionals shall provide prenatal care. High-risk pregnancies and chemically dependent pregnant inmates shall be identified by qualified healthcare professionals and referrals made, where appropriate, to outside specialists within a medically reasonable time.
- e. The medical department shall be responsible for providing services for the obstetrical care of the inmates. This shall include prenatal, delivery, routine postpartum care and continuing care for lactating inmates. In addition, lactating inmates shall be allowed to use a breast pump.
- f. Pregnant inmates shall be seen at a frequency as determined by a qualified healthcare professional. At a minimum, they shall be seen by a qualified healthcare professional once a month.
- g. The BOC will provide tests, including off-site tests, ordered by qualified healthcare professionals, within the time frame specified in the order.
- h. Medical care will be provided regardless of an inmate's disciplinary status.
- i. A pregnant inmate, who is released from the facility, shall be provided with a copy of her prenatal chart upon written demand, which will include an authorization to release the chart to the inmate or her designee.
- j. A pregnant inmate shall be placed in the Medical Housing Unit for observation when ordered by a qualified healthcare professional.

Adequate Nutrition and Supplements

Pregnant and post-partum inmates shall receive adequate pregnancy/nursing diet as ordered by qualified healthcare professionals on a case by case basis.

Pregnant and lactating inmates shall receive their pregnancy/nursing diet regardless of where they are housed at ACJ.

Pregnant and lactating inmates shall receive prenatal vitamins and supplements as prescribed by their qualified healthcare professionals on a daily basis without any exceptions. Pregnant and lactating inmates will be advised that a dietary supplement will be made available to them upon their request and recommendation by their treating qualified healthcare professional.

ACJ Staff will track the disbursement of the pregnancy/nursing diet and prenatal supplements by the inmate signing for the meal and supplement or her refusal to sign noted by staff. The form shall me scanned and retained electronically by the BOC.

All complaints and grievances about pregnant and lactating inmates not receiving the appropriate diet and supplements shall be handled in accordance with Policy 505, except the investigation of this type of complaint shall be completed and returned to the Complaint Officer within five (5) days.

Housing Considerations

In accord with BOC policies stated above, the goal is to eliminate conditions of restrictive housing for pregnant inmates except in rare cases and to house pregnant inmates in general population according to their classification level.

Pregnant inmates shall be given sufficient out-of-cell time to meet their exercise needs as determined by the treating qualified healthcare professional. Pregnant inmates shall have daily access to recreation areas on their assigned Pod outside their cell for at least two hours of exercise per day between the hours of 6 a.m. and 10 p.m. The specific time when the exercise is allowed shall be determined by the qualified healthcare professionals with consultation with a Major or higher official of the jail.

Adequate Hygiene

Pregnant inmates will at all times be provided with hygiene supplies and granted access to showers as described by Policy 317.

Discipline and Solitary Confinement

Pregnant inmates who violate the rules and regulations of the ACJ shall be issued an informal resolution and or misconduct.

Except as outlined below, pregnant inmates are not permitted to be placed in any form of restrictive housing, including being secured in their cells on Pre-Segregation, DHU Status, Informal Resolutions, Investigative Status, Administrative Custody or in the Medical Holding Unit.

Forms of discipline of pregnant inmates will be limited, to the extent possible, as follows:

