

PREA Facility Audit Report: Final

Name of Facility: Lehigh County Jail

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/26/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Patrick J. Zirpoli	Date of Signature: 10/26/2024

AUDITOR INFORMATION	
Auditor name:	Zirpoli, Patrick
Email:	pzirpoli@ptd.net
Start Date of On-Site Audit:	10/02/2024
End Date of On-Site Audit:	10/04/2024

FACILITY INFORMATION	
Facility name:	Lehigh County Jail
Facility physical address:	38 North Fourth Street , Allentown , Pennsylvania - 18102
Facility mailing address:	

Primary Contact

Name:	Carol Sommers
Email Address:	carolsommers@lehighcounty.org
Telephone Number:	610-782-3609

Warden/Jail Administrator/Sheriff/Director	
Name:	Kyle Russell
Email Address:	kylerussell@lehighcounty.org
Telephone Number:	610-782-3450

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Meghan Sep
Email Address:	msep@primecaremedical.com
Telephone Number:	610-782-3196

Facility Characteristics	
Designed facility capacity:	1363
Current population of facility:	734
Average daily population for the past 12 months:	797
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males

Age range of population:	16-82
Facility security levels/inmate custody levels:	minimum, medium, maximum
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	227
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	71
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	41

AGENCY INFORMATION

Name of agency:	Lehigh County Department of Corrections
Governing authority or parent agency (if applicable):	Lehigh County
Physical Address:	38 N. 4th Street , Allentown , Pennsylvania - 18102
Mailing Address:	
Telephone number:	610-782-3270

Agency Chief Executive Officer Information:

Name:	Janine Donate
Email Address:	janinedonate@lehighcounty.org
Telephone Number:	610-782-3260

Agency-Wide PREA Coordinator Information

Name:	Carol Sommers	Email Address:	carolsommers@lehighcounty.org
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

9

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.17 - Hiring and promotion decisions
- 115.31 - Employee training
- 115.33 - Inmate education
- 115.34 - Specialized training: Investigations
- 115.35 - Specialized training: Medical and mental health care
- 115.41 - Screening for risk of victimization and abusiveness
- 115.42 - Use of screening information
- 115.71 - Criminal and administrative agency investigations

Number of standards met:

36

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-10-02
2. End date of the onsite portion of the audit:	2024-10-04

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Crime Victims Council of the Lehigh Valley was contacted.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1363
15. Average daily population for the past 12 months:	797
16. Number of inmate/resident/detainee housing units:	15
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	713
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	7
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>4</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The agency does not track inmates by these characteristics, these inmates were identified during the audit process.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>227</p>

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	41
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	71
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The random sample of inmates was geographically diverse, the auditor selected the inmates using the following characteristics:</p> <ul style="list-style-type: none"> • Age • Race • Ethnicity • Length of time in the facility • Housing assignment • Gender
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Random inmate interview questions were asked to all of the inmates including the targeted inmates, the targeted inmates were then asked the additional questions pertaining to the category they fell into.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>17</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	2
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	4

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor confirmed no inmates in this category were being held through staff interviews and review of the investigations.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>As outlined in the standard discussions the facility does not house inmates in segregated housing who are at risk of sexual victimization or who allege to have suffered sexual abuse.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No additional comments regarding selecting or interviewing targeted inmates.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>21</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No additional comments regarding selecting or interviewing random staff.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No additional comments regarding selecting or interviewing specialized staff.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>All comments regarding site review are documented in the standard discussions.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>All additional documentation was selected by the auditor.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	4	0	3	1
Total	5	0	4	1

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	5	0	5	0
Total	9	0	9	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	2	2	0
Total	0	2	3	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	3	1
Staff-on-inmate sexual harassment	0	2	3	0
Total	0	2	6	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

14

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>9</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The criminal investigation reports are retained by the Lehigh County Detectives, and are not available to the public.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.7.D Reporting Sexual Abuse, Sexual Harassment or Retaliation c. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault d. LCJ Organizational Chart <p>Interviews</p>

a. PREA Coordinator

Site Review

115.11 (a) The Lehigh County Jail (LCJ) indicated in their response to the PAQ that the agency has a written policy mandating zero tolerance of all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. County of Lehigh Department of Corrections policy 1.1.7.D Reporting Sexual Abuse, Sexual Harassment or Retaliation states, The Lehigh County Department of Corrections shall not condone, or tolerate the sexual abuse or sexual harassment of individuals in our custody and shall ensure channels for reporting such allegations are effectively published and made available to incarcerated persons, employees and volunteers. The agency's policies further outline how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; defines all prohibited behaviors regarding sexual abuse and sexual harassment; outlines sanctions for those found to have participated in prohibited behaviors; and provides agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.11 (b). The facility indicated in their response to the PAQ that the agency employs or designates an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The facility has designated one facility staff, the Assistant Director of Corrections, to act as the agency PREA Coordinator. The PREA Coordinator responsibilities are defined by policy which stipulates that the PREA Coordinator will develop, implement, and oversee agency efforts to comply with PREA standards. The PREA Coordinator confirmed her allocation of time during her specialized staff interview, and further stated that she has enough time to oversee the agency's efforts to comply with the PREA standards.

According to the agency's organizational chart, the PREA Coordinator reports directly to the Director of Corrections.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.11 (c). The facility indicated in their response to the PAQ that the agency only operates one facility, this was confirmed through interviews. During previous audits the facility had a community correctional center that was housing inmates and

	<p>operational, at that time the agency had a PREA Compliance Manager at both the LCJ and the CCC. The agency has kept the PREA Compliance Manager position at the LCJ, the PREA Compliance Manager oversees the daily implementation of PREA. During his interview he confirmed that he has enough time to develop, implement, and oversee the LCJ efforts to comply with PREA standards.</p> <p>This secondary PREA position exceeds the expectations of the standard.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with these provisions of the standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.12 (a)(b). The facility indicated in their response to the PAQ that the agency contracts to house for other agencies, but does not contract for the for the confinement of their inmates.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p>

	<p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with these provisions of the standard.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.7.D Reporting Sexual Abuse, Sexual Harassment or Retaliation c. SOP #A-18 Subject: Minimum Corrections Officer Staffing d. SOP #A-30 Subject: Supervisor’s Daily Log <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Intermediate or Higher-Level Facility Staff c. Random Staff <p>Site Review</p> <p>115.13 (a). The facility indicated in their response to the PAQ that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. The staffing</p>

plan is predicated on an average daily population of 778 inmates. According to the auditor's interview with the Warden and PREA Coordinator, the facility has adopted a model based upon the current staffing levels and are determined by identifying daily population needs.

The auditor's review of the facility's staffing plan revealed the facility is detailed in defining what positions are required to meet minimum staffing levels, including supervisory staff, on each shift.

During the site review, no areas were identified that needed additional or enhanced supervision. The site review revealed sound correctional practices that serve to mitigate risk presented by physical plant, video surveillance, and/or staffing limitations (i.e. large office/classroom windows; regular unannounced rounds; locked doors; open or low shelving; mirrors; elevated posts; controlled movement; open floor plans; partially frosted bathroom windows or partitions; adequate supervision ratios; etc.).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (b). The facility indicated in their response to the PAQ that each time the staffing plan is not complied with the facility documents and justifies all deviations from the staffing plan. In the past 12 months, the facility reported that there have not been deviations from the staffing plan, these deviations would be supplemented with overtime.

While deviations are possible, the staff indicated that any reduction in staffing realized by the facility is augmented using voluntary or mandatory overtime in order to comply with the approved staffing plan. Facility leadership will also strategically collapse positions or pause certain programs and divert staff to critical areas where and when needed.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (c). The facility indicated in their response to the PAQ that at least once every year the facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan. During discussions with the staff it was confirmed this annual review took place on May 1, 2024. A staffing analysis report was created, this report was reviewed during the audit process. The report documents whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the

	<p>staffing plan.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.13 (d). The facility indicated in their response to the PAQ that the facility requires intermediate- or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment policy requires that the supervisors are required to conduct and document unannounced rounds in the facility on all shifts to identify and deter sexual abuse and harassment. All rounds are documented on the chronological log of duties performed. Facility staff are prohibited from alerting other staff members that unannounced supervisory rounds are occurring. During the onsite audit phase, the auditor reviewed the documentation, the dates and times were random suggesting no specific pattern. Interviews with 21 random staff and informal interviews with housing unit staff during the site review confirmed that unannounced rounds are conducted. All confirmed that they are prohibited from notifying other staff. Interviews with intermediate and higher-level staff also verified that unannounced rounds are completed per policy daily. The auditor observed the supervisor rounds taking place during the onsite review.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p>

b. County of Lehigh Department of Corrections policy 3.2.4.J Special Management Housing Units

Interviews

- a. Staff who Supervise Youthful Inmates
- b. Youthful Inmates
- c. Programming Staff

115.14 (a b c). The facility indicated in their response to the PAQ that the facility houses youthful inmates. County of Lehigh Department of Corrections policy 3.2.4.J Special Management Housing Units outlines the procedure the facility would follow to house the youthful inmates. The policy indicates that:

- All youthful offenders will be housed separately to maintain better sight and sound separation.
- Youthful offenders shall be escorted by a staff member at all times when outside the housing unit.
- When youthful inmates and adult inmates have sight, sound or physical contact, they shall be under direct staff supervision.

LCJ does not place youthful inmates in isolation to comply with this provision. The youthful inmates are housed in their own housing unit which provides sight and sound separation from adult offenders. When they are off the housing unit, they are under direct supervision. The youthful inmates are provided daily large-muscle exercise and education services to comply with this provision. Youthful inmates also have access to other programs.

During the onsite review the LCJ was housing 7 youthful inmates. Interviews were conducted with two youthful inmates; they confirmed the above information.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.

