## Prison Rape Elimination Act (PREA) Audit Report
### Adult Prisons & Jails

**Date of Report**  
November 7, 2017

### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Jennifer L. Feicht</th>
<th>Email</th>
<th><a href="mailto:jfeicht@embarqmail.com">jfeicht@embarqmail.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>Jennifer L. Feicht Consulting, LLC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>P.O. Box 308</td>
<td>City, State, Zip: St. Petersburg, PA 16054</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>(724) 679-7280</td>
<td>Date of Facility Visit: July 25-27, 2016</td>
<td></td>
</tr>
</tbody>
</table>

### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Lancaster County, PA</th>
<th>County Solicitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing Authority</td>
<td>Click or tap here to enter text.</td>
<td></td>
</tr>
<tr>
<td>Physical Address</td>
<td>150 N. Queen Street</td>
<td>Lancaster, PA 17603</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Same</td>
<td>Same</td>
</tr>
<tr>
<td>Telephone</td>
<td>(717) 299-8000</td>
<td></td>
</tr>
</tbody>
</table>

**The Agency Is:**  
- ☐ Military  
- ☒ County  
- ☐ Private for Profit  
- ☐ Private not for Profit  
- ☐ State  
- ☐ Federal

**Agency mission:**  
The mission of the Lancaster County Government System Reform Initiative is to create a county government operation that is effective, cost efficient, and customer friendly.

**Agency Website with PREA Information:**  
https://co.lancaster.pa.us/153/Prison

### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>E. William Peters</th>
<th>Title</th>
<th>Chief Clerk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:WPeters@co.lancaster.pa.us">WPeters@co.lancaster.pa.us</a></td>
<td>Telephone</td>
<td>(717) 299-8000</td>
</tr>
</tbody>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Maryfrances T. Cooper</th>
<th>Title</th>
<th>Assistant County Solicitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:MCooper@co.lancaster.pa.us">MCooper@co.lancaster.pa.us</a></td>
<td>Telephone</td>
<td>(717) 735-1585</td>
</tr>
</tbody>
</table>
PREA Coordinator Reports to: County Commissioners

Number of Compliance Managers who report to the PREA Coordinator: 2

### Facility Information

**Name of Facility:** Lancaster County Prison  
**Physical Address:** 625 E. King Street – Lancaster, PA 17602  
**Telephone Number:** (717) 299-7800  
**Facility Is:**  
☐ Military  
☐ Private for profit  
☐ Private not for profit  
☐ Municipal  
☒ County  
☐ State  
☐ Federal  
**Facility Type:**  
☐ Jail  
☒ Prison  

**Facility Mission:** The mission of the Lancaster County Prison is to provide for the humane and secure care, custody and control of those individuals who are charged with criminal offenses, while also providing for the protection and safety of the community through the detention of such individuals.

**Facility Website with PREA Information:** https://co.lancaster.pa.us/153/Prison

### Warden/Superintendent

**Name:** Cheryl Steberger  
**Title:** Warden  
**Email:** CSteberger@co.lancaster.pa.us  
**Telephone:** (717) 299-7800

### Facility PREA Compliance Manager

**Name:** Clintin Probst  
**Title:** Inmate Services Supervisor (ISS)  
**Email:** CProbst@co.lancaster.pa.us  
**Telephone:** (717) 299-7814

### Facility Health Service Administrator

**Name:** Terry Flinchbaugh  
**Title:** Prime Care Medical HSA  
**Email:** lncphsa@primecaremedical.com  
**Telephone:** (717) 299-2078

### Facility Characteristics

<table>
<thead>
<tr>
<th>Designated Facility Capacity: 1081</th>
<th>Current Population of Facility: 941</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of inmates admitted to facility during the past 12 months</td>
<td>5516</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</td>
<td>0</td>
</tr>
<tr>
<td>Age Range of Population:</td>
<td>Youthful Inmates Under 18: 15-17</td>
</tr>
<tr>
<td>Are youthful inmates housed separately from the adult population?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>Number of youthful inmates housed at this facility during the past 12 months:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Facility security level/inmate custody levels:</td>
<td>3</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>273</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>64</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>4</td>
</tr>
</tbody>
</table>