- The inmate may be sanctioned by restricting telephone, visiting privileges, and/or commissary privileges, but not by restricting out of cell time. If a pregnant inmate's commissary is restricted, supervisory staff shall ensure the inmate has enough hygiene items and is notified of their ability to request nutritional supplements.
- Pregnant inmates' access to visits or phone calls with family members may be restricted. This restriction will be reviewed every seven (7) days. ACJ will make an exception during the disciplinary period for the limited purpose of the inmate planning for the delivery, care and custody of the child and legal calls related to the child's care and custody.
- A pregnant inmate may be placed in restrictive housing only as a temporary response to behavior that poses a serious and immediate risk of physical harm. This decision to place the pregnant woman in restrictive housing must be approved Officer and the rationale documented the by the Duty Administrative/Disciplinary/Protective Housing Placement Assessment Form. The form will then be submitted to the Deputy Warden's office for review. An example of this form is attached as an exhibit to this Policy. Periods of restrictive housing in excess of 7 days will require the approval of a major or higher and shall be reviewed not less than once per week.
- An informal hearing, with a meaningful opportunity for the inmate to be heard and conducted by a person selected by the Warden or by his designee, shall be held within twenty-four hours if a pregnant inmate's privileges are restricted. The person conducting the informal hearing shall not have been involved in the incident that is the subject of the hearing. This sub-paragraph shall not apply to

Informal Resolutions under Policy #176 nor shall it serve to waive any right of the inmate to a formal hearing.

All pregnant and postpartum inmates will be cleared by a qualified healthcare professional (a registered nurse, physician or certified nurse mid-wife) prior to placement in restricted housing. Medical clearance for placement in restricted housing will be documented in the medical file and the inmate's disciplinary file. An example of this form is attached as an exhibit to this Policy. Any placement of a pregnant inmate in restricted housing should be re-evaluated every seven days by the Program Review Committee and daily by medical personnel. The PRC review shall be noted in the Review Committee Action form. An example of this form is attached as an exhibit to this Policy.

Delivery and Transfer of Infant in Custody

Once a qualified healthcare professional has established true labor, the inmate shall be transported to the hospital.

Elective Termination of Pregnancy

Elective termination of pregnancy procedures will be provided at the inmate's request. Inmates shall not be denied services if indigent. The inmate shall be responsible for all costs related to the diagnostic work-up, assessment, treatment, surgical intervention, medical complications, Correctional officers, and transportation cost associated with the elective termination of pregnancy procedures. A hold for the total cost shall be placed on the inmate's account and shall be restored if incarcerated until payment is paid in full.

An elective termination procedure shall be performed by a physician, in compliance with all applicable laws, including the Abortion Control Act, 18Pa. C.S.A. 3201-3220, Chapter 2, Page 10, and Subsection II.E.3

These procedures shall not be performed in Department facilities. They shall be performed in a licensed offsite facility.

Inmate Notification:

Elective termination of pregnancy procedures will be provided at the inmate's request.

Inmates shall not be denied services if indigent. The inmate shall be responsible for all costs related to the diagnostic work-up, assessment, treatment, surgical intervention, medical complications, Correctional officers, and transportation cost associated with the elective termination of pregnancy procedures. A hold for the total cost shall be placed on the inmates account and shall be restored if incarcerated until payment is paid in full. Inmate shall receive a copy of the itemized invoice upon request.

An elective termination procedure shall be performed by a physician, in compliance with all applicable laws, including the Abortion Control Act, 18Pa. C.S.A. 3201-3220, Chapter 2, Page 10, and Subsection II.E.3

These procedures shall not be performed in Department facilities. They shall be performed in a licensed offsite facility.

Signature is notification of understanding th	e above	
Inmate	Date	
Deputy Warden of Administration	 Date	

ALLEGHENY COUNTY BUREAU OF CORRECTIONS INCIDENT PACKAGE CHECKLIST

Sergeant Name:	Captain Name:	Incident Date:	Location(s):
nmate Name:	DOC#	Inmate Name:	DOC#
nmate Name:	DOC#	Inmate Name:	#20C#
nmate Name:	DOC#	Inmate Name:	#DOC#
Inmate Name:	DOC#	Inmate Name:	#DOC#
Inmate Name:	DOC#	Inmate Name:	#DOC#
Inmate Name:	#20C#	Inmate Name:	#DOC#

CONTENTS OF PACKAGE	SERGEANT'S INITIALS CAPTAIN'S INITIALS	
Signed Officer's Report		
Misconduct Report		
Medical Report		
Labeled Video Disc		
Label Front of Photos		
E-mail Sent		7
Internal Affairs Informed		
Chaplain Informed		
Duty Officer Informed		
Sergeant's Review		