115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 3.1.7.D Unclothed Searches c. County of Lehigh Department of Corrections policy 3.1.6.D Pat Searches d. County of Lehigh Department of Corrections policy 3.2.3.J General Housing Unit e. County of Lehigh Department of Corrections policy 4.1.2.D Admission Procedure c. Training logs <p>Interviews</p> <ul style="list-style-type: none"> a. Random Staff b. Random Inmates <p>Site Review</p> <p>115.15 (a). The facility indicated in their response to the PAQ that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months, LCJ staff have conducted zero cross-gender or cross-gender body cavity searches. Policy mandates that staff shall not conduct cross gender strip searches or cross gender visual body cavity searches (a search of anal or genital opening), except in exigent circumstances or when performed by medical practitioners. If a search of this nature occurred under exigent circumstances it would be documented. Twenty one of 21 random security staff (non-medical) confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed or performed. One hundred percent of interviewed inmates stated they have never been subject to an unclothed body search by opposite gender sex staff.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with</p>

this provision.

115.15 (b). The facility indicated in their response to the PAQ that the facility does not permit cross-gender pat-down searches of female inmates, nor does it restrict female inmates access to programming or out of cell opportunities in order to comply with this provision. The auditor confirmed this practice through interviews with random female inmates. All female inmates indicated that they have only been searched by female staff and have not had any programming or out of cell opportunities restricted.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (c). The facility indicated in their response to the PAQ that the facility requires all cross-gender strip searches and cross-gender visual body cavity searches be documented. LCJ reported that no cross-gender strip searches, cross-gender visual body cavity searches, or cross gender pat searches of female inmates have been conducted in the preceding 12 months. Policy dictates that staff shall not conduct searches of this nature.

During the facility review, the auditor confirmed that no cross-gender strip, cross-gender visual body cavity searches, or cross gender pat searches of female inmates of inmates occurred in the past 12 months and no related documentation was on record. This was also confirmed during interviews with 21 random security staff and 31 random and targeted inmates who all indicated that they were not aware of any officers conducting these types of searches.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (d). The facility indicated in their response to the PAQ that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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 mandate that inmates are afforded such opportunities as defined by this provision except in exigent circumstances or when such viewing is incidental to routine cell checks. An additional measure, cross-gender announcing, is required per policy referenced above. Specifically, "Staff of the opposite gender shall announce their presence when entering an inmate housing." During the onsite audit phase, the auditor viewed the shower areas in the housing units from multiple vantage points, including the floor/ dayrooms and from the top tiers, to ensure that staff did not have the ability to observe genitalia. The auditor's view of these units confirmed that staff did not have

the ability to see inside the showers which were outfitted with shower curtains. Cells are wet (i.e. toilets are within), which eliminates cross-gender viewing unless incidental to a routine cell check. A review of other areas including kitchen, medical, visiting, education, programming, and other areas of the facility where inmates would be able to shower, perform bodily functions, and change clothing revealed no cross gender viewing issues.

Of the 31 inmates interviewed, all stated they have not been observed by an opposite gender staff member in a state of undress. Twenty one of 21 security staff members affirmed that there are policies and procedures in place to prevent opposite gender viewing.

The auditor consistently heard opposite gender announcements being made. Interviewed security staff members stated that the announcement is consistently completed by either the officer on the housing unit or the officer entering. Except for a few outliers, the majority of inmates confirmed this practice is in good working order.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (e). The facility indicated in their response to the PAQ that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmates for the sole purpose of determining the inmate's genital status. Policy prohibits the search or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined by 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.

In accordance with the policy, the facility reported that no such search has occurred in the past 12 months. Interviews with 21 staff confirmed that agency policy prohibits them from searching a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Additionally, interviews with a staff member that performs screening for risk of sexual victimization and a medical staff member also verified that inmates identifying as transgender, or intersex are not searched to solely determine genital status.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (f). The facility indicated in their response to the PAQ that 100 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The facility indicated that all security staff

	<p>receive training during the academy, in addition to ongoing in-service training, on proper pat search procedures. The agency requires that staff be trained in all aspects of this provision. The training module was provided as validation of the training curriculum, as was LCJ training documentation. A review of in-service training records confirmed that all staff had been trained. The auditor reviewed in-service training. The training was found to be appropriate and consistent with national standards for conducting inmate searches, including cross-gender searches. Twenty one random interviews with security staff indicated that they were all trained, which mirrored the staff in-service training rosters provided.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. SOP Case Management c. SOP #M-24 Telephone Language Services d. SOP #M-41 TTY Machine e. Language Line Access Document f. English & Spanish PREA handouts

Interviews

- a. Random staff
- b. Targeted Inmate Interviews

Site Review

115.16 (a). The facility indicated in their response to the PAQ that they agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. LCJ staff confirmed that if an inmate cannot read, is deaf or blind, or has any other disability they will provide the information in various ways to ensure the inmate understands the orientation materials.

LCJ utilizes the Language Line for interpreter services which are available 24 hours a day, seven days a week.

LCJ shared a copy of the Language Line document, which includes contact information for the services. During the onsite review, intake staff who are tasked with providing PREA materials stated they ask all new inmates if they understand the information they receive; if they received any negative responses, they would engage support services. The PREA Coordinator reported that if a person's disability prevents understanding, the facility is equipped to respond with a variety of interventions to ensure effective communications.

During the onsite audit phase interviews were conducted with inmates with varying degrees of cognitive, hearing, cognitive, LEP, and physical limitations. Each indicated that they are provided with access to facility services and are provided with accessible material regarding their rights to be free from sexual abuse and sexual harassment, as well as information about reporting sexual abuse and sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.16 (b). The facility indicated in their response to the PAQ that the agency has established procedures to provide those with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. LCJ confirmed for inmates who do not speak English, interpretive services are provided. LCJ utilizes the Language Line for interpreter services which are available 24 hours a day, seven days a week.

	<p>As with disabled inmates, the intake staff confirms understanding the LEP population when providing intake education; he is familiar with the method to connect with language assistance services.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.16 (c). The agency indicated in their response to the PAQ that the agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations. The facility engages interpretation services to avoid using inmates in this capacity. LCJ has not used an inmate in this capacity in the past 12 months.</p> <p>The auditor's interview with the investigator verified the information provided during the pre- onsite audit phase; there have not been any instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used.</p> <p>Interviews with 21 random and targeted staff confirmed that they were not aware of any instance where an inmate interpreter was used to assist with first responder or investigative actions.</p> <p>During the site review of LCJ the auditor observed PREA information displayed throughout the facility in Spanish, as well as English. Information pertaining to PREA is also provided to inmates in Spanish and English during the intake process.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. County of Lehigh Department of Corrections policy 1 3.1.D Employee Pre-Service Hiring Process
- c. Lehigh County Department of Corrections Criminal History Acknowledgement and Prison Rape Elimination Act (PREA) Compliance Form

Interviews

- a. Random staff
- b. Administration Staff

Site Review

115.17 (a, b, f). The facility indicated in their response to the PAQ that the agency prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of a contractor who may have contact with inmates who may have engaged in any of the conduct detailed in this provision. The agency also considers any incidents of sexual harassment when making such decisions. The agency does not hire or promote anyone who may have contact with inmates, who:

- a. has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility or other institution;
- b. has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. has been civilly or administratively adjudicated to have engaged in the activity described immediately above.

During the hiring process all candidates complete a Lehigh County Department of Corrections Criminal History Acknowledgement and Prison Rape Elimination Act (PREA) Compliance Form, which specifically asks the applicant about the provisions of this standard. The agency imposes upon employees a continuing affirmative duty to disclose any such misconduct. The auditor reviewed records from staff and confirmed this practice.

A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.17 (c). The facility indicated in their response to the PAQ that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. LCJ reported one hundred percent of individuals hired (103) in the past 12 months who may have contact with inmates had a criminal background record check completed.

County of Lehigh Department of Corrections policy 1 3.1.D Employee Pre-Service Hiring Process details the agency's criminal background check expectation. The required pre-employment process includes using data from local, county, state, and federal law enforcement agencies, prior employers, and any agency, department, company, individual, or service may be contacted if it is deemed that such agency has pertinent background information.

The Administrative Staff confirmed that when a prospective employee or contractor reports having been employed by another confinement facility and requests employment at LCJ, contact is made with the prior facility during the background investigation process.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (d). The facility indicated in their response to the PAQ that agency policy requires a criminal background check be completed before enlisting the services of any contractor who may have contact with inmates. LCJ reserves the right to conduct fingerprinting and/or security clearance through the PA State Police Criminal Records Division and Federal Bureau of Investigations.

In the past 12 months, LCJ reported all contracts for services (5) had criminal background record checks conducted on all staff covered in the contract that might have contact with inmates.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (e). The facility indicated in their response to the PAQ that agency policy requires either a criminal background check be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. LCJ

conducts onsite criminal history checks every five years. The auditor's interview with staff confirmed the agency is conducting yearly criminal history checks on all staff and contractors.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (g). The facility indicated in their response to the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination County of Lehigh Department of Corrections policy 1 3.1.D Employee Pre-Service Hiring Process addresses the provisions of the standard. All omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. This was further confirmed with the human resource staff.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (h). An interview with the facility staff confirmed that the agency receives inquiries from other confinement facilities related to a current or former employee's history of substantiated sexual abuse or sexual harassment of inmates while employed. Such inquiries are reviewed and responded to in accordance with agency policy.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

The agency is conducting yearly criminal history checks on all contractors and staff, this procedure exceeds the expectations of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.