### Physical Plant

| Number of Buildings: 1 | Number of Single Cell Housing Units: 2 |
| Number of Multiple Occupancy Cell Housing Units: | 11 |
| Number of Open Bay/Dorm Housing Units: | 1 |
| Number of Segregation Cells (Administrative and Disciplinary): | Varies |

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):  
The Lancaster County Prison has an extensive video monitoring system throughout the facility. At the time of the onsite audit, there were 258 cameras in the facility. Each housing unit has approximately 9 cameras in each. The camera system can maintain recordings for approximately 30 to 45 days. The facility has two separate Central Control areas. One is on the first floor and one is on the second floor. One of the reasons for the separate Central Control areas is due to the physical layout of the facility. This facility was built in the 1800’s and been added onto multiple times.

### Medical

| Type of Medical Facility: | Hospital |
| Forensic sexual assault medical exams are conducted at: | Lancaster General Hospital |

### Other

| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 55 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 1 |
Audit Findings

Audit Narrative

The auditor’s description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor’s process for the site review.

The methodology utilized for the audit of the Lancaster County Prison (LCP) is that of a three-step process. The first step is the Pre-Onsite Audit. During this phase, this auditor and the PREA Compliance Manager (PCM) were in communication to answer initial questions regarding the audit process.

This auditor sent a USB drive with folders set up for each standard and the pre-audit questionnaire. It was requested that the pre-audit questionnaire be completed and saved on the USB drive, along with all supporting documentation saved in the corresponding folder. This USB drive was requested to be returned to the auditor approximately 4-6 weeks prior to the onsite audit.

When returned, this auditor reviewed all materials saved to the drive and started a list of items and questions that should be looked at while at the facility.

The initial visit to the LCP lasted approximately 2.5 days to 2.75 days. During this time, this auditor took a tour of the entire facility, viewing all areas of the facility where inmates have access to. This tour included visiting all housing units, kitchen area, laundry area, the gym known as the “Urban Yard” to staff, chapel maintenance area, sallyport, booking, administration, investigator’s office and evidence room, medical department, classrooms and central control.

While onsite, this auditor reviewed many documents and files to ensure compliance with PREA standards. These documents and files include inmate files, inmate medical files, investigation files, administrative files and personnel files. Also, the PREA information such as risk assessment, investigation paperwork and medical paperwork.

A follow up visit to the facility was set up to review the required physical plant changes that were required. This visit took approximately .5 days.

During the initial onsite audit visit, many interviews were conducted with both staff and inmates. A listing of the required lists of inmates and staff was sent to the facility shortly before the beginning of the onsite audit. The first morning, this auditor requested those lists. The request included a listing of all inmates, sorted by housing unit. There were several specific traits that were also provided. In addition, there was a request for all staff members with the post they work, specific functions they provide and the shift that they work.

This auditor reviewed the lists and chose, at random, an inmate from every housing unit, as well as those who fit into a specific population. The same was done with the list of staff members.

Inmate interviews were conducted in areas that were private and could not be listened to but the staff did have a visual line of sight. The staff interviews were conducted in the administrative conference room. It was private and no other staff members had access to that room while the interviews were being conducted.
Through the document review, inmate interviews, staff interviews, touring of the facility and talking with outside organizations, it was determined there were numerous items to correct. There were physical plant corrections, documentation corrections, training corrections and policy corrections. While there were numerous items to correct, the staff were able to successfully complete to ensure the safety of the inmates in their custody.

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Lancaster County Prison has a very long history in the county, dating back to the mid to later 1800’s in this particular building. On the facility’s website, there is a narrative detailing the history of all prisons in the county. This information was taken directly from LCP’s website.

In the year 1729, the first Lancaster County magistrates met at John Posthlewait’s Tavern which was located in Conestoga Township. It was the first meeting on June 9, 1729 that the magistrates ordered the erection of a County Jail. This action was confirmed by the Court of Quarter Session in August of the next year. It was decided that the building should be erected by County Sheriff Robert Barber and that it should be called the Common Gaol of the County of Lancaster. This building was finished and awaiting inspection by November 4, 1729. The strong log house was located on Sheriff Barber’s land at Wrights Ferry, which is now Columbia.