SHIFT	Caustic materials	Culinary equipment	Employee injury	Officer assaulted Time of incident	Other:		
DEN	Contraband - Sub.	Attempted escape	Escape	Bad release	Property damage	Keys	Tools
I YPE OF INCIDENT	Suicide gown	Refusal to lock-in	PREA incident	Medical emergency	Contraband:	Contraband - weapon	Contraband - medication
	Inmate fight	Inmate injury	Inmate work injury	Inmate assault	Inmate death	Inmate suicide	Inmate suicide attempt

Allegheny County Bureau of Corrections Use of Force Review

		Type of Incid	ent			
Planned:	If planned, which	handheld camera was used	17		Unplan	nned:
		Personnel Sec	tion			
Name of Office	er reporting a use of force	to Shift Commander:		10130	Title:	Captain
Date of incider	nt:	Time of	incident:	13.5		
Location of inc	ident:	Type of	incident:			
CCTV camera n	number(s):		Incident repor	t number:		
	Inmate/New Arr	est Involved		DOC	# (if applica	ble)
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		0.5				
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Major:		Si	gnature:			
Deputy Warde	n:	Si	gnature:			
Warden:	PLANT.	Si	gnature:			
	Shift Commar	nder Summation o	f Review Se	ction		Yes/No
Staff actions ar	e in accordance with ACJ	policies and procedures?	f no, explain bel	ow. (Type direc	ctly below 1	this box)
		2 The Indication of the Assessment of the Assess				
Follow up petie		red? If yes, explain below.		/Tune dire/	ctly below t	his hov)
rollow-up actio	on recommended or requi	rea: if yes, explain below.		(Type direc	try below t	illis boxy
		Service discharge the service	- Constitution		W-1,	
Other commen	ts: (Type directly below this bo	x)				
	NI)		-			
Printed name of	of Captain filing the Use of	Force Review:				
Signature of Ca	ptain filing the Use of For	ce Review:		Date	et	

Allegheny County Bureau of Corrections Use of Force Occurrence Report

NATIONAL CONTROL OF THE PARTY O					
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		IIII Reisein			
To:		Title:	3	Signature:	
From:		Title:		Signature:	
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Location(s) of Inc	cident:		Metho	od of Force:	
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					2 1111 - 110
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A Translation and the state of	cartridge(s) deployed				
Duration of cartri	idge(s) deployed				LILLIA

TASER used?

TASER serial number

Number of TASER cycles used

Serial number of cartridge(s) deployed

Duration of cartridge(s) deployed

Type of cartridge(s) deployed

Drive-stun(s) used?

Duration of drive-stun(s) used

Did probes make contact with the skin?

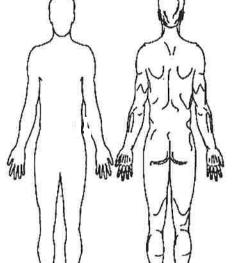
Were probes removed by medical?

E.B.I.D. shield used?

Oleoresin Capsicum used?

Type of Oleoresin Capsicum bursts administered?

Duration of Oleoresin Capsicum bursts



Restraint Chair used?	
Detailed description of the Use of Force Occursence: (2) yes due at	Person in dieg box
Description of any weapon(s) used by the inmates(s)/new arrest(s) or found:	n the area (file
any, artach a photograph of the weapon(s).	relovitils arey box.
Detailed description of any injunes sustained by Staff and/or inmate(s)/new	
and medial attention provides.	

