

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

**Date of report: 09/16/16**

<b>Auditor Information</b>			
<b>Auditor name:</b> Patrick J. Zirpoli			
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<b>Telephone number:</b> 570-729-4131			
<b>Date of facility visit:</b> 08/17/16			
<b>Facility Information</b>			
<b>Facility name:</b> Lehigh County Community Corrections Center			
<b>Facility physical address:</b> 1600 Riverside Drive, Bethlehem, PA 18016			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 610-758-8770			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Warden Laura Kuykendall			
<b>Number of staff assigned to the facility in the last 12 months:</b> 22			
<b>Designed facility capacity:</b> 400			
<b>Current population of facility:</b> 186			
<b>Facility security levels/inmate custody levels:</b> Paroled			
<b>Age range of the population:</b> 18 yrs. And older			
<b>Name of PREA Compliance Manager:</b> Laura Kuykendall		<b>Title:</b> Warden	
<b>Email address:</b> laurakuykendall@lehighcounty.org		<b>Telephone number:</b> 610-758-8770	
<b>Agency Information</b>			
<b>Name of agency:</b> Lehigh County Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 38 North Fourth Street, Allentown, PA 18102			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 610-782-3846			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Ed Sweeney		<b>Title:</b> Director of Corrections	
<b>Email address:</b> edsweeney@lehighcounty.org		<b>Telephone number:</b> 610-782-3260	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Cindy Egizio		<b>Title:</b> Assistant Director of Corrections	
<b>Email address:</b> cindyegizio@lehighcounty.org		<b>Telephone number:</b> 610-782-3609	

## **AUDIT FINDINGS**

### **NARRATIVE**

The first Prison Rape Elimination Act (PREA) audit of the Lehigh County Community Corrections Center took place on August 17, 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Prior to the on-site portion of the audit I reviewed all policies and data pertaining to the PREA Standards. The facility was posted on July 19, 2016 and remained posted until September 12, 2016, allowing time for residents to respond to me in writing, no residents responded. I mailed a flash drive to the facility on July 19, 2016, this was returned to me on August 5, 2016, allowing ample time to review all policies and procedures prior to the onsite audit. I received additional policies via email from the facility. All documentation requested by me was provided in a timely and efficient manner, any follow up requests were acted upon immediately.

I wish to extend my appreciation to Warden Laura Kuykendall and her staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made.

The audit began on August 17, 2016. I initially met with Warden Laura Kuykendall and Lt. John Donate. We discussed the audit process for the day, at this time I requested a current resident list, as well as the list of all staff working during the audit.

An extensive facility tour was conducted, all areas of the facility were toured, and I was also able to interact with both staff and residents at this time. I had the opportunity to observe the operations of the facility, and the interaction between staff and residents.

A total of ten resident interviews were conducted. The residents were randomly selected and represented the overall population of the facility. The residents selected were from all current housing units at the facility and included residents who identified as homosexual, bisexual, and identified as being vulnerable. These residents were selected from the current population list provided to me on the day of the onsite audit.

A total of 6 interviews were conducted onsite with random staff. The staff were randomly selected and represented administration, and security staff. The staff were selected from the staff working on the day of the audit.

An exit conference was held during the afternoon, present were all of the aforementioned personnel.

The facility was prepared for the onsite audit and performed extremely well. Looking at the overall performance of the facility I was impressed with not only the facilities operations but the overall agency's operations and response to incidents of sexual abuse or sexual harassment. The seriousness of incidents of this nature are not overlooked by both staff and residents alike. The interactions with the staff was positive and all were extremely helpful in making the audit process run as seamless as possible.

I conducted all agency level interviews on August 15 & 16, 2016. These interviews were conducted at the Lehigh County Department of Corrections Office in Allentown, PA.

At the time of the initial onsite visit I found that the 30 day screening had recently been put into place. A second visit was conducted on September 12, 2016. At this time I verified that every resident had a second screening conducted and that the procedure was in place and being conducted in a timely manner.

I utilized an overall methodology to make my determination of compliance with the standards. This included a complete review of all policies and documentation provided to me prior to the onsite audit. The documentation was then corroborated through visual inspection of the facility, as well as interviews with staff and residents. I was able to determine that the facility has the policies in place to address all standards, and has put these policies into daily practice.