It is believed that this Common Gaol was the only place of incarceration until the summer of 1775. In the summer of 1774, construction was started on a new jail. This jail was located in the City of Lancaster at the northwest corner of West King, then known as High Street, and North Prince Street. The new jail, a solid construction of stone, was completed in June of 1775.

It was not until after this prison had been in use for more than a half a century that agitation began over the question of building a new one to take its place. A committee was appointed in 1827 to study the feasibility of a new jail but submitted an adverse report to the Court. Again in 1831 the grand jury reported the insufficiency of the jail. It was submitted to the County Convention held at the Court House in the same year. A committee was again appointed and reported ...it is inexpedient and unnecessary to erect a new County Jail at the present time, and RESOLVED, That it be recommended to the commissioners to make such repairs to the present jail and yard as may be necessary for the security and better accommodation of the prisoners, having due regards in such repairs to a judicious economy. The repairs consisted of raising the jail wall four feet along West King street and were completed during the summer of 1831.

On January 27, 1849, the Commissioners, fully concurring with the Grand Jury, decided to erect a new county prison upon such site as they shall deem best. On January 30, 1849, the Commissioners approved a plan for a new prison furnished by John Haviland of the City of Philadelphia. The Commissioners
selected the ground near the Reservoir at the east end of East King Street, then also known as the Philadelphia Turnpike, in the City of Lancaster.

Land was purchased from John Duchman fronting on East Orange Street at the rate of $300.00 per acre. Also purchased was about one half a town lot from Jacob Druckemiller for $130.00. Soon afterwards the City of Lancaster deeded a piece of ground to the County on East King Street for the consideration of $500.00.

On February 5, 1849 a contract was signed with John Haviland for $102,000.00 to erect and furnish all materials and labor for a building comprising a criminal prison and accommodations for the keeper and his assistants on the ground selected by the Commission. Haviland was to complete the building within two years and six months.

The stone used was a red (or Cocalico) sandstone quarried from the William and Joseph Konigmacher Quarry near Ephrata.

The front of the prison is 200 feet in length, castellated Norman in style and composed of four towers. There are two large circular towers in the center and one octagonal tower at each extreme. Between the circular towers is a curtain wall pierced by a gateway. Behind these towers are two others of square form. From the center of this group rises a polygonal tower which serves as an air-shaft. The extreme height of 110 feet, while that of the circular and square towers is 50 feet. The wing walls are 22 feet. The area enclosed by the prison walls is in the form of an irregular hexagon with the extreme length from east to west being 500 feet and the depth from north to south 300 feet.

The radiating blocks introduced by Mr. Haviland, when completed were capable of containing 160 prisoners. There were 80 cells in two stories of 40 cells each. The cells on the ground floor had exercising areas attached 33 feet in length with a open iron railing at the end.

The prison contained its own gas works for the manufacture of the gas consumed in the institution. Each cell was equipped with a steel grate type door and also wood door which could be closed for isolation and punishment. The walls were approximately 18 inches thick.

The design of the prison is almost an exact model of an 18th century castle in Lancashire, England, with an arched gateway, a large grating of iron bars that was lowered by chains in front of the main entrance.

The cost of the structure including gas works and fixtures totaled $110,000.00 upon completion. On September 12, 1851, the first prisoners were moved into the new prison. Final settlement with the contractor was made on September 15th of the same year.

The old prison property at King and Prince Streets was sold to P.H. Ehrman and C. Hager for $8,400.

The 110-foot tower was dismantled around 1886. The iron picket fence around the front of the prison was removed in the late 1920's. Criminals were hanged at the prison until 1912. In 1972 the first extensive modernization project took place since construction in 1851.

Since the first modernization project in 1972, there have been a couple more additions to the facility, which is located in the central part of the city of Lancaster, including the last addition in 1995. Due to the different
additions to the facility, the inside of the building has become a maze to get from one place to another. And due to the age of the construction, there are many issues with the physical plant of the facility including with some of the housing units.