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STAFF MEMRE	REPORTING MISCONDU	СТ	ACTION APP	ROVED B	Y RANKING C.O. ON DUT	Y	DATE AND T	IME INMATE	GIVEN CO	PY
SIGN	IZTHRE AND TITLE			SIGNATU	RE AND TITLE		DATE		24 HOUR	
Hearing Date	Hearing Time	L	ocation of Hearing	T	Misconduct Category	T-1	Signature-of-F	erson Sendan A	Intine	
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ou will be schedu	led for a hearing within 3	hueleass	NOTIC	E TO IN	MATE					
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HITE-HEARING C	OMMITTEE YEL	LOW-HE	ARING COMMITTE	E F	PINK-HEARING COMMI	ITTEE	GOLDEN	ROD-HEAR	ING COM	MITTE

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ALLEGHENY COUNTY BUREAU OF CORRECTIONS ADMINISTRATIVE/DISCIPLINARY/PROTECTIVE HOUSING PLACEMENT/ASSESMENT FORM

Inmate/New Arrest Name:	Protective Custody (PC) Investigative Status Pre-hearing Status (DHU) GEANT'S SIGNATURE + PRINTED LAST NAME To: Date: To: Date: To: Date: Date: To: Date: Date:		
Previous Housing Unit:		New Housing Unit:	
The state of the s	ansar yyydeonsie	7-17-1-1	
Protective Custody (PC)			tody (AC)
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SERGEDANT'S SIGNATURE + PRIN	ITED LAST NAME		DATE
SHIFT COMMANDER'S SIGNATU	RE + PRINTED LAST NAME		DATE
	/ SUATIUS/CI	ANGE	
From:	To:	Date:	Time:
Inmate's response(s) during by the contain, prevent, or quely the contain, prevent, or quely linmate is an escape risk linmate has been designated linmate is pending investigated.	Booking Observation Question o inmate(s) or personnel ll a riot as high risk tion for a criminal act commit on for possible placement in A	n Interview warrants segre	
Brief explanation for placement: Special Instructions:			
		Date:	
Captain/Desi 79 hour neview an	Ringe's G-Separtine	PIME DATE	NEECON MENDAGED IN
		The state of the s	☐ APPROVED
			☐ DISAPPROVED

Placement/ Assessment Form: 1.19.17

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		ALLEGHENY COUNTY BUREAU OF CORRECTIO Jai! Healthcare Service	NS .	
Name: Allergies:	palingmas, and the second second	PENTAL HEALTH SEGREGATION CLEARANCE DOB:	ate/Time:	FORM DOC:
2000		any injuries? Yes No (If Yes, expla	in):	COMPANY OF THE PARTY OF
		any medical restrictions? YesNo do not list the diagnosis)		
	inmate on detox	(II yes, Inmat		ared for segr gation)
Medical: Inmat		Segregation: (Signature/Print Name/Date/Time	ed for segregat	ion)
		MENTAL HEALTH SECTION Or self-injurious at this time? Yes No		
		strating psychotic behavior at this time? Yes		
		I admission to acute mental health unit at this t	113	No
If all answers are Admitted to acut Mental Health Pro Tor continued core	"No," then hous e mental health u ofessional should e/follow up.	ing placement to be determined by custody. As unit for further assessment. document details on separate progress note for	y "Yes" answe	ers, inmate will be
Mental Health Pr	ofessional: (Signa	ture/Print Name/Date/Time)	i.	Prioris