115.18	Upgrades to facilities and technologies
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b.

Interviews

- a. PREA Coordinator

Site Review

115.18 (a)(b). The facility indicated in their response to the PAQ that the agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since 8/20/2012, or since the last PREA audit, whichever is later. They also indicated that they have installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since 8/20/2012, or since the last PREA audit, whichever is later. Upon discussion with the PREA Coordinator, in addition to observations during the site review, since their last PREA audit LCJ has not undergone any construction. The PREA Coordinator understood when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the department's ability to protect inmates from sexual abuse. The auditor confirmed that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency would consider how such technology may enhance the department's ability to protect inmates from sexual abuse. The staff indicated that the agency works consistently to consider safety and privacy needs of inmates, while ensuring direct lines of sight and using tools, like mirrors, windows, and cameras, to assist with supervision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed,

	<p>my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault c. MOU with the Crime Victims Council of the Lehigh Valley d. Inmate Handbook <p>Interviews</p> <ul style="list-style-type: none"> a. Agency Investigator b. PREA Coordinator d. Abuse Network Staff <p>Site Review</p> <p>115.21 (a). The facility indicated in their response to the PAQ that the agency/facility is responsible for conducting administrative and assisting in criminal sexual abuse investigations. When conducting a sexual abuse investigation, agency investigators follow a uniform evidence protocol. The agency investigators receive specialized training to conduct investigations of sexual abuse and sexual harassment. The agency investigators will conduct the administrative investigations, and the Detectives from the Lehigh County District Attorney’s Office will conduct the criminal investigations. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault outlines evidence collection and preservation procedures</p>

following an incident of sexual abuse. The policy directs staff to follow the policy to guide their response, including evidence processing. In applicable sections, the policy further describes evidence preservation and collection expectations for first responders, and medical and mental health staff.

During the onsite audit phase, 21 random security staff were interviewed, each of whom expressed awareness of and articulated the agency's policy for obtaining usable physical evidence. Security supervisors understood the requirement to contact agency investigators.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (b). The facility indicated in their response to the PAQ that the facility houses youthful offenders. The staff confirmed that the protocols, which were adapted from DOJ's Office of Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, is developmentally appropriate for youth if an incident did occur. The agency understood the process in the Commonwealth of Pennsylvania, that the youthful offender would be taken to a Child Advocacy Center for an examination and the PA ChildLine would be notified.

The auditor verified that the agency would follow the state guidelines outlined by the PA Department of Human Services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (c). The facility indicated in their response to the PAQ that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility; LCJ does not perform such examinations. Examinations conducted at an outside facility are performed by Sexual Assault Nurse Examiners or, when not available, a qualified medical practitioner. In the past 12 months, no inmates were transported for forensic medical examinations. When the need arises for care in this context, the facility documents all efforts to provide a SANE.

All victims of sexual abuse that fall under PREA will be transported to St. Lukes Hospital for a forensic medical exam in accordance with the community level of care afforded all victims of sexual assault. St. Lukes Hospital is the local rape crisis hospital that provides forensic medical examinations by SAFE/SANE Nurses. The LCJ, SANE nurse and or receiving hospital will contact the local crisis center for immediate advocacy services while at the hospital. The hospital is equipped 24/7 to provide a SANE examination.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (d, e, h). The facility indicated in their response to the PAQ that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means; such efforts are documented. Support services include supporting the victim through the forensic medical examination process and investigatory interviews and providing emotional support, crisis intervention, information, and referrals.

LCJ entered into an MOU with the Crime Victims Council of the Lehigh Valley, which describes the roles and responsibilities of each party following an incident of inmate sexual abuse. Upon request, the agreement stipulates that the advocacy organization will support the victim through forensic medical examinations, during investigatory interviews; provide emotional support and crisis intervention. A copy of this agreement was provided to the auditor during the pre-onsite audit phase. Posters were observed throughout the facility, in addition to information contained in the brochure, which direct victims to the local advocacy organization for support services.

During the audit phase, the auditor conducted an interview with a representative from the Crime Victims Council of the Lehigh Valley who indicated that a victim advocate is available to meet with the inmate victim during a SANE exam upon request, they will also support the victim through forensic medical examinations, during investigatory interviews; provide emotional support and crisis intervention. In practice, the service provider is staffed to respond to the hospital 24 hours a day and seven days a week.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (f). The Agency entered into a MOU with the Lehigh County District Attorney's Office , the MOU outlines both parties responsibilities during a PREA investigation, including adhering to the provisions of this standard.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. County of Lehigh Department of Corrections policy 1.1.6.D Internal Investigations

Interviews

- a. Agency Investigator
- b. PREA Coordinator

Site Review

115.22 (a, b). The facility indicated in their response to the PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Policy dictates that all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing. The same policy further describes the investigative process of staff on offender allegations and offender on offender allegations. The Agency Investigators possess legal authority to conduct administrative investigations, the County Detectives conduct all criminal investigations.

In the designated 12-month prior year period, as evidenced by a review of LCJ investigations and supporting documentation, LCJ received and responded to 12 allegations of sexual abuse and sexual harassment.

The PREA Coordinator indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. He stated investigators receive specialized training and, as such, conduct an initial inquiry.

The auditor reviewed the agency's public website and easily located the PREA information which describes investigative and referral practices.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	<p>115.22 (c). County of Lehigh Department of Corrections policy 1.1.6.D Internal Investigations outlines the process for all administrative and criminal investigations. The policy outlines the responsibilities of all parties involved in the investigation process. This is further outlined in the MOU with DA's Office.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p>
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.3.2.D Employee Orientation and Training c. PREA Training d. Acknowledgement Documentation <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Compliance Manager b. PREA Coordinator c. Random Staff

Site Review

115.31 (a). The facility indicated in their response to the PAQ that the agency trains all employees who may have contact with inmates on the following topics: the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of inmates to be free from sexual abuse and sexual harassment; right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities County of Lehigh Department of Corrections policy 1.3.2.D Employee Orientation and Training outlines the training requirements. The auditor reviewed PREA-related instructor guides, lesson plans, and modules for in-service, and PREA refresher which are utilized to educate all new and existing staff that will have contact with inmates on how to fulfill their responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The training resources detail each of the sub-topics listed within this provision.

Random and specialized staff who were interviewed reported they received training consistent with each of the ten elements listed above. Staff members were able to articulate training content; knowledge of the agency's zero tolerance for sexual abuse and sexual harassment policy; an understanding that all staff and inmates have a right to be free from retaliation for reporting sexual abuse and sexual harassment; familiarity with their reporting responsibilities. The auditor also reviewed training reports, which demonstrate 100% of staff completed training.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31 (b). The facility indicated in their response to the PAQ that training is gender neutral and applicable to both male and female facilities County of Lehigh Department of Corrections policy 1.3.2.D Employee Orientation and Training directs training to be tailored to cover all genders, regardless of the staff member's

assignment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31 (c). The facility indicated in their response to the PAQ that, in between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. County of Lehigh Department of Corrections policy 1.3.2.D Employee Orientation and Training dictates that staff will be provided information regarding the detection, prevention, response, education, and consequences of PREA violations consistent with Federal and State Law.

During the onsite audit phase, the auditor confirmed through random staff interviews that they completed training prior to having contact with inmates. These training courses include the elements described in provision (a). One hundred percent, as confirmed through a course enrollment report, of LCJ staff members received instruction on the elements required by this provision in 2024. The PREA Coordinator and random staff confirmed that the training is provided biennial.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31 (d). The facility indicated in their response to the PAQ that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. County of Lehigh Department of Corrections policy 1.3.2.D Employee Orientation and Training indicates that training participation shall be documented. The auditor reviewed staff training records while onsite and confirmed the acknowledgment method that accompanies staff training. All signed documents are stored in the training office.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

The facility provides annual training to all staff at the facility, this practice exceeds the requirements of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is

	compliant with all provisions of the standard.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Volunteer Handbook 2020 c. Volunteer Training PowerPoint d. Volunteer Training Acknowledgement <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Contractors <p>Site Review</p> <p>115.32 (a)(c). The facility indicated in their response to the PAQ that all volunteers and contractors (specifically, 108 volunteers and contractors currently authorized to enter LCJ) who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. LCJ ensures that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. During the onsite audit phase, contractors were interviewed. They confirmed that they had received training on their responsibilities under the agency’s zero tolerance policy against sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor reviewed random, acknowledgement forms which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment.</p>

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.32 (b). The facility indicated in their response to the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates. Further, all volunteers and contractors who have contact with inmates have been notified of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The auditor reviewed training records for random contractors and volunteers; each of which contained evidence of training participation. The interviewed contractor stated they had received training specific to the agency’s zero tolerance policy and how to make a report of sexual abuse or sexual harassment.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.</p>
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115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. LCJ Inmate Education Documentation c. PREA Pamphlet

Interviews

- a. PREA Coordinator
- b. Case Managers
- c. Random and Targeted Inmates
- d. Random Staff

Site Review

- a. PREA Posters
- b. PREA Audit Postings
- c. Inmate Orientation

115.33 (a). The facility indicated in their response to the PAQ that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months, 100 percent of newly admitted inmates (4512) were given this information at intake. LCJ ensures that every inmate receives information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment as well as how to report incidents or suspicion of sexual abuse or sexual harassment. The inmate will receive a copy of the PREA information during the intake process.

A review of the facility's inmate orientation material, which is distributed to all inmates upon admission, contains the agency's zero tolerance policy and reporting options. The materials provide information on the federal law, inmates rights to be free from sexual abuse and sexual harassment in confinement, definitions, and reporting avenues. During the inmate interviews all 31 interviewed inmates confirmed that they had received this information while at LCJ. All inmates were shown the materials, they were all familiar with them and stated that they were provided one at intake.

During the site review I walked through the intake process with intake staff, the intake officer indicated that all inmates receive the written PREA Information, and they confirm receipt by signing an acknowledgement form.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.33 (b)(c)(d)(e). The agency indicated in their response to the PAQ that in the past

12 months 100 percent of inmates (1646) (whose length of stay in the facility was for 30 days or more) received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days. During the inmate interviews, all inmates who have been at the facility for over 30 days indicated that they received education.

