

**PREA AUDIT REPORT     Interim     Final**

**ADULT PRISONS & JAILS**

**Date of report: 04/23/17**

<b>Auditor Information</b>			
<b>Auditor name:</b> Patrick J. Zirpoli			
<b>Address:</b> 149 Spruce Swamp Road Milanville, PA 18443			
<b>Email:</b> pjz6896@ptd.net			
<b>Telephone number:</b> 570-729-4131			
<b>Date of facility visit:</b> 03/28/17 & 03/29/17			
<b>Facility Information</b>			
<b>Facility name:</b> Lehigh County Jail			
<b>Facility physical address:</b> 38 North 4th Street Allentown PA 18102			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 610-782-3846			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Warden Janine Donate			
<b>Number of staff assigned to the facility in the last 12 months:</b> 313			
<b>Designed facility capacity:</b> 1363			
<b>Current population of facility:</b> 891			
<b>Facility security levels/inmate custody levels:</b> minimum through maximum			
<b>Age range of the population:</b> 18 yrs. and older, and juveniles charged as adults			
<b>Name of PREA Compliance Manager:</b> John Donate		<b>Title:</b> Administrative Lieutenant	
<b>Email address:</b> johndonate@lehighcounty.org		<b>Telephone number:</b> 610-782-3196	
<b>Agency Information</b>			
<b>Name of agency:</b> Lehigh County Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 38 North 4th Street Allentown PA 18102			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 610-782-3846			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Mary E. Sabol		<b>Title:</b> Director of Corrections	
<b>Email address:</b> msabol@lehighcounty.org		<b>Telephone number:</b> 610-782-3260	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Cynthia Egizio		<b>Title:</b> Assistant Director of Corrections	
<b>Email address:</b> cindyegizio@lehighcounty.org		<b>Telephone number:</b> 610-782-3609	

## AUDIT FINDINGS NARRATIVE

The Prison Rape Elimination Act (PREA) audit of the Lehigh County Jail took place on March 28<sup>th</sup> and 29<sup>th</sup> 2017. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Prior to the on-site portion of the audit I reviewed all policies and data pertaining to the PREA Standards. The facility was posted on February 11, 2017, allowing time for inmates to respond to me in writing, no inmates responded. I reviewed all policies from the facility, these were provided to me during the previous audit cycle, and I verified that no changes had been made to any policies. Any additional documentation was received via email or in person during the onsite portion of the audit.

I wish to extend my appreciation to Warden Janine Donate and all of the staff for their professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made. I would also like to thank the Lehigh County Department of Corrections for its commitment to the operations of the Lehigh County Jail, and the dedication to the safety of the staff, as well as their dedication to the care, custody and control of the inmates incarcerated at the facility.

I need to recognize Lieutenant John Donate, PREA Compliance Manager. It is through his dedication and overall work ethic that the Lehigh County Jail performed exceptionally well during the PREA Audit. He worked with me tirelessly through the audit process, and fulfilled any request I had.

Upon my arrival on March 28, 2017 I met with the administration of the Department of Corrections and the Lehigh County Jail. During this meeting we discussed the overall audit process, it was at this time that I was provided with a copy of the current inmate population as well as a copy of the staff working throughout the audit.

After the entrance meeting I was given a tour of all areas of the facility. During this tour informal interviews were conducted with both staff and inmates in several different areas. I viewed the complete facility, all areas were accessible to me during the audit tour.

During the interview portion of the audit twenty three formal staff interviews were conducted, as well as in depth discussions with other staff available during the tour. Included in the interviews and discussions were the Director of Corrections, Warden, PREA Coordinator, Medical Staff, Shift Supervisors, PREA Compliance Manager, Counselors, Kitchen Staff, Volunteers, and First Line Staff. The staff interviewed were randomly selected from all staff working during the audit, I selected random staff from different areas within the facility, as well as all three shifts.

Also during the interview portion thirty inmates at the facility were interviewed. I selected the inmates by obtaining a population sheet, and randomly selected the inmates from all housing units. The selected inmates included those who have identified as gay or bisexual, inmates identified as high risk for sexual victimization, and a juvenile charged as an adult.

All of the interviews were conducted in a very efficient manner; this was accomplished by the efforts of PREA Compliance Manager Lt. John Donate.

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

The facility was audited and was in compliance during the initial auditing cycle. During this audit I found that the facility not only continued to ensure the overall sexual safety of the facility, but exceeded in several areas during the audit.

I utilized an overall methodology to make my determination of compliance with the standards. This included a complete review of all policies and documentation provided to me prior to the onsite audit. The documentation was then corroborated through visual inspection of the facility, as well as interviews with staff and inmates. I was able to determine that the facility has the policies in place to address all standards, and has put these policies into daily practice. In the standard-by-standard discussion I have specifically identified the policies and documentation utilized during this process, these policies and documentation are listed verbatim in italic type. I have also listed any visual evidence, as well as interviews that aided in making

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Lehigh County Jail is located at 38 North 4th Street Allentown PA 18102. The facility is located in the downtown area of Allentown Pennsylvania.

The mission statement of the facility reads as follows:

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

The facility opened in 1992, and is a state-of-the-art, 250,000 square foot, direct supervision high rise facility with a capacity of 1,363 inmates. All inmates throughout the facility are under direct supervision by correctional staff, either by direct supervision or surveillance cameras.

The main entrance to the building is controlled by a correctional officer in the lobby, when this post is not filled the main entrance to the building is secured. All visitors to the facility need to pass through a metal detector before entrance is allowed.

The housing units are constructed in the same manner, all toilets and sinks are located within the cells, and all showers are located in a separate area of the housing unit. Each housing unit has its own recreation yard attached to the unit. Correctional Officers are posted within the housing areas to provide direct supervision over the inmates.

The facility is unique in that all areas of the facility are accessed through elevators that are located in the main corridors on each floor. All inmates who are moving throughout the facility are under constant direct supervision, no inmate is allowed to move throughout the facility on his own.

The inmates only leave the housing unit if they work, for special programming, or for medical attention. The meals are prepared by the kitchen workers and the inmates eat all meals on their housing units.

The overall cell construction limits any view of an inmate when they are changing or toileting.

The showers have curtains on them which allows the inmates privacy while utilizing the shower.

The facility employs 313 staff that have contact with inmates.

## **SUMMARY OF AUDIT FINDINGS**

The Lehigh County Jail has exceeded in 7 standards, met 35 standards, and one standard is not applicable to the facility.

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

Number of standards exceeded: 7

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 1

**Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

***POLICY REDACTED***

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

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

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

Lt. John Donate has been designated as the PREA Compliance Manager, during his interview he related that he has enough time to conduct his duties.

**Standard 115.12 Contracting with other entities for the confinement of inmates**

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

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

### **Standard 115.13 Supervision and monitoring**

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

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

#### ***POLICY REDACTED***

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

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

The staffing of the facility is constantly reviewed, this review includes input from the PREA Coordinator.

This was confirmed during the interviews. They related that any incident of misconduct is taken into consideration with staffing, these include the facility layout, composition of the inmate population, any incidents of sexual abuse or sexual harassment, and any other relevant factors were utilized.

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

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

During the onsite audit I reviewed the supervisor's daily log as well as the housing unit logs confirming the documentation of the unannounced rounds.

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

### **Standard 115.14 Youthful inmates**

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

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

#### ***POLICY REDACTED***

The facility dictates in the above policy housing of youthful inmates. This policy ensures that a youthful inmate is not placed in an adult housing unit, and will not share common areas, bathrooms, dayrooms, or sleeping areas with adult inmates. The policy further states that when a youthful inmate is outside of the housing unit they are under direct supervision.

The facility does not place youthful inmates in isolation to comply with this standard. The facility has a separate housing unit they utilize for youthful inmates.

This was confirmed during the facility tour of the housing unit as well as the interview of the youthful inmates at the facility. The youthful inmates are provided all programming and educational needs are met.

The youthful inmates are offered programing and continue their education while incarcerated. This was confirmed during staff interviews and interviews with the youthful inmates.

### **Standard 115.15 Limits to cross-gender viewing and searches**

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

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

#### ***POLICY REDACTED***



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

Female inmates have not been restricted from access to regularly available programming or other out-of-cell opportunities, due to the unavailability of a female staff. This was confirmed during the female inmate interviews as well as the staff interviews.

The facility has implemented the above policies that enable 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. These policies further require staff of the opposite gender to announce their presence when entering an inmate housing unit. The procedures are in place, this was confirmed during the staff and inmate interviews, and during my facility tour where I observed staff of the opposite gender making such announcements.

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

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

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

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

#### **Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

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

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

***POLICY REDACTED***

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

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

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

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

**Standard 115.17 Hiring and promotion decisions**

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

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

***POLICY REDACTED***

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

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

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

I reviewed several personal files and the aforementioned completed forms.

**Standard 115.18 Upgrades to facilities and technologies**

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

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

**Standard 115.21 Evidence protocol and forensic medical examinations**

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

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

***POLICY REDACTED***

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

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

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

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

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

The facility has also entered into an MOU with Crime Victims Council of the Lehigh Valley for victim advocacy. If requested by the victim, the victim advocate, will accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals. The MOU is dated April 15, 2016.

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

#### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

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

#### ***POLICY REDACTED***

During the interviews with the staff they all understood their obligation to report any incident or suspected incident of sexual assault or sexual harassment. They also understood their civil liability as well as the specific Pennsylvania Crimes Codes Sections that apply to these incidents.

I reviewed the investigations conducted at the facility, they were reported to the proper authority for investigation, and were reported immediately by the staff members.

### **Standard 115.31 Employee training**

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

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

#### ***POLICY REDACTED***

I reviewed the training materials used to train the staff, the training materials cover all aspects of the standard.

All staff interviewed related that they have received the initial training as well as yearly update training on PREA. All of the staff related that the training was extremely informative.

I reviewed all of the training logs and verified that all of the staff at the facility have been trained.

### **Standard 115.32 Volunteer and contractor training**

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

*The Volunteer Handbook contains the following information:*

#### ***POLICY REDACTED***

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

During the audit I interviewed a contractor and volunteer, they both related that they had received the information on PREA and understood their obligations to immediately report to staff.

### **Standard 115.33 Inmate education**

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

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

#### ***POLICY REDACTED***

All of the inmates receive information on PREA upon initial intake. I reviewed the information and found this to be informative. The inmates are also reviewing the PREA information with the Classification Specialist during initial classification.

The inmates also have access to all PREA related information on the Kiosks located on the housing units.

Inmates/offenders are required to sign off on receiving this information. The inmates further receive in depth information on PREA, which is constantly available to them.

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

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

### **Standard 115.34 Specialized training: Investigations**

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

#### ***Certificate of Completion***

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

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

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

**Standard 115.35 Specialized training: Medical and mental health care**

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

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

**Standard 115.41 Screening for risk of victimization and abusiveness**

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

*The PRIMECARE Policy reads as follows:*

***POLICY REDACTED***

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

The initial screening is being conducted during the initial intake by medical personnel that utilize a computer based system that assigns specific notifications and tasks when someone is identified as being vulnerable or abusive. These notifications will alert facility treatment staff of any issues. The 30 day screening is being conducted by the case managers who are assigned to the individual housing units. The case manager's office is located on the blocks which allow constant access and reclassification of the inmates. The treatment staff is doing an exceptional job constantly reassessing the inmates at the facility.

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

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

PRIMECARE Medical further screens all inmates on all questions relative to the standard. If the inmate screens high for sexual victimization or abusiveness a task is automatically created for the inmate to meet with mental health within 14 days.

### **Standard 115.42 Use of screening information**

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

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

### ***POLICY REDACTED***

I verified with the Deputy Warden of Treatment that the information received from the screenings is being utilized for housing, work, education and programming decisions. She further confirmed that the determinations are made on an individual basis.

I further confirmed during staff interviews 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, they consider 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.

I also confirmed during interviews that placement and programming assignments for each transgender or intersex inmate would be reassessed at least twice each year to review any threats to safety experienced by the inmate. They would give serious consideration to the inmates own views with respect to his or her own safety.

The facility would allow transgender and intersex inmates the opportunity to shower separately from other inmates.

The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated housing units. This was confirmed during the inmate interviews and review of the housing unit assignments.



### **Standard 115.43 Protective custody**

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

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

#### ***POLICY REDACTED***

During the interviews I verified that no inmates identified as vulnerable are being placed in involuntary protective custody. The facility has enough housing units that give them the opportunity to place inmates in other housing units to protect them without having to utilize a segregated housing unit.

I verified this procedure during the inmate interviews, several had identified as vulnerable during the initial screening. They related that they were not placed in segregated housing.

### **Standard 115.51 Inmate reporting**

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

*The Lehigh County Department of Corrections PREA Education and Awareness Handout reads as follows:*

#### ***POLICY REDACTED***

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

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

### **Standard 115.52 Exhaustion of administrative remedies**

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

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

#### ***POLICY REDACTED***

The above grievance policy addresses all enumerated sections of this standard.

This grievance procedure is being adhered too, this was confirmed during staff interviews.

No inmates have filed a grievance relating to sexual abuse or sexual harassment. This was confirmed during review of documentation and interviews.

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

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

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

#### ***POLICY REDACTED***

The facility has entered into an MOU with Crime Victims Council of the Lehigh Valley for victim advocacy. If requested by the victim, the victim advocate, will accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals. The MOU is dated April 15, 2016.

During the review of the investigations I found that these services were offered.

All of the above procedures would be coordinated through PRIMECARE Medical Inc. this was verified with medical personnel.

**Standard 115.54 Third-party reporting**

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

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

**Standard 115.61 Staff and agency reporting duties**

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

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

***POLICY REDACTED***

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

### **Standard 115.62 Agency protection duties**

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

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

#### ***POLICY REDACTED***

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

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

### **Standard 115.63 Reporting to other confinement facilities**

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

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

#### ***POLICY REDACTED***

The interviewed staff understood their responsibilities under this policy.

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

### **Standard 115.64 Staff first responder duties**

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

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

#### ***POLICY REDACTED***

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

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

I had the opportunity to interview staff who were first responders in incidents, from the interviews I concluded that they acted appropriately.

### **Standard 115.65 Coordinated response**

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

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

The coordinated response includes the medical department, investigator and facility staff.

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

### **Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

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

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

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

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

### **Standard 115.67 Agency protection against retaliation**

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

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

#### ***POLICY REDACTED***

The PREA Compliance Manager would be assigned to monitor retaliation. During his interview he related he understood his responsibilities under this policy. Any monitoring would be documented by the PCM.

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

### **Standard 115.68 Post-allegation protective custody**

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

*The Lehigh County Department of Corrections policies and procedures addresses post-allegation protective custody. The policy reads as follows:*

#### ***POLICY REDACTED***

During the interview with the PREA Compliance Manager I found that he understands the restrictions of utilizing protective custody post-allegation. He related that the facility has the ability to move inmates to a separate housing unit without having to utilize segregation.

I reviewed the investigations and found that the facility did not utilize any post allegation protective custody in any of the incidents reported.

It should be noted that if a victim was moved to a protective custody housing unit, no privileges would be lost. They would still have access to all programming, education, recreation, and so forth.

### **Standard 115.71 Criminal and administrative agency investigations**

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

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

#### ***POLICY REDACTED***

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

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

I reviewed the investigation and found that it was conducted immediately and by the proper authorities.

**Standard 115.72 Evidentiary standard for administrative investigations**

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

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

***POLICY REDACTED***

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

During the review of the investigations I verified that the evidentiary standard is being applied.

**Standard 115.73 Reporting to inmates**

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

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

***POLICY REDACTED***

The PREA Compliance Manager understands his obligation on reporting to inmates after an investigation has been conducted. No investigation rose to the level of reporting to inmates.



**Standard 115.76 Disciplinary sanctions for staff**

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

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

***POLICY REDACTED***

The facility has policies in place for disciplinary sanctions for staff.

No staff have been disciplined for a violation of this policy. This was confirmed through staff interviews.

**Standard 115.77 Corrective action for contractors and volunteers**

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

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

***POLICY REDACTED***

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

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

**Standard 115.78 Disciplinary sanctions for inmates**

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

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

***POLICY REDACTED***

The facility has policies in place for disciplinary sanctions for inmates. No inmates had been disciplined for a violation of this policy. This was confirmed through interviews.

**Standard 115.81 Medical and mental health screenings; history of sexual abuse**

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

*The Prime Care medical policy reads as follows:*

***POLICY REDACTED***

When the aforementioned screening indicates an inmate has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

All 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 and management decisions. These decisions include housing, bed, work, education, and program assignments.

During the staff and inmate interviews I confirmed that these procedures are in place. The staff further understood their obligation to 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.

PRIMECARE Medical screens all inmates, if the inmate screens high for sexual victimization or abusiveness a task is automatically created for the inmate to meet with mental health within 14 days.

**Standard 115.82 Access to emergency medical and mental health services**

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

*The Prime Care medical policy reads as follows:*

***POLICY REDACTED***

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

When reviewing the investigations I found that the alleged victims were offered these services.

**Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

*The Prime Care medical policy reads as follows:*

***POLICY REDACTED***

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

I reviewed the investigations conducted, these services were not utilized.

### **Standard 115.86 Sexual abuse incident reviews**

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

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

#### ***POLICY REDACTED***

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

The facility has a procedure to document the incident reviews, this review would be kept with the investigative report.

### **Standard 115.87 Data collection**

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

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

#### ***POLICY REDACTED***

The PREA Coordinator related that the data is collected from all of the PREA related investigations. The data is placed on an annual report. I reviewed the 2016 annual report and found that all data from the investigations reviewed have been documented on the report.

### **Standard 115.88 Data review for corrective action**

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

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

#### ***POLICY REDACTED***

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

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

### **Standard 115.89 Data storage, publication, and destruction**

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

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

#### ***POLICY REDACTED***

All of the information from any investigation is secured in the office of the PREA Compliance Manager or the facility investigator.

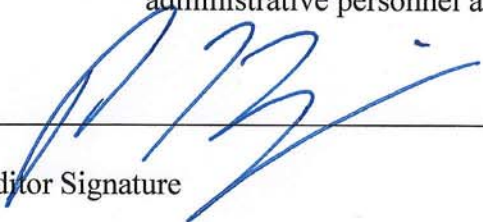
During their interviews they understood the obligation of the policy.

The 2016 annual report was reviewed, all personal data has been reviewed and the annual report has been made available through the agencies website.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

  
\_\_\_\_\_  
Auditor Signature

4/23/17  
\_\_\_\_\_  
Date