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MARCONDUCT TAFF MEMBER BEPOTO IN AMECONDUCT STAFF	FORM 116 RVSb	OLICT REPORT	ALLE OTHER	GHEN'	Y COUNTY .	JAIL	ž		MISCONDUCT NUMBER #
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If you wish to take advantage of either or both of these choices, please notify the chairman of the hearing committee in writing immediately on the forevided. If this block is checked and you are found quility of the above misconduct, the			business-days (not la hinst you both at the la hold your sllence ag a sllent, you will be as	ncluding v hearing ar jainst you sked no fu	TO INMATE weekends or hold in a court of in but they must written questions	lidays) from the law if this matte have some oth	date of the in its referred ter evidence i		
provided. If this block is checked and you are found quilty of the above misconduct, the	You may be repre	sented by another inmate	business-days (not li ainst you both at the li hold your silence ag a silent, you will be as of general population	ncluding v nearing ar jainst you sked no fu n status o	TO INMATE weekends or hold in a court of it, but they must urther questions r a member of t	lidays) from the aw if this matte have some oth he institutional	date of the parties referred er evidence i	hearing.	. You may remain s prosecution. If you ir silence in order to
If this block is checked and you are found guilty of the above misconduct, the hearing committee may suspend or revoke your work-release status.	You may be repre You may request and security will b	sented by another inmate witnesses who will be per se determined by the chain	business-days (not li ainst you both at the li y hold your silence ag n silent, you will be as of general population mitted to testify at the man of the hearing o	ncluding v hearing ar gainst you sked no fu n status o hearing ommittee	TO INMATE weekends or hold in a court of i, but they must urther questions r a member of t provided that the	lidays) from the aw if this matte have some oth the institutional ey are willing, r	date of the pris referred er evidence is staff at your elevant and	hearing. do not crea	. You may remain si prosecution. If you ir silence in order to te a security hazard
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COUNTY BUREAU OF CORRECTIONS ADMINISTRATIVE/DISCIPLINARY/PROTECTIVE HOUSING PLACEMENT/ASSESMENT FORM

	0001111					
			DOC#:			
	est Name:		New Housing	Unit:		and the same
	g Unit:	ew?	GATION TO		Oliver enforcement	, 1
		Thomas Shares and	Administrat	ve Custody	(AC)	
Protective	Custody (PC)		Administrat	ve Protecti	ve Custody (ACPC)	
	tive Status					
Pre-hearl	ng Status (DHU)					
t. Jesse Andr	ascik					
					DATE	
EDGE A SKALL	IGNATURE + PRINTED L	AST NAME			DATE	
EKGEANY	NUME TO THE TENTED					
					DATE	
HIFT COMM	ANDER'S SIGNATURE +	PRINTED LAST MANNE				20000000
	12.25	STATION OF THE	ANGE (SA)		9 No. 25 7 No. 35 7 19 7	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	To:	Dat	e:	Time:	
rom:						
Inmate's To preve To contai Inmate is Inmate h Inmate is	response(s) during Bool nt imminent injury to in- in, prevent, or quell a ric an escape risk as been designated as h is pending investigation	ot	on interview warra	cility		
Brief explana	ition for placement:	######################################				
special instru	retioner			24 2		
	ictions:	*		100		
ımate Signat	uctions:		Date: _	700		
mate Signat			Date:_	DATE	. Precedition 1	
imate Signat		eg Tenarane	Date:_	DATE	RECOMMENDAT	ion Y
nmate Signat		eg's	Date:_	DATE (RECOMMENDAT APPROVED DISAPPROVED	

Placement/ Assessment Form: 1.19.17



Who is involved?

ALLEGHENY

When did it happen?			
Where did it happen?			
What happened?			
Witnesses:			
Reported by:	Date:		



Incident Report

Who was involved?

When did the Incident Occur?

Where did it Happen?

REPORT

Officer

Date & Time

ALLEGHENY COUNTY PRISON INCIDENT REPORT PITTSBURGH, PA 15219

Rev. 7/2009

WHO IS INVOLVED?		
WHEN DID THE INCIDENT OCCUR? DATE:		
WHERE DID IT HAPPEN?		
WHAT HAPPENED?		
		Š
WITNESSES:		
17		
REPORTING OFFICER	DATE & TIME:	

ONLY THE ESSENTIAL FACTS SHOULD BE WRITTEN IN THE REPORT. THAT WHICH HAS NO DIRECT BEARING ON THE INCIDENT SHOULD BE OMITTED.