The interviewed case managers indicated that they do the education with all inmates in person, so the inmates have the opportunity to ask questions. They confirmed that LCJ will provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.33 (f). The facility indicated in their response to the PAQ that the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, inmates handbooks, or other written formats. The auditor observed and reviewed that PREA information at LCJ is made available to inmates in several ways:

- a. PREA Handouts
- b. PREA Signs on the Housing Units

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

During the interviews with the case managers, they indicated that they indicated that they meet with each inmate on their caseload every thirty days. During these meetings they talk about PREA with them and overall safety. This practice far exceeds the requirements of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.

115.34 Specialized training: Investigations

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. County of Lehigh Department of Corrections policy 1.1.6.D Internal Investigations
- c. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault
- c. Training Certificates

Interviews

- a. Investigator

115.34 (a). The facility indicated in their response to the PAQ that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Policy dictates in addition to the Basic PREA Training provided to all staff; specialized trainings will be given to the Administrative Investigators. After receiving training to conduct investigations per policy the investigator can be assigned to investigate allegations of sexual violence and/or staff sexual misconduct. LCJ has four investigators who have received specialized investigator training as evidenced by training records and discussions with the investigator.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.34 (b). By way of curriculum review (i.e. instructor text and participant materials), the auditor confirmed the comprehensive training utilized to train staff to investigate allegations of sexual abuse contain the elements required by this provision, which include: interviewing sexual abuse victims; proper use of Miranda warnings; the Garrity rule; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

The investigator described the preparatory, specialized training they received in advance of conducting sexual abuse and sexual harassment investigations; topics included policy, first responder procedure, trauma/ victimization, confidentiality,

	<p>SANE, communication, crime scene preservation, interviewing techniques, documentation, Miranda & Garrity, prosecutorial referral, and advocacy.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.34 (c). The facility indicated in their response to the PAQ that the agency maintains documentation showing that investigators have completed the required training. The agency provided the documentation indicating the investigators completed training.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>The investigators have received the investigator course developed by the Pennsylvania Department of Corrections and Pennsylvania State Police, this course is in person. The lead investigator has received this training on multiple occasions as a refresher.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency exceeds the expectations of the standard.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. PrimeCare Medical Policies c. Training Acknowledgements

Interviews

a. Medical/Mental Health Staff

115.35 (a). The facility indicated in their response to the PAQ that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Specifically, LCJ has contracted medical and mental health care practitioners who fall into this category. PrimeCare Medical policies dictates all full and part time medical and mental health care practitioners who work in the facility will be trained in:

- How to detect and assess signs of sexual assault and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse or sexual harassment.

The auditor reviewed the training content and found the elements required for specialized training were present.

Interviews with medical staff indicated that they were able to articulate their knowledge and responsibilities of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.35 (b). The facility indicated in their response to the PAQ that agency medical staff at the facility do not conduct forensic medical examinations. Rather, all forensic medical examinations are conducted at the local medical hospital, St. Lukes Hospital. The auditor contacted the hospital and verified that the hospital can conduct all such examinations for LCJ.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.35 (c). The facility indicated in their response to the PAQ that the agency maintains documentation showing that medical and mental health practitioners have

	<p>completed the required training. LCJ reported that 100% of medical and mental health care providers that provide services to inmates received agency training of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.35 (d). During the pre-onsite audit phase and the onsite audit phase, the auditor cross-referenced a random sample of specialized medical and mental health care practitioner training records with the names of all who received training in accordance with this provision. Interviews with medical and mental health staff affirmed their receipt of the training.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>The medical and mental health providers receive yearly training this practice exceeds the requirements of the standard.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with the provisions of the standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. PrimeCare Medical Policies

c. PREA Screening

Interviews

- a. Staff Responsible for Screening
- b. Random Inmates
- c. PREA Coordinator

Site Review

- a. Intake/Screening Process

115.41 (a). The facility indicated in their responses to the PAQ that the agency has a policy that requires screening upon admission for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Policy requires screening upon initial arrival at the facility. This is accomplished by utilizing the screening for sexual victimization or abusiveness form. The medical staff also conduct a separate screening which includes additional questions related to sexual victimization or abusiveness.

The auditor discussed the risk screening process with the intake staff during the site review. They stated an initial risk screening is completed with each inmate upon arrival at LCJ. The risk screening is conducted in private, with the booking officer.

Of 31 inmate interviews, 31 inmates remembered being asked the applicable screening questions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (b). The facility indicated in their responses to the PAQ that the agency has a policy that requires inmates to be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake. In the past 12 months, all inmates who reportedly entered the facility and remained there for 72 hours or more were screened for risk within 72 hours of admission. During the pre-onsite phase, the agency/facility directed the auditor to review policy as evidence of compliance. This section directs intake staff to screen within 72 hours of the inmate's arrival. LCJ intake staff stated the intake process is typically completed within a couple hours of arrival.

Of 31 inmate interviews, 31 inmates remembered completing the screening questions, they further confirmed this occurred during the intake process and within 72 hrs. of arrival at the facility.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (c). The facility indicated in their response to the PAQ that risk assessments are conducted using an objective screening instrument. The evidence indicates that the PREA Screening is standardized, consistently administered to all inmates, structured using a weighting and scoring mechanism, and culminates in an overall determination at risk or potential predator. The overall screening is appropriately subjective and is compliant with the variables required per 115.41(d).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (d). The agency's PREA Screening tool is comprised of questions or screening measures; all of which meet the prescribed criteria for this provision. Specifically, the PREA Screening includes questions in the following areas:

- Whether the inmate has a mental, physical, or developmental disability
- The age of the inmate
- The physical build of the inmate
- Whether the inmate has previously been incarcerated
- Whether the inmate's criminal history is exclusively nonviolent
- Whether the inmate has prior convictions for sex offenses against an adult or child
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
- Whether the inmate has previously experienced sexual victimization
- The inmate's own perception of vulnerability;

An interview with the staff confirmed that the questions are answered, and an overall weighted score determines whether the inmate is considered at risk or potential predator.

The facility does not house inmates for civil immigration purposes, questions pertaining to this are not asked.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (e). The PREA Screening includes an assessment of the criteria required by this provision and described in the discussion of 115.41(d). Each of these questions attempts to elicit information about an inmate's prior history of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Responses are recorded as part of the screening and used to determine each inmate's risk of being sexually abusive. The intake staff indicated that such considerations are made during every risk screening.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (f). The facility indicated in their responses to the PAQ that the agency has a policy that requires the facility to reassess each inmate's risk of victimization or abusiveness within a set period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Policy indicates that within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

It was confirmed during staff interviews that the facility has been conducting the reassessment as per the policy. The Case Managers will perform the reassessment. They also confirmed that they meet with everyone on there caseload every thirty days.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (g). The facility indicated in their response to the PAQ that the agency has a policy requiring an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Policy indicates that any of these factors would trigger a reassessment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (h). The facility indicated in their response to the PAQ that the agency has a policy which prohibits disciplining inmates for refusing the answer screening questions related to whether or not they have a mental, physical, or developmental disability; whether or not they are or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not they have previously experienced sexual victimization; or their own perception of vulnerability. Policy indicates that inmates will not be disciplined for failing to completely answer or

	<p>not answering the screening questions. Intake staff confirmed that inmates are not disciplined for refusing to answer.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.41 (i). The facility indicated in their response to the PAQ the agency implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. All sensitive information is not accessible by all staff. The completed screening forms are stored in the inmates record.</p> <p>Interviews with the staff confirmed that access is controlled by role or classification. As part of the site review, the auditor observed the initial risk screening location. The screening is conducted in private.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>The agency is reassessing every inmate every thirty days, this practice far exceeds the requirements of the standard.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with the provisions of the standard.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 4.2.1.J Classification

Program Planning

c. PREA Screening

Interviews

a. Staff Responsible for Screening

115.42 (a, b). The facility indicated in their response to the PAQ that the agency uses the information from the risk screening as required by standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Policy outlines the process of initial screening and utilization of the information to make decisions relative to housing, bed, work, education, and program assignments with the goal of keeping separate inmates at high risk of victimization and those at high risk for abusiveness. It was confirmed through interviews that if an inmate is considered at high risk for victimization based on the score of the initial intake, or has a history of sexual abuse, mental health must be notified and shall see the inmate within 14 days of the initial intake. Mental health will document the discussions relative to the high risk of victimization and notify staff of issues relative to housing, work, education, and programming. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to appropriate staff to inform treatment plans, security, and management decisions including housing, bed, work, education, and program assignments.

The auditor did not observe evidence of isolated work or programming assignments. Classrooms, workshops, and job assignments were appointed with an appropriate staff to inmate ratio. The PREA Coordinator stated that risk screening information is predominately used to make safe housing placements, but that in addition supplemental security measures are taken to ensure proper supervision within programming, work, and education placements.

During interviews and conversations with random and specialized staff, there is an understanding that housing, work, education, or program assignments will not be made without approval from individuals who have access to the sensitive information concerning the inmates at high risk for victimization and high risk of abusiveness.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (c). The facility indicated in their response to the PAQ that when deciding whether to assign a transgender or intersex inmate to a housing unit for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the

inmate's health and safety, and whether the placement would present management or security problems. According to policy staff review case factors for transgender and intersex inmates to determine placement and housing assignment. During this process, gender identity inmates will have the opportunity to present their perspective, and a determination will be made as to proper housing and placement.

In conjunction with the inmate's views, staff must classify individuals on a case-by-case basis, weighing the interests of the inmate with the management, safety, and security concerns of the facility.