Parts of the facility are no longer usable for housing inmates or staff members. The front of the prison is the part with the most unusable space.

There has been discussion within the county and with the county commissioners regarding whether to renovate the current facility or whether to build a new facility. There is some discussion that building an entirely new building would be more fiscally responsible.

The facility has a capacity of a little over 1,000 inmates and has averaged close to 950 for several months. The facility houses both men and women, as well as juveniles under the age of 18.

The facility has several types of housing units, dependent on where the unit is located in the facility. Some of the units are relatively modern, pod style. Other units are the original ones from when the facility was built in the 1800’s.

The facility operates a kitchen that is staffed by a contractor, with inmate workers. Recreation in relatively limited with an indoor facility in the basement of the facility. There are no outside recreation yards.

One unique feature of Lancaster County Prison is the Canine Unit it utilizes. This canine unit patrols the perimeter of the facility and inside when needed. This is the only unit operating in the state of Pennsylvania like this. The canines are trained to attack on command and if their handler is attacked.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 1

115.21 – Evidence Protocol and Forensic Medical Examinations

Number of Standards Met: 44

115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
115.12 – Contracting with other entities for the confinement of inmates
115.13 – Supervision and monitoring
115.14 – Youthful inmates
115.15 – Limits to cross-gender viewing and searches
115.16 – Inmates with disabilities and inmates who are limited English proficient
115.17 – Hiring and promotion decisions
115.18 – Upgrades to facilities and technologies
115.22 – Policies to ensure referrals of allegations for investigations
115.31 – Employee training
115.32 – Volunteer and contractor 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
115.43 – Protective custody
115.51 – Inmate reporting
115.52 – Exhaustion of administrative remedies
115.53 – Inmate access to outside confidential support services
115.54 – Third-party reporting
115.61 – Staff and agency reporting duties
115.62 – Agency protection duties
115.63 – Reporting to other confinement facilities
115.64 – Staff first responder duties
115.65 – Coordinated response
115.66 – Preservation of ability to protect inmates from contact with abusers
115.67 – Agency protection against retaliation
115.71 – Criminal and administrative agency investigations
115.72 – Evidentiary standard for administrative investigations
115.73 – Reporting to inmates
115.76 – Disciplinary sanctions for staff
115.77 – Corrective action for contractors and volunteers
115.78 – Disciplinary sanctions for inmates
115.81 – Medical and mental health screenings; history of sexual abuse
115.82 – Access to emergency medical and mental health services
115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers
115.86 – Sexual abuse incident reviews
115.87 – Data collection
115.88 – Data review for corrective action
115.89 – Data storage, publication, and destruction
115.401 – Frequency and scope of audits
115.403 – Audit contents and findings

Number of Standards Not Met: 0
Summary of Corrective Action (if any)

The Lancaster County Prison worked diligently to obtain PREA compliance. While there were standards that they did meet during the onsite audit phase, there were a number of items that did need corrected in order to meet the standard.

Below is a listing of all PREA standards with a narrative portion following each standard. The narrative section of each standard provides information about the problem with the standard initially and what the facility did to correct the deficiency.

### PREVENTION PLANNING

#### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

**115.11 (a)**

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

**115.11 (b)**

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

**115.11 (c)**

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The County of Lancaster has taken the implementation of PREA very serious across the county. The county oversees not only the Lancaster County Prison (LCP) but also a juvenile detention facility, the Youth Intervention Center. This auditor has only audited the LCP. Another auditor was contracted to conduct the Youth Intervention Center’s PREA audit. However, information was obtained about the juvenile facility.

During the process of this audit, the original PREA Coordinator resigned from her position as the Assistant County Solicitor. The County Commissioners replaced her with another county solicitor in a very timely manner.

The Lancaster County Prison also had a turnover in the position of PREA Compliance Manager (PCM) during the audit process. In LCP, the PCM duties are assigned to a current position in the facility. The Inmate Services Supervisor (ISS) serves as the PCM and has an assistant that that takes on several duties. This position is referred to as the PREA Specialist.

The duties of the PCM and PREA Specialist are included in the PREA policy