ALLEGHENY COUNTY BUREAU OF CORRECTIONS

		. Jai	il Healthcare S	Services			
	MEDICAL AND A	AFAITA ALTH SEGR	REGATION CLE	APANCEO	Accident		
Name: Allergies:			DOB:			DRIVI DC:	
District Control of the Control of t	The Committee of the Co			The second second	ate/Time		
Medical: D	oes the inmate have any	MEDICALH	EALTH SECTIO			· Service Corpore	politection
	and nove any	mjories? Yes N	o (If Ye	s, explain):			144
Medical: Do	oes the inmate have any	medical restrictions?	Yes N	0			
(If Yes, men	ntion the restrictions, do	not list the diagnosis)		0			
		With the second					
Medical: Is	the inmate on detox pro	tocols? Yes No	[If ye	s, inmate	nnot be clea	red for spare	ontinal.
						- Jogn	Barion
Medical: Is	inmate pregnant? Yes	No(If ye	s, she cannot	be cleared	for segregation	or ·	
Medical: Inr	mate IS CLEARED for Seg	regation: (Signature/P	rint Name/Da	ite/Time)		_	
							_
0d 3.24 3.		MENTAL HE	ALTH SECTION	d			
Mental Hea	lth: 's inmate suicidal or	se f-injurious at this t	ime? Yes	No_	-		
Mental Heal	lth: Is inmate demonstra	ating psychotic behavi	or at this time	? Yes	No_		
Mental Heal	th: Does inmate need a	dmission to acute mer	ntal health uni	it at this ti	ie? Yes	No_	
					t this is-		
If all answer Admitted to	s are "No," then housing acute mental health un	placement to be det	ermined by cu	istody. Any	"Yes" answe	ers, inmate v	ill be:
Mentol Heal	th Professional should do	evment details on seg	ent. Parate progres	is note for	hort includio		7.77
		=		Z. III	indi Ciricioonig	recommen	lotions
Mental Heal	th Professional: (Signatu	re/Print Name/Date/	Time)				
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ALLEGHENY

COUNTY EXECUTIVE

Allegheny County Jail Pregnant Inmate Receipt for Meal

Print Inmate Name:	Date:	Time:	
Inmate Signature:			
This memorandum shall serve as a County Jail on the following dates :		received your pregnancy d	iet meal at the Allegheny
	Breakfast 1	Meal	
Officer Name Print:	Date:	Time:	
Officer Signature:			
Captain Print Name:	Date:	Time:	
Captain Signature:			
	Lunch M	eal	
Officer Name Print:	Date:	Time:	
Officer Signature:			
Captain Print Name:	Date:	Time:	
Captain Signature:			
	Dinner M	eal	
Officer Name Print:	Date:	Time:	
Officer Signature:			
Captain Print Name:	Date:	Time:	
Captain Signature:			
* The officer shall sign his/her nam offered and refused by the inmate.	e and write "Refuse to	Sign" on this document, w	hen the diet meal is

ORLANDO L. HARPER, WARDEN
ALLEGHENY COUNTY JAIL

FORM ACI-141 D PART III 11/09		7.5	ALLEGHEN	Y COUNTY JAIL	1		
PROGRAM REVIEW COMM				COND AVENUE			
Misconduct	Periodic Review	Other	Institution	RGH, PA 15219 Miscondu	ct Time 24 Hr. Base	Misconduct Date	No. from Part 1
BC Number	MAN		Matitution				
INMATE	Not Applicab	le	Guilty				Date of Review
PLEA	No Plea		Not Guilty				
PROGRAM REVIEW CO	MMITTEE'S DECISI	ON AND ITS RAT	IONALE				
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				ADING CONANAITTE	E'S VERDICT		
	A	DECISIO Sustain-A		ARING COMMITTE	r Further Study	Exonerate Inma	te
Not Applicable	-		menu				
Names of Program Revie	w Committee Memb	ers		Hearing Commit	tee and Program Revie	w Committee action was c	ompleted.
-				+	-		
}				LARCE		SUPERINTENDENT'S SI	GNATURE
		⊬ Copy - I	ile; Staff Member ке	porting Misconduct; i	Inmate Cited		