The PREA Coordinator confirmed that LCJ can accommodate transgender inmates on whichever housing unit is appropriate for the individual inmate. The evidence demonstrated a case-by-case determination in accordance with agency policy.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (d). Policy states that, placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice a year to review any threats to safety experienced by the inmate. Identified inmates are asked about any safety issues during this review process. This process was confirmed with the PREA Coordinator and treatment staff.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (e). Policy states that placement and programming assignments for transgender or intersex inmates shall be made on an individualized basis by security, and behavioral health staff. The inmates' own views about their safety should be given consideration when making decisions regarding placement and programming assignments. This process was confirmed with the PREA Coordinator and treatment staff.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (f). A review of LCJ's physical plant and showering accommodations, as well as interviews with inmates and staff confirmed that transgender inmates have an opportunity to shower separately and privately by space. Modesty curtains are in place in all showering areas. Inmates confirmed that they can shower without being viewed by others.

A final analysis of the evidence indicates the facility is in substantial compliance with

this provision.

115.42 (g). The PREA Coordinator confirmed that the agency is not subject to a consent decree, legal settlement, or legal judgment requiring lesbian, gay, bisexual, transgender, or intersex inmates be placed in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. Staff stated that inmates who identify as transgender and intersex are housed in accordance with their security and programming needs. They are housed throughout the facility in all housing units and not in a dedicated unit.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

The inmates meet with their case manager every thirty days, and the case manager's offices are located on the housing units. This practice ensures that the inmates are being reevaluated, this practice exceeds the requirements of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.

115.43 Protective Custody	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance: Documentation reviewed: a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 4.2.1.J Classification Program Planning Interviews

a. PREA Coordinator

115.43 (a). The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Of those inmates identified as being at risk of sexual victimization, zero were held in involuntarily segregated housing in the past 12 months.

Interviews with the staff indicated policy & practice prohibits placing those at high risk for victimization, on that basis alone, in a segregated status unless there are no other safer means. They confirmed they have the option to assign an inmate to another cell; single cell status; or transfer to another housing unit. If segregation is the only option an alleged victim would be placed there for as little time as possible until an alternative solution could be identified.

A staff member who supervises inmates in segregated housing confirmed that inmates are not placed in segregated housing following an allegation of sexual abuse or in response to risk. He stated that the facility makes every effort to explore alternate housing options and preserve access/privileges.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (b). According to LCJ practices if an inmate is placed in segregated housing the inmate will be afforded all programs, privileges, and education. The facility did not have any inmates at high risk of victimization who have been placed in a segregated status in the last 12 months.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (c). The facility indicated in their response to the PAQ that of those inmates identified as being at risk of sexual victimization, zero were involuntarily segregated. Discussions with the facility's staff who supervise inmates in a segregated status affirmed this practice; see above.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (d). As stated above, the facility has not identified a need to separate inmates at high risk of sexual victimization by placing them in involuntary segregated housing

in the last 12 months. As such, the facility indicated in their response to the PAQ that there have been no cases in which to record a statement of the basis for the facility's concern for the inmate's safety and the reason(s) why alternative means of separation could not be arranged.

As stated, the PREA Coordinator and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (e). The facility indicated in their response to the PAQ that no inmates were held in involuntary segregated housing pursuant to this standard. The facility further responded that if an involuntary segregated housing assignment was made, the facility will review the inmate's separation every 30 days to determine if a continuing need exists.

The PREA Coordinator, and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status or administrative confinement during the past 12 months because of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. County of Lehigh Department of Corrections policy 1.1.7.D Reporting Sexual Abuse and Sexual Harassment & Inmate Guidelines
- c. LC DOC PREA Education and Awareness handout
- d. PREA Pamphlet

Interviews

- a. PREA Coordinator
- b. Random Inmates
- c. Random Staff

Site Review

- a. Informal Interviews
- b. Posted Information

115.51 (a)(b). The facility indicated in their response to the PAQ that the agency has established multiple internal methods for inmates to privately report sexual abuse; sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These ways are posted on the housing units and available in the PREA Handouts received at intake and the inmate handbook. These reporting avenues include all internal reporting avenues:

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

· Contact directly:

Office of the Chief County Detective

Lehigh County DA's Office

455 West Hamilton Street

Allentown, PA 18101

A facility specific PREA Handout is distributed to inmates upon intake. Each internal reporting option includes those outlined in the policy above are outlined in the pamphlet. Upon distribution of each brochure inmates are asked to acknowledge receipt by signing an acknowledgement.

The agency does not house inmates solely for immigration purposes and, as such, they do not provide inmates with information on how to contact consular or Department of Homeland Security officials.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.51 (c). The facility indicated in their response to the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Moreover, staff are required to document verbal reports. All random staff, including the PREA Coordinator, interviewed stated inmates can report in any of the ways described. All also stated that they would complete an incident report immediately upon accepting a report from an inmate, regardless of the report method. All interviewed inmates stated they were aware of written, verbal, or third-party reporting options; they confirmed that they can report in any of the accepted ways.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.51 (d). The facility indicated in their response to the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment by reporting immediately and confidentially to any supervisor, administration or the PREA coordinator. Staff are informed of this opportunity via training materials and policy. All interviewed random staff stated they can report privately. They further described multiple methods including notifying administration or human resources.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	<p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.52 (a). The facility indicated in their response to the PAQ that the agency does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse. Sexual abuse as defined by the standards is equivalent to the definition of sexual assault as defined by PA TITLE 18 Crimes and Offenses Chapter 31.</p> <p>If a grievance was filed for sexual abuse the grievance would immediately be removed from the grievance system and assigned to the agency investigator for immediate investigation. This was confirmed by the investigator.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>

115.53**Inmate access to outside confidential support services**

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. MOU with the Crime Victims Council of the Lehigh Valley

Interviews

- a. PREA Coordinator
- b. Random Inmates

Site Review

115.53 (a). The agency indicated in their response to the PAQ that they provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. They also indicated that they provide inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and provide inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The agency does house inmates solely for civil immigration purposes and does provide information for immigrant services agencies.

During the site review the auditor concluded that the information for the Crime Victims Council of the Lehigh Valley was posted on the housing units.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.53 (b). The facility indicated in their response to the PAQ that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The random inmates who were aware of these

	<p>services assumed their communication with an advocate would remain confidential. The Crime Victims Council of the Lehigh Valley website outlines the confidentiality of the communications. It states that all services are available for women, men and children and are confidential, and provided at no cost.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.53 (c). The facility indicated in their response to the PAQ that the facility maintains an MOU with a community service provider for the provision of emotional support services related to sexual abuse experienced by inmates. The auditor reviewed the MOU with the Crime Victims Council of the Lehigh Valley. The agreement describes the responsibilities of LCJ and the Crime Victims Council of the Lehigh Valley and outlines the support services provided to the inmates following an incident of sexual abuse in a confinement setting, as well as ongoing support services for victims of sexual abuse.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with these provisions of the standard.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Public Website

115.54 (a). The facility indicated in their response to the PAQ that the agency and facility provide a method, and publicly distribute reporting information on LCJ's website, to receive third-party reports of inmate sexual abuse or sexual harassment. Upon navigating to the agency website, a link to the Lehigh County Department of Corrections PREA Bulletin is available. The bulletin is available in English and Spanish and states the following:

The Lehigh County Department of Corrections has zero tolerance for the sexual abuse or the sexual harassment of persons in our custody. Regardless of age, size, race, ethnicity, sexual orientation or gender identity, staff is required to make every effort to keep the entire incarcerated population safe. Any sexual overtures/advances, attempted sexual abuses, threats, intimidation, or assaults, by one or more detainees towards/against another, should be immediately reported to staff.

Incarcerated persons also have the right to be free of any sexual abuse or sexual harassment on the part of staff, volunteers and contracted personnel. Staff is prohibited by law and by policy from engaging in sexual activity with incarcerated persons regardless of consent. Any sexual contact is prohibited, except in the context of proper searches and medical examinations. Verbal harassment of a sexual nature, including but not limited to, derogatory or demeaning comments about a person's body is also prohibited. In the rare instance an incarcerated person encounters such an unprofessional staff member; he/she is encouraged to immediately report the behavior. If faced with sexual abuse or harassment by other detainees or staff, the subject has several options for reporting:

1. Tell any staff member at the facility (medical staff, case managers, housing officers, supervisors, etc.).
2. Submit a request slip to the assigned case manager.
3. File an informal or formal grievance, if 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, but the more information provided; the easier it will be to investigate the matter. Information concerning the identity of a victim of a sexual assault, and the details 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. If identified as a victim of sexual assault, the subject will be offered immediate protection from further harm and will be referred for medical examination and clinical assessment. This information

	<p>is also posted in the visitor’s area of the facility.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.7.D Reporting Sexual Abuse, Sexual Harassment or Retaliation <p>Interviews</p> <ul style="list-style-type: none"> a. Random Staff b. PREA Coordinator <p>115.61 (a). The agency indicated in their response to the PAQ that all staff must report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are also required to immediately report according to policy any retaliation against inmates or staff who reported such an incident. Finally, staff must immediately report according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p>

County of Lehigh Department of Corrections policy 1.1.7.D Reporting Sexual Abuse, Sexual Harassment or Retaliation requires that all facility staff members, contract service provider, volunteer, intern or an individual who has business with or uses the resources of the facility, shall report immediately and according to this policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility, whether or not it is part of the LCJ; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, Employees, contractors, services providers or volunteers are required to report sexual abuse or sexual harassment.

The agency's training modules restate the reporting requirement as defined in policy.

Random staff interviews demonstrated that staff are familiar with reporting requirements should an inmate disclose an experience of sexual abuse or sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.61 (b). The facility indicated in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, the agency prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

All random staff interviewed reported they would immediately contact a supervisor; they would refrain from sharing the information other than with staff who have a need to know.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.61 (c). It is the procedure of the LCJ that in the absence of a signed release or waiver, information provided in confidential communications to any of the following shall be reported in accordance with the standards required by federal and state statute and/or professional licensure, including and not limited to Chaplains/Clergy, Medical Staff or contractors, and Mental health staff or contractors.