In the standard-by-standard discussion I have specifically identified the policies and documentation utilized during this process, these policies and documentation are listed verbatim in italic type. I have also listed any visual evidence, as well as interviews that aided in making my determination.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Lehigh County CCC is located at 1600 Riverside Drive Bethlehem, PA 18016. The facility is located in an industrial/rural area, public transportation is provided via bus to and from the facility.

The Lehigh County Department of Corrections mission statement reads as follows:

The mission of the Lehigh County Department of Corrections is to enhance public safety via the lawful confinement of offenders and targeted rehabilitative programming. We provide a safe, healthful, and humane environment in which to live and work and we are committed to the furtherance of professional correctional standards.

The Lehigh County CCC facility was renovated in 2011, the Community Corrections Center is a 400-bed facility which provides a cost effective alternative to secure confinement. This facility affords sentenced individuals varied prescriptive rehabilitative programs, as well as the opportunity to enter the community for work, to perform community service work, and for other pro-social activities, under structured parameters

The facility is housed in a single story building, and houses both male and female residents. The facility is staffed with both male and female security and treatment staff.

The main entrance to the building is controlled by a locked door, and the Community Correction Center security staff needs to allow access into the building. This immediate area is also surveilled by cameras. The CCC staff main control is located in the lobby area; a window allows the staff to have direct view of the entrance and lobby.

The facility consists of six housing units; all of these units are dormitory style. The bathrooms are located on each unit, all showers have shower curtains and toilets have stalls.

All areas of the facility are under direct supervision of staff. Supervision is also accomplished by multiple unannounced rounds throughout the facility.

During the past 12 months 747 residents were admitted to the building staying 72 hours or more, and 357 staying for 30 days or more.

## **SUMMARY OF AUDIT FINDINGS**

The Lehigh County Community Corrections Center has exceeded in 2 standards, met 36 standards, and 1 standard is not applicable to the facility.

This determination was made after reviewing all materials provided during the pre-audit, the interviews and facility tour conducted during the audit, and the final review of all findings.

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

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

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

#### **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections has established policies pertaining to Sexual Abuse and Sexual Harassment in their facilities. These policies are maintained under Chapter 1: Administration and Management, Section 1.1: General Administration. These policies state in part:*

#### *Policy redacted*

The aforementioned policy dictates the agency's mandated zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. The agency policies furthermore defines all sexual abuse and sexual harassment.

I reviewed the agency policies in their entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

The agency has designated the Assistant Director of Corrections as the PREA Coordinator. She related that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. It should be noted that the Assistant Director of Corrections is in the top one third of the rank structure.

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

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

#### **EVIDENCE OF COMPLIANCE:**

NOT APPLICABLE

The Lehigh County Department of Corrections does not contract with any entity for confinement of residents.

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

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

#### **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections has established policies and procedures relative to staffing of the facility. The policy reads as follows:*

#### *Policy redacted*

The agency has developed, and documented a staffing plan for the facility. This staffing plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The staffing plan is developed by the administration, and reviewed on a yearly basis. This was confirmed through staff interviews and review of the 2016 minimum staffing policy.

The staffing plan has not been deviated from within the last 12 months.

The staffing of the facility is constantly reviewed, this review includes input from the PREA Coordinator. This was confirmed during the interviews. They related that any incident of misconduct is taken into consideration with staffing, these include the facility layout, composition of the inmate population, any incidents of sexual abuse or sexual harassment, and any other relevant factors were utilized.

The administration constantly monitors the issues in the facility and will make immediate decisions on staffing issues.

The agency has implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This policy is implemented during all shifts. The policy further prohibits staff from alerting other staff members that these supervisory rounds are occurring.

During the onsite audit I reviewed the daily log confirming the documentation of the unannounced rounds.

During the staff and inmate interviews I further confirmed that the rounds are taking place.

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

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

## EVIDENCE OF COMPLIANCE:

*The Lehigh County Department of Corrections has established policies and procedures relative to cross gender viewing and searches. The policy reads as follows:*

### Policy redacted

The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility dictates in the above policy procedures for conducting such searches. During the staff and resident interviews I confirmed that only same gender searches are being conducted.

The facility has not conducted any cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches of female residents. During the staff interviews they all understood the obligation to document such searches if they occurred under exigent circumstances.

The facility has implemented the above policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies further require staff of the opposite gender to announce their presence when entering a resident housing unit. The procedures are in place, this was confirmed during the staff and resident interviews, and during my facility tour where I observed staff of the opposite gender making such announcements.