The auditor interviewed medical practitioners, they indicated that they disclose the limits of confidentiality, including the disclosure of sexual abuse, at the start of services. They affirmed that they are required to immediately report in accordance with LCJ policy. Each stated the reporting responsibilities and confidentiality requirements of health information pursuant to this standard and policy.

A final analysis of the evidence indicates the facility is in substantial compliance with

	<p>this provision.</p> <p>115.61 (d). As discussed in 115.14, LCJ can house youthful inmates. The auditor spoke to the staff to confirm reporting avenues. They understood that any incident involving a juvenile needed to be reported to the Lehigh County Children and Youth through ChildLine and an incident involving any vulnerable adult would be reported to the Pennsylvania Department of Human Services.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.61 (e). Policy states in various sections that staff are responsible for accepting reports in a multitude of formats from any source and, thereafter, notify a supervisor for investigation referral. During the onsite review, the auditor verified that all allegations reported in the past 12 months were promptly referred to the investigator for investigation. An interview with the PREA Coordinator confirmed this practice.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p>

b. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault

Interviews

- a. Random Staff
- b. PREA Coordinator
- c. Agency Head
- d. Warden

115.62 (a). The facility indicated in their response to the PAQ that when the agency learns an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. LCJ reported that there have been zero instances of substantial imminent risk in the past 12 months. Agency policy directs all staff to protect inmates in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment.

The Warden stated all staff are responsible for immediately intervening when they receive information that an inmate may be at imminent risk. They are required to notify a supervisor. A qualified person will assess their circumstances and discuss alternate housing options if necessary. Customarily, the inmate at imminent risk will be offered a referral to mental health. There are several tools at their disposal to ensure continued safety to include separate from the threat; adjust cell status; refer to mental health or medical professionals. A case-by-case determination will be made to determine the best course of action to maximize safety with the lowest level intervention. Action would be taken so as not to place a victim (or those at imminent risk) in segregated housing based on a threat or risk of victimization.

Interviews with random staff verified those at imminent risk would be separated from the threat immediately. Staff further articulated that they would act immediately; ask preliminary questions to better understand the risk; monitor; act immediately as safety is paramount; notify a supervisor; and keep the person at imminent risk separate from the threat until a placement decision could be made.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This

	<p>assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.7.D Reporting Sexual Abuse, Sexual Harassment or Retaliation <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.63 (a). The facility indicated in their response to the PAQ that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. In the past 12 months, LCJ has received one allegations of abuse at another confinement facility. The notification would be made in writing to the other confinement facility, in this case the notification was made by email. County of Lehigh Department of Corrections policy 1.1.7.D Reporting Sexual Abuse, Sexual Harassment or Retaliation outlines the process.</p> <p>The staff confirmed the practice outlined by the policy.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.63 (b). The facility indicated in their response to the PAQ that agency policy requires such notification as soon as possible, but no later than 72 hours after receiving the allegation. The staff understood the obligations.</p>

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.63 (c). The facility indicated in their response to the PAQ that the agency documents that it has provided such notification within 72 hours of receiving the allegation. Policy directs the manager of the Lehigh County DOC facility to document the notification. As stated above, the staff correctly explained the process, including documentation, as defined by policy and this provision.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.63 (d). The facility indicated in their response to the PAQ that agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, LCJ has received one notifications from other confinement facilities. The incident was immediately forwarded to the agency investigator. The staff confirmed that upon receiving an allegation from another facility an investigation would be immediately conducted.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance: Documentation reviewed:

a. Pre-Audit Questionnaire

b. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault

Interviews

a. Random Staff

115.64 (a). The facility indicated in their response to the PAQ that the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report must separate the alleged victim and abuser and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Moreover, if the abuse occurred within a time period that allows for the collection of physical evidence, the first security staff member to respond shall request that the alleged victim and ensure that the alleged suspect not take any actions that could destroy physical evidence. In the past 12 months, the facility indicated they received 6 allegations of sexual abuse. Per the facility's responses to the PAQ, the first security staff member activated the first responder duties required by this provision.

If the victim needs to be taken to the Medical Department, he/she will be under constant supervision without the use of running water or cleaning facilities and encouraged not to eat food or drink fluids until cleared to do so. The victim will also be instructed not to shower or change clothes.

All security staff members interviewed successfully articulated a majority of their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; and ensuring the alleged abuser not take any actions that might destroy physical evidence. The majority also added they would notify supervisor and medical personnel.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.64 (b). The facility indicated in their response to the PAQ the agency has a policy that requires non-security staff first responders to request the alleged victim not take any actions that could destroy physical evidence and notify security staff. In the last 12 months no non-security staff members were the first to respond to a report of sexual abuse.

Policy directs if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy

	<p>physical evidence and notify security staff.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault <p>Interviews</p> <ul style="list-style-type: none"> a. Warden b. Random Staff <p>115.65 (a). The facility indicated in their response to the PAQ that they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault describes the respective role of each critical contact, including security staff first responders, supervisors, emergency medical treatment providers, and mental health treatment providers. LCJ reviews and revises the policy which details the agencies coordinated response plan. An interview</p>

	<p>with the staff confirmed that the policy guides the facility's response following an allegation of sexual abuse.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. American Federation of State, County, & Municipal Employees, District Council 88, Local 543, AFL-CIO and County of Lehigh Contract <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Compliance Manager <p>115.66 (a). The agency indicated in their response to the PAQ that the agency or facility has entered into or renewed collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later. The auditor confirmed that the current Collective Bargaining Agreement does not contain language limiting the agency's ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. When the contract is silent on issues,</p>

	<p>policy governs.</p> <p>An interview with the PREA Compliance Manager confirmed that the agency is permitted to remove alleged staff sexual abusers from contact with any inmate pending an investigation for a determination of whether and to what extent discipline is warranted.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.7.D Reporting Sexual Abuse, Sexual Harassment or Retaliation c. Retaliation Monitoring Documentation <p>Interviews</p> <ul style="list-style-type: none"> a. Warden <p>115.67 (a). The facility indicated in their response to the PAQ that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation</p>

by other inmates or staff. At LCJ, the Warden or Deputy Warden facilitates the retaliation monitoring.

County of Lehigh Department of Corrections policy 1.1.7.D Reporting Sexual Abuse, Sexual Harassment or Retaliation outlines the requirement of LCJ to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (b). Policy directs the facility to employ multiple protection measures, including housing or program changes, for those who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. This mandate is reiterated in the policy.

An interview with the staff confirmed that the agency protects reporters from retaliation by implementing a zero-tolerance policy for such conduct. They stated the facility will employ a variety of safety solutions such as housing changes, removal of the alleged abuser, and offering support in the form of a mental health referral.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (c). The facility indicated in their response to the PAQ that the agency/facility monitors the conduct or treatment of inmates or staff who report sexual abuse and of inmate who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. When revealed, the facility acts promptly to remedy any such retaliation. Retaliation monitoring lasts for at least 90 days and continues beyond 90 days if there is a continuing need. The facility reported that there have been zero instances of reported retaliation in the last 12 months.

As described above, the Warden or Deputy Warden ensures that reporters and alleged victims of sexual abuse are monitored in accordance with this provision. They would meet with reporters or alleged victims for a period of 90 days following the report unless the allegation is deemed unfounded. Retaliation monitors are instructed to document their findings.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (d). According to policy the staff are responsible for conducting periodic status

	<p>checks as part of retaliation monitoring. If the initial monitoring indicates a continuing need, the periodic status checks shall be extended beyond 90 days.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>116.67 (e). Policy outlines that retaliation against any inmate or staff member who reports sexual abuse and/or sexual harassment, or who cooperates with an investigation of said report, is prohibited and is subject to administrative or criminal action.</p> <p>An interview with the staff indicated the agency would monitor that person for a period and take appropriate remedial action to eliminate the risk. The person would be closely monitored, and an investigation would commence during which time the inmate or staff person would be separated from the threat. As stated earlier, LCJ has not received any reports of retaliation, or fears of retaliation, from an inmate or staff in the last 12 months.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 4.2.1.J Classification Program Planning

Interviews

- a. Warden
- b. Staff who Supervise Inmates in Segregated Housing

115.68 (a). The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, LCJ reports that there have been zero inmates alleging sexual abuse who were held in involuntary segregated housing for any period. As such, the facility was unable to produce documentation to demonstrate the basis of the facility's concern for the inmate's safety and the reason(s) why an alternative means of separation could not be arranged.

As noted in the discussion of 115.43, according to policy inmates at a high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing.

An interview with the PREA Coordinator indicated policy prohibits placing alleged victims in a segregated status unless there are no other safer means. Traditional segregation is predominantly reserved in response to behavioral issues, not vulnerability or victimization. Rather, they consider what other housing unit(s) are most appropriate with the goal of preserving their programming and privileges.

A staff member who supervises inmates in segregated housing affirmed that inmates are not placed in segregated housing following an allegation of sexual abuse. He stated that the facility makes every effort to explore alternate housing options before placing an inmate at risk in segregated housing.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault <p>Interviews</p> <ul style="list-style-type: none"> a. Investigator <p>115.71 (a). The facility indicated in their response to the PAQ that the agency/facility has a policy related to criminal and administrative agency investigations. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault asserts that every allegation of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and findings documented in writing. As per policy these investigations are conducted by the Agency Investigator. Allegations received through the grievance process will be routed to the Agency Investigator. A discussion with Agency Investigator confirmed the process above; all reports are taken seriously, regardless of the source, and investigated promptly. He described evidence preservation and collection; the medical forensic examination process, including advocacy; interviewing victims, suspects, and witnesses; medical referrals; documentation; responsibilities; and prosecutorial referrals. A review of files indicates investigations are completed promptly, thoroughly, and objectively and in accordance with policy as described above.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.71 (b). According to County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training. An Agency-based staff is, specifically, deemed designated investigator after receiving training to conduct investigations into allegations of sexual violence and/or staff sexual misconduct per policy. LCJ has four investigators who have received specialized investigator training per standard 115.34 as evidenced by training records and discussions with the investigator.</p>

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (c). County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault dictates that the first responding security staff are immediately responsible for establishing and maintaining a perimeter around the crime scene. The agency Investigator or the County Detectives are responsible for collecting and securing direct and circumstantial evidence, including physical and DNA evidence. The agency's specialized investigator training includes this content, in addition to instruction on interviewing alleged victims, suspected perpetrators (abusers), and witnesses.

During the file review, the auditor reviewed thorough and organized investigations to include comprehensive interviews of all parties; related evidence; and prior complaints involving the suspected victim. Discussions with the facility investigators indicated an understanding of this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (d). According to policy when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. This practice was confirmed by the agency investigator and would be conducted by the County Detectives.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (e). The investigator confirmed that they do not have the authority to order any person to take a polygraph examination. Information from investigative staff and reviews of files did not suggest any truth-telling devices or polygraph examinations have been used during an investigation. The investigator stated they do not employ polygraph examinations. When asked to explain the method for judging credibility of a victim, suspect, or witness, investigators stated they make such assessments on an individualized basis and not based on one's status as inmate or staff. They approach each allegation from a place of believing; investigators assume all victims are credible until the investigatory evidence demonstrates otherwise. Investigators attempt to corroborate information using reliable sources of information, including testimony and video evidence. They make every effort to remain objective but consider the history of any misconduct and/or any prior PREA-related cases. They will conduct additional follow-up interviews if necessary to determine whether the individual has provided details consistently. Investigators also consider differences in

witness, suspect, or victim statements, and document such conflicts. A review of investigative files revealed documentation of reliability. No inmates who previously reported sexual abuse stated they were subject to a polygraph examination.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (f). When conducting sexual abuse and sexual harassment investigations, the investigator is required per policy to prepare a written report which includes an effort to determine whether staff actions or failures to act contributed to the abuse, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Investigative staff indicated efforts made to comply with this provision include receiving and reviewing evidence such as logs, round sheets, and shift rosters. If review of the evidence calls into question staff actions or inactions, the investigator questions witness about their knowledge of an incident. The investigator participates in sexual abuse incident reviews in which they can share investigative information and any conclusions or opinions whether and how staff may have contributed to the abuse.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (g). The auditor reviewed investigative records; the contents included a thorough description of physical, testimonial, and documentary evidence. The agency's training curriculum supports this practice, as does the investigative procedure detailed in the policy. Investigators expressed their understanding of their documentation responsibilities.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (h). The facility indicated in their response to the PAQ that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Since August 20, 2012, or the facility's last PREA audit, whichever is later, the facility reported there has been no substantiated allegations of sexual abuse which were referred for prosecution.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (i). The facility indicated in their response to the PAQ that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged

sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. The auditor confirmed through conversations with the PREA Coordinator that the agency maintains investigative records for the period of time required by this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (j). During interviews with the investigator, they confirmed the departure of an alleged victim or abuser from employment or control of the facility or agency shall not provide a basis for terminating an investigation. Investigators were asked how the facility proceeds when a staff member alleged to have committed sexual abuse terminates employment prior to completion of an investigation. They indicated that the investigation would proceed including a reasonable effort to interview the involved parties. All efforts would be documented.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (l). The agency indicated that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PREA Coordinator confirmed that she stays in contact with the LPD during the investigation process.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault <p>Interviews</p> <ul style="list-style-type: none"> a. Investigator <p>115.72 (a). The facility indicated in their response to the PAQ that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault indicates that LCJ shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The agency’s investigator course curriculum reviews the definition of preponderance of evidence. Investigative staff accurately stated and described the preponderance of evidence standard when interviewed. Understanding and application of this burden of proof was demonstrated during review of investigative records.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault
- c. Inmate Notification of Investigative Results Form

Interviews

- a. Investigator

115.73 (a). The facility indicated in their response to the PAQ that the agency has a policy requiring that any inmate who alleges they suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the 12-month review period, six sexual abuse investigations were completed.

County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault provides that following an investigation into an inmate's allegation that he or she suffered sexual abuse at the LCJ, the LCJ PREA Compliance Manager shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor spoke to the facility's investigator and reviewed sexual abuse notification records; each source of evidence affirmed this practice.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73 (b). The facility indicated in their response to the PAQ that they request the relevant information from the investigative agency in order to inform the inmate. The PREA Compliance Manager confirmed he would obtain the information from the County Detectives and inform the inmate.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73 (c). The facility indicated in their response to the PAQ that following an inmate's allegation that a staff member committed sexual abuse against the inmate,

the agency subsequently informs the inmate (unless the disposition is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault recites the applicable provisions.

A final analysis of the evidence indicates the facility exceeds substantial compliance with this provision.

115.73 (d). The facility indicated in their response to the PAQ that following an inmate's allegation that they have been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault recites the applicable provisions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73 (e). The facility indicated in their response to the PAQ that the agency has a policy that all notifications to inmates described under this standard are documented. The auditor reviewed all notifications from the auditing period.

A final analysis of the evidence indicates the facility substantially exceeds compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. County of Lehigh Department of Corrections policy 1.3.4.D Code of Conduct

Interviews

- a. PREA Coordinator
- c. Administrative Staff

115.76 (a)(b). The facility indicated in their response to the PAQ that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Under the County of Lehigh Department of Corrections policy 1.3.4.D Code of Conduct staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

In the past 12 months, no staff member has been terminated for violating the policies.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.76 (c). The facility indicated in their response to the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. As stated above, they indicated that in the past 12 months zero staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.76 (d). The facility indicated in their response to the PAQ that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by

	<p>staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, zero staff members were reported to law enforcement or licensing bodies following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>The discipline practices were verified through interviews with the PREA Coordinator and Administrative Staff.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.8.D Response to Sexual Abuse/Assault c. County of Lehigh Department of Corrections policy 1.3.1.D Employee Pre-Service Hiring Process <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Warden

115.77 (a). The facility indicated in their response to the PAQ that agency policy requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. They shall, further, be prohibited from contact with inmates. In the past 12 months, no contractors or volunteers have been reported for engaging in sexual abuse of inmates.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.77 (b). The facility indicated in their response to the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Staff confirmed that an investigation of a contractor or volunteers follows a similar trajectory to that of a staff investigation, but that at any given time LCJ has the latitude to prohibit a volunteer or contractor from entering any LCJ facility.

The staff indicated that they would immediately restrict facility access.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance: Documentation reviewed:

a. Pre-Audit Questionnaire

b. County of Lehigh Department of Corrections policy 3.4.2.J Inmate Disciplinary Procedures

Interviews

a. Warden

b. Medical/Mental Health Staff

115.78 (a). The facility indicated in their response to the PAQ that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and/or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. In the past 12 months, one inmate has been found to have engaged in inmate-on-inmate sexual abuse.

Policy indicates that inmates who are found to have committed sexual abuse or sexual harassment or to have intentionally provided false information to investigators may be disciplined. If the allegation of sexual abuse or sexual harassment warrants a disciplinary charge, the inmate who is charged will be entitled to all provisions of facility disciplinary process.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (b). The disciplinary process is a uniform process by which to impose sanctions to conform with the expectation of this provision which requires that disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

An interview with staff affirmed practice consistent with this provision. They indicated that inmates found to have engaged in inmate-on-inmate sexual abuse are subject to the agency's internal disciplinary process, which includes a range of progressive sanctions such as cell restrictions, segregation, rule violation charges, loss of credit and/or privileges, and prosecutorial referral.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (c). Staff indicated that the disciplinary process would consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when

determining what type of sanction, if any, should be imposed.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (d). The facility indicated in their response to the PAQ that the facility offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. Moreover, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Medical staff were asked whether an inmate is required to participate in therapy, counseling, or other intervention services as a condition of access to programming or other benefits. The staff member stated that the inmates' participation in such services would be voluntary.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (e). The facility indicated in their response to the PAQ that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Any allegations of this nature are criminal and fall under PA TITLE 18 Crimes and Offenses Chapter 31. In the preceding 12 months, there were no instances of sexual conduct with staff in which the staff person did not consent. Accordingly, there was no documentation available for review of a substantiated case of staff-on- inmate sexual contact in which the evidence showed there was a lack of consent of the involved staff member.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (f). The facility indicated in their response to the PAQ that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Policy recites the language of this provision. Policy indicates that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	<p>115.78 (g). The facility indicated in their response to the PAQ that the agency prohibits all sexual activity between inmates and disciplines inmates for such conduct when an investigation reveals the conduct was not coerced. All sexual activity between inmates is prohibited, and inmates are subject to disciplinary action for such behavior under the disciplinary process.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. PrimeCare Medical Inc. Policy Response to Sexual Abuse <p>Interviews</p> <ul style="list-style-type: none"> a. Staff Responsible for Risk Screening b. Medical/Mental Health Staff c. Inmates Who Disclosed Sexual Victimization at Risk Screening <p>115.81 (a)(b)(c)(d)(e). The facility indicated in their response to the PAQ that all</p>