The facility does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. All staff interviewed understood that gender should be determined through conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Medical staff are on duty twenty four hours a day and would be able to make a determination of gender. This was confirmed with the medical staff during interviews.

Staff has received training on how to conduct a pat down search of transgender residents, this was confirmed during the staff interviews and review of the training records.

The facility has cameras throughout the facility in all common areas. I reviewed the surveillance system monitors and confirmed that the views of the cameras do not allow for any cross gender viewing of a resident.

During the resident interviews I discussed the level of comfort during the times of toileting, changing and showering. All of the interviewees replied that they are allowed privacy during these times, no one thought there was any issues of cross gender viewing.

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

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



## **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections inmate guidelines reads in*

*part: RESIDENTS WITH DISABILITIES*

*We make every effort to accommodate the needs of residents with disabilities as defined by the Americans with Disabilities Act or Federal Rehabilitation Act and their regulations.*

*The facility further provides the residents with the Lehigh County Department of Corrections PREA Education and Awareness Handout.*

The facility has procedures in place to deal with residents with disabilities and who are limited English speaking. They have never had an incident where they would utilize another resident for interpretation, they would utilize staff or a language line. During the classification of the residents they identify any issues concerning disabilities and take the appropriate actions needed to protect the inmate. The facility is equipped to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance in this area was determined by reviewing policies and procedures of the facility. During the random staff interviews I determined that they all understood the availability of interpreters, and further understood the importance of not utilizing residents for interpretation during any incident.

During my interviews with the facility investigator I confirmed that he would utilize outside sources for interpretation if needed.

The facility holds a contract with Propio Language Services for telephone language services.

### **Standard 115.217 Hiring and promotion decisions**

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

## **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections has established policies and procedures relative to hiring and promotion decisions. The policy reads as follows:*

*Policy redacted*

During the staff interviews and review of hiring documentation I verified that the above hiring and promotion policies are being adhered to.

I was able to confirm that the agency investigator has conducted criminal history checks on all staff. This was verified by reviewing the criminal history log book and through the investigators interview.

I further reviewed the Lehigh County Department of Corrections Criminal History Acknowledgement and Prison Rape Elimination Act (PREA) Compliance Form. The form addresses all areas of this standard.

**Standard 115.218 Upgrades to facilities and technologies**

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

**EVIDENCE OF COMPLIANCE:**

The facility is not planning any substantial expansion or modification. The administration understood the obligation under this standard to consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. They further understood the obligation to consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

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

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

**EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections has established policies and procedures relative to evidence protocol and forensic medical examinations. The policy states the following:*

*Policy redacted*

All incidents are immediately responded to by the trained facility investigator, he is further trained in evidence identification and collection.

The agency investigator conducts the administrative investigation, and works directly with the Lehigh County District Attorney's Office and their investigators during any criminal investigation.

The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for both administrative proceedings and criminal prosecutions. The protocol is developmentally appropriate for youthful inmates.

These protocols are outlined in the above policy, all staff interviewed understood these protocols.

The facility transports all victims to St. Luke's Hospital Fountain Hill for forensic examinations, this hospital is equipped with Sexual Assault Nurse Examiners. These examinations are provided at no cost to the victim.

The facility has also entered into an MOU with Crime Victims Council of the Lehigh Valley for victim advocacy. If requested by the victim, the victim advocate, will accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals. The MOU is dated 04/15/16.

These above procedures were confirmed during the interviews with the facility investigator.

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

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

**EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections has established policies and procedures relative to referral of allegations of investigations. The policy states the following:*

Policy redacted

The above policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

I reviewed the policy in its entirety and found it to be complete.

All staff interviewed understand the importance of ensuring all allegations are referred for investigation. This facility has had one PREA related investigation during the last 12 months.

**Standard 115.231 Employee training**

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

**EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections has established policies and procedures relative employee training. The policy states the following:*

Policy redacted

I reviewed the training materials used to train the staff, the training materials cover all aspects of the standard. All staff interviewed related that they have received the initial training as well as yearly update training of PREA. All of the staff related that the training was extremely informative.

**Standard 115.232 Volunteer and contractor training**

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

**EVIDENCE OF COMPLIANCE:**

I reviewed the materials given to the contractors and volunteers, this material addresses all training items enumerated under this standard. I also reviewed all training sign off sheets and found them to be complete.

No volunteers were available during the audit.

**Standard 115.233 Resident education**

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

**EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections inmate guidelines reads as follows:*

***SEXUAL ABUSE/HARASSMENT PREVENTION AND INTERVENTION***

*The Lehigh County Jail has a zero tolerance policy toward inmate sexual abuse and/or harassment. While you are incarcerated, no one, neither inmate nor staff member, has the right to sexually harass you or pressure you to engage in sexual acts regardless of your age, sexual orientation, size, race or ethnicity. You have the right to be safe from unwanted advances and acts. Any sexual acts between residents and staff, whether consensual or not, is illegal.*

***Confidentiality***

*If you are a victim who has reported sexual abuse/harassment, your identity and the facts of the report itself shall be limited to those who have a need to know in order to make decisions concerning your welfare and for investigative purposes.*

## *What to do if you are victimized*

*Report the incident immediately to a staff member. Staff will separate you from the assailant and escort you to meet with medical staff members. You do not have to name those involved; however, the more specific your information, the easier for staff to help you. You will receive protection whether or not you have identified your attacker or agreed to testify against them.*

*Even though you may want to clean up, it is important to see medical staff before you shower, wash, brush your teeth, drink, eat, change clothing or use the bathroom. Medical staff will assess you for injuries and ensure that you receive appropriate care. You will also be checked for sexually transmitted diseases. We will see that you are provided counseling if you request it.*

## *How to report an incident*

*You can tell the corrections officer, sergeant, case manager, nurse, or any other staff member that you trust. You may use a request slip, sick call slip, or write a letter. You can contact a family member or friend and have them contact us.*

## *Understanding the Investigative Process*

*Once reported, the Lehigh County DOC will conduct an internal investigation. The purpose of the investigation is to determine the nature and extent of the misconduct. You may be asked to give a statement. If criminal charges are brought against the offender, you may be asked to testify during criminal proceedings.*

## *Counseling Programs*

*Crisis counseling, coping skills, and mental health counseling are all available to you. Most people need help to recover from the emotional effects of sexual assaults/harassment. If you have been the victim of sexual assault/harassment, recently or in the past, staff is available to counsel you.*

## *Remember*

- *DOC will investigate all reported incidents of sexual assault/harassment.*
- *If you are a victim, report it immediately.*
- *Do not accept gifts or favors from others. Most come with strings attached to them.*
- *Do not accept an offer from another inmate to be your protector.*
- *Be alert*
- *Be direct and firm if others ask you to do something you do not want to do. Do not give mixed messages to other residents regarding your wishes for sexual activity.*
- *Choose your associates wisely. Look for people who are involved in positive activities like educational programs, self-help programs, or religious services.*
- *Trust your instincts. If you sense that a situation may be dangerous, it probably is. If you fear for your safety, report your concerns to a staff member.*

All of the residents receive initial information on PREA upon initial intake. I reviewed this information and found it to be informative.

Residents are required to sign off on receiving this information.

The information and training received by the residents was confirmed during the resident interviews as well as reviewing the sign off sheets for the residents.

I also confirmed the resident education with the staff during the interviews.

All residents who enter the facility are initially booked through the Lehigh County Jail and receive the information upon admission.

**Standard 115.234 Specialized training: Investigations**

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

**EVIDENCE OF COMPLIANCE:**

*Certificate of Completion*

*The investigator has completed the online course PREA: Investigating Sexual Abuse in a Confinement Setting Presented by the National Institute of Corrections*

I reviewed all investigations conducted by the agency during the past 12 months I found them to be complete and conducted in a timely manner.

In furtherance I spoke with the investigator as to his response to an incident, he understood his responsibility as well as the limitations when the investigation turns into a criminal investigation.

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

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

**EVIDENCE OF COMPLIANCE:**

The facility contracts with PRIMECARE Medical Inc. for medical services. During my interviews with medical personnel I confirmed they had received the additional medical training. I further was able to confirm this through visual inspection of the training certificates.

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

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

## **EVIDENCE OF COMPLIANCE:**

*The PRIMECARE Policy reads as follows:*

Policy redacted

I reviewed the screening tool utilized for the screening of the residents. This screening tool covers all questions enumerated in the standard. The screening is conducted within 72 hours of arrival of the resident.

The initial screening is being conducted during the initial intake by medical personnel that utilize a computer based system that assigns specific notifications and tasks when someone is identified as being vulnerable or abusive. These notifications will alert facility treatment staff of any issues.

The 30 day screening is being conducted by the treatment staff. The 30 day screening was recently started, I reviewed resident files on my return to the facility on September 12, 2016 and verified the screenings are taking place.

Both screening tools are only accessible to those staff who make housing and programming decisions. This was verified during the staff interviews.

These processes were further confirmed during the resident interviews and during my visual inspection of the screening tools.

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

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

## **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures address use of screening information. The policy reads as follows:*

Policy redacted

I reviewed the aforementioned documentation utilized in the screening process. I found the forms to be easily understandable and the instructions explicit.

I confirmed with the Warden that the information from the screenings is being utilized in the process of determining housing.

## Standard 115.251 Resident reporting

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

### EVIDENCE OF COMPLIANCE:

*The Lehigh County Department of Corrections PREA Education and Awareness Handout reads as follows: Should you become a victim of a sexual abuse or harassment by other detainees or staff, or you are a witness to same, you have several options for reporting:*

- 1. Tell any staff member at the facility you trust (medical staff, case managers, housing officers, supervisors, etc.).*
- 2. Submit a request slip to your case manager.*
- 3. File an informal or formal grievance if you are housed at the main jail.*
- 4. Write a letter directly to the Facility Warden.*
- 5. Contact directly:*

*Office of the Chief County Detective  
Lehigh County DA's Office  
455 West Hamilton Street  
Allentown, PA 18101*

*Reports can be submitted anonymously if you so choose, but the more information you can provide, the easier it will be to investigate what happened. Information concerning the identity of a victim of a sexual assault, and the facts of the report itself, will be limited to those who have the need-to-know in order to make decisions concerning the victim's welfare and for law enforcement/ investigative purposes.*

*You will not be subject to disciplinary action for reporting sexual abuse or for having participated in sexual activity as a result of force, coercion, threats, or fear of force. If you experience any form of retaliation for reporting sexual abuse or for engaging in sexual activity as a result of force or coercion, you can report it in any of the same ways that you report an incident of sexual abuse.*

The facility has provided the above information to all residents at the facility.

During the interviews with both staff and residents they all related that they understood the avenues of reporting, all of the residents related that they would feel comfortable reporting to a staff member at the facility.



**Standard 115.252 Exhaustion of administrative remedies**

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

NOT APPLICABLE

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

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

**EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures address access to outside confidential support services. The policy reads as follows:*

*Policy redacted*

The facility has also entered into an MOU with Crime Victims Council of the Lehigh Valley for victim advocacy. If requested by the victim, the victim advocate, will accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals. The MOU is dated 04/15/16.

During the review of the agency investigations I found that these services were offered to all residents.

**Standard 115.254 Third-party reporting**

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

**EVIDENCE OF COMPLIANCE:**

The facility has the third party reporting information posted on their website. I confirmed this by navigating to the website and reviewing the information. This information is available in both English and Spanish, and is on the home page of the website, and easily accessible.

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

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

#### **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures address staff and agency reporting duties. The policy reads as follows:*

#### *Policy redacted*

All staff interviewed understood the above policy requiring them to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. They also understood their obligation not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

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

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

#### **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses agency protection duties. The policy reads as follows:*

#### *Policy redacted*

All of the staff interviewed understood their duties to protect a resident, they all responded in the same manner, they would act immediately.

The staff also recognized the importance of separating the alleged offender from further interaction with any other inmate, they all related that they would have the alleged offender under constant supervision.

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

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

#### **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures address reporting to other confinement facilities. The policy reads as follows:*

Policy redacted

The interviewed staff understood their responsibilities under this policy.

Lehigh County CCC has not had to notify another confinement facility relative to a PREA allegation.

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

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

#### **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses agency protection duties. The policy reads as follows:*

Policy redacted

During the staff interviews I found that the staff understand their duties as to responding to an incident. They all advised me that they would act immediately and make the protection of the inmate their first priority.

I reviewed the agency investigations that were conducted, I found that all first responders acted appropriately.

### **Standard 115.265 Coordinated response**

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

## **EVIDENCE OF COMPLIANCE:**

The overall policies outline the coordinated response to incidents. All of the staff interviewed understood their responsibilities in responding and the importance of all entities working together.

I reviewed all of the agency investigations and found that all were conducted in this manner, and were all initially coordinated by the Shift Supervisor.

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

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

## **EVIDENCE OF COMPLIANCE:**

The facility has not entered into any contract nor collective bargaining agreement that would restrict them from protecting an inmate from contact with an alleged abuser. The correctional officers are represented by the American Federation of State County and Municipal Employees Local 543.

I reviewed their contract and found that nothing in the contract limits the facility from protecting a resident from contact with an alleged abuser.

This was further confirmed during my interview with the Director of Corrections and union representatives.

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

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

## **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses agency protection against retaliation. The policy reads as follows:*

*Policy redacted*

The Warden would be assigned to monitor retaliation. During her interview she related she understood her responsibilities under this policy. Any monitoring would be documented by her.

I reviewed the investigation and found that no retaliation or alleged retaliation was indicated.

### **Standard 115.271 Criminal and administrative agency investigations**

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

#### **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses criminal and administrative agency investigations. The policy reads as follows:*

*Policy redacted*

The facility investigators conduct administrative investigations, and the Lehigh County Detectives investigate any criminal act within the facility.

I found the PREA investigator to be well versed in this duties as to the administrative investigation, and more importantly the understanding of when the investigation takes on a possible criminal element they immediately contact the Lehigh County Detectives. .

I reviewed all of the agency investigations and found that they were conducted immediately and by the proper authorities.

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

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

#### **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses evidentiary standard for administrative investigations. The policy reads as follows:*

*Policy redacted*

This standard was discussed with the agency investigator, he understood the level of evidentiary standard for administrative investigations.

**Standard 115.273 Reporting to residents**

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

**EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses reporting to residents. The policy reads as follows:*

Policy redacted

The Warden/PREA Compliance Manager understands her obligation on reporting to residents after an investigation has been conducted.

**Standard 115.276 Disciplinary sanctions for staff**

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

**EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses disciplinary sanctions for staff. The policy reads as follows:*

Policy redacted

In the past 12 months, there has not been any staff found to have violated agency sexual abuse or sexual harassment policies, this was verified during staff interviews.

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

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

**EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses corrective action for contractors and volunteers. The policy reads as follows:*

Policy redacted

The facility has policies in place for corrective action for contractors and volunteers.

No contractors or volunteers had been disciplined for a violation of this policy. This was confirmed through staff interviews.

**Standard 115.278 Disciplinary sanctions for residents**

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

**EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses disciplinary sanctions for residents. The policy reads as follows:*

Policy redacted

The facility did not have any incidents related to PREA where residents were disciplined, this was verified during staff interviews.

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

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

**EVIDENCE OF COMPLIANCE:**

*The Prime Care medical policy reads as follows:*

Policy redacted

The facility has the policies in place for emergency medical and mental health services. These services are offered to any inmate who reports sexual abuse or sexual harassment. I confirmed that these services are offered with both the PREA Compliance Manager and medical supervisor.

When reviewing the investigation I found that the alleged victim was offered these services.

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

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

**EVIDENCE OF COMPLIANCE:**

*The Prime Care medical policy reads as follows:*

Policy redacted

The facility has the policies and procedures in place for ongoing medical and mental health care. The PREA Coordinator informed me that the services would be coordinated by facility medical personnel. I further confirmed this with the medical staff.

**Standard 115.286 Sexual abuse incident reviews**

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

**EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses sexual abuse incident reviews. The policy reads as follows:*

Policy redacted

The PREA Compliance Manager informed me that the incidents would be reviewed. I found that the administration meet regularly to discuss any issues within the facility and take appropriate action.

The facility has initiated a procedure to document the incident reviews.

**Standard 115.287 Data collection**

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



## **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses data collection. The policy reads as follows:*

Policy redacted

The PREA Coordinator related that the data is collected from all of the PREA related investigations. The data will be placed into a report for review.

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

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

## **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses data review for corrective action. The policy reads as follows:*

Policy redacted

Any data being collected is would be reviewed by the administration at the facility. I was informed by the Warden that if a trend was noticed, they would put into place an immediate corrective action plan.

While reviewing the investigation I did not identify any trends or issues that would call for immediate action.

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

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

## **EVIDENCE OF COMPLIANCE:**

*The Lehigh County Department of Corrections policies and procedures addresses data review for corrective action. The policy reads as follows:*

Policy redacted

All of the information from any investigation would be secured in the office of the Warden/PREA Compliance Manager.

During her interview she understood her obligations under this policy.

To date the facility has not issued an annual report.

### **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.

Auditors  
Signature

09/16/16

Date