	<p>inmates who disclose prior sexual victimization during risk screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. During the 12-month audit period, all inmates were followed up by mental health.</p> <p>During an interview the staff indicated that following an inmate’s disclosure of past sexual abuse, whether it occurred in an institutional setting or the community, the information is forwarded to mental health for a follow up within 14 days. PrimeCare Medical Policies outlines the process.</p> <p>This practice was confirmed with the medical and mental health staff. They indicated that the questions trigger an automatic task in the system and the mental health providers are notified. They also confirmed any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments. They further confirmed that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.</p> <p>The audited facility is a jail.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p>

b. PrimeCare Medical Inc. Policy Response to Sexual Abuse

Interviews

a. Medical/Mental Health Staff

c. First Responders

115.82 (a). The facility indicated in their response to the PAQ that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical staff document their response and service provision within the electronic health record. The policy states that all victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All reports of sexual abuse that fall under PREA are transported to St. Lukes Hospital for a forensic medical exam in accordance with the community level of care afforded all victims of sexual assault.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.82 (b). Staff indicated that all victims shall be immediately provided with the opportunity to go to the medical department for a medical and mental health assessment. While security staff first responders shall take preliminary steps to protect the alleged victim and immediately notify the appropriate medical and behavioral health practitioners following an emergency, there is never a time wherein qualified medical or mental health practitioners are not on duty or on call. All staff members successfully articulated their medically related protection and first responder duties pursuant to 115.62 and 115.64, respectively (as noted in those discussions).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.82 (c). The facility indicated in their response to the PAQ that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The policy requires that all victims of sexual abuse while incarcerated will be provided timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with

	<p>professionally accepted standards of care, where medically appropriate, by the SAFE/SANE nurse and the victim advocate when transferred to the hospital.</p> <p>An interview with medical staff confirmed inmates would receive information about sexually transmitted prophylaxis through the facility and hospital.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.82 (d). The facility indicated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This is outlined through the Pennsylvania Coalition to Advance Respect process and procedures.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. PrimeCare Medical Inc. Policy Response to Sexual Abuse <p>Interviews</p>

a. Medical/Mental Health Staff

115.83 (a, b, c). The facility indicated in their response to the PAQ that the facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in a confinement setting and that such services are consistent with the community level of care policy restates this provision and describes procedural expectations, which includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities.

An interview with medical staff confirmed inmates will receive ongoing treatment in accordance with hospital discharge instructions, when applicable. A mental health clinician confirmed inmates receive follow up mental health evaluations and treatment following a disclosure of sexual abuse in confinement. Both confirmed that services are consistent with community-based care. Medical and mental health practitioners stated that all care is provided in accordance with the community level of care.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (d, e). The facility indicated in their response to the PAQ that the facility offers pregnancy tests or information about lawful pregnancy related medical services to female victims of sexually abusive vaginal penetration. This was confirmed through conversations with the medical staff. The policy indicates that the victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (f). The facility indicated in their response to the PAQ that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The policy states that all victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	<p>115.83 (g). The facility indicated in their response to the PAQ that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Policy indicates that the victim will be transported to the nearest hospital for specialized evidence collection by a Sexual Assault Nurse Examiner (SANE) or other qualified medical personnel. Applicable hospital protocols for responding to sexual abuse take effect. Upon arrival at the hospital their protocols take effect. This is outlined through the Pennsylvania Coalition to Advance Respect process and procedures which states that you will not be charged for the sexual assault examination. Sexual assault exams can be done on an anonymous basis. An individual may choose to participate in the exam and then, wait to decide if reporting the assault to law enforcement is the best option for them.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.83 (h). The facility is not a prison.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.9.D Data Collection and Incident Review

Interviews

a. PREA Coordinator

115.86 (a). The facility indicated in their response to the PAQ that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the facility has conducted four investigation review. Policy states that that all instances of sexual abuse will be reviewed by a review team designated by the PREA Coordinator and will include upper-level management officials, investigators, and medical/mental health providers. The documentation review material was reviewed during the audit.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86 (b). The facility indicated in their response to the PAQ that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. Procedurally, this practice is directed by policy which states that such review shall ordinarily occur within 30 days of the conclusion of the investigation. The PREA Coordinator confirmed that a review would be conducted within 30 days of the conclusion of the investigation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86 (c). The facility indicated in their response to the PAQ that the sexual abuse incident review includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The policy states that the review team is designated by the PREA Coordinator and will include upper-level management officials, investigators, and medical/mental health providers.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86 (d). The facility indicated in their response to the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to the above provisions and any recommendations for improvement and submits such report to the Warden. The review committee considers the following:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its, including but not necessarily limited to determinations made pursuant to paragraphs of this section, and any recommendations for improvement and submit such report to the Warden.

The PREA Coordinator was interviewed, and they properly identified the objective of such review, which includes an analysis of contextual variables, incident causes or motivations, policy failures, trends, physical plant needs, staffing levels, technology, or tools to supplement staff supervision, etc. and any respective corrective actions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86 (e). The facility indicated in their response to the PAQ that the facility implements recommendations for improvement or documents its reasons for not doing so. Staff confirmed the facility would implement the recommendations for improvement, or shall document its reasons for not doing so on the last page of the form.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.

115.87	Data collection
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 1382 376">The following evidence was analyzed in making a determination of compliance:</p> <p data-bbox="256 412 624 448">Documentation reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="256 483 727 519">a. Pre-Audit Questionnaire <li data-bbox="256 555 1445 636">b. County of Lehigh Department of Corrections policy 1.1.9.D Data Collection and Incident Review <p data-bbox="256 739 408 775">Interviews</p> <ul style="list-style-type: none"> <li data-bbox="256 810 639 846">a. PREA Coordinator <p data-bbox="256 954 1469 1160">115.87 (a)(c). The facility indicated in their response to the PAQ that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, which includes, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by DOJ.</p> <p data-bbox="256 1196 1461 1272">A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p data-bbox="256 1379 1445 1666">115.87 (b). The facility indicated in their response to the PAQ that the agency aggregates incident-based sexual abuse data at least annually. Policy directs the agency to aggregate data annually and include, at minimum, the data necessary to answer all of questions from the most recent version of DOJ’s SSV. The auditor reviewed aggregated data from 2022-2023 to confirm that the agency, indeed, aggregates incident-based data annually to complete the Survey of Sexual Victimization Form.</p> <p data-bbox="256 1702 1461 1778">A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p data-bbox="256 1886 1453 2047">115.87 (d). The facility indicated in their response to the PAQ that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The policy restates this provision.</p>

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.87 (e). The facility indicated in their response to the PAQ that the agency does not contract with other facilities to house Lehigh County Inmates.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.87 (f). The facility indicated in their response to the PAQ that the agency has provided DOJ with data from the previous calendar year.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.9.D Data Collection and Incident Review <p>Interviews</p>

a. PREA Coordinator

115.88 (a). The facility indicated in their response to the PAQ that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The PREA Coordinator collects data annually in order to assess and improve the effectiveness of the items listed above.

The incident-based data described in 115.87, is used to craft the agency's annual report. The auditor reviewed the agency's most recently completed and posted annual report (i.e. 2023).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.88 (b). The facility indicated in their response to the PAQ that the annual report includes a comparison of the current year's data and corrective actions. Moreover, the annual report provides an assessment of the agency's progress in addressing sexual abuse. The auditor reviewed annual reports from 2021 - 2023..

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.88 (c). The facility indicated in their response to the PAQ that the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head. The auditor reviewed annual reports from 2021 - 2023.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.88 (d). The facility indicated in their response to the PAQ that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. When redactions are necessary, the agency indicates the nature of the material redacted. The auditor reviewed annual reports from 2021 - 2023. There was no data enclosed that required redaction. The PREA Coordinator stated the agency does not include any personal identifying information in their annual reports. However, if they could not avoid such an inclusion the

	<p>information would be redacted, and the nature of the redaction would be described.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. County of Lehigh Department of Corrections policy 1.1.9.D Data Collection and Incident Review <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.89 (a). The facility indicated in their response to the PAQ that the agency ensures incident-based and aggregate data are securely retained. The PREA Coordinator affirmed that data is securely retained. Data submitted and used for tracking purposes is controlled by user rights and is granted to those staff with a need to know. Personally identifiable information is not submitted; quantitative data-only.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>

115.89 (b). The facility indicated in their response to the PAQ that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. The auditor reviewed LCJ public website, wherein aggregated sexual abuse data is listed in the form of an annual report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.89 (c). The facility indicated in their response to the PAQ that the agency removes all personal identifiers before making aggregated sexual abuse data publicly available. By review of Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2023 can be obtained through the public website, the auditor confirmed that no personally identifying information is listed in the contents of either report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.89 (d). The facility indicated in their response to the PAQ that the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Policy states that the LCJ shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire

Interviews

- a. PREA Coordinator

115.401 (a). The auditor confirmed with LCJ staff that a PREA audit was conducted during the previous auditing cycle. This audit report is available through the agency website.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (b). An interview with the PREA Coordinator indicated that LCJ has one facility.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (h). During the onsite review, the auditor had unrestricted access to all areas of the facility. The auditor was invited, and accommodated, to observe any area or operation within the facility upon request.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (i). During all phases of the audit, LCJ staff consistently made available to the auditor documents, records, files, photographs, etc. in a timely manner. During the onsite phase of the audit, the auditor had unrestricted access to files, reports, and automated information systems at the agency and facility levels.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (m). During the onsite phase of the audit, the auditor and staff worked cooperatively to develop a private process and location for conducting interviews of

	<p>both staff and inmates. The auditor benefited greatly from the facility's active coordination of interviews and attempts to troubleshoot refusals.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.401 (n). Audit notices included a confidentiality statement and instructions to contact the auditor via mail, if desired. The notices were forwarded on August 7, 2024. The auditor received no correspondence was received.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Public website <p>115.403 (f). The auditor confirmed with LCJ staff that a PREA audit was conducted in 2022, and this report is available at https://www.lehighcounty.org/Departments/Corrections</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the</p>

	<p>Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a) Youthful inmates		
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b) Youthful inmates		
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c) Youthful inmates		
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a) Limits to cross-gender viewing and searches		
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b) Limits to cross-gender viewing and searches		
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates 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?	yes
	Does the facility have procedures that enables inmates 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?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during 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?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy 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?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing 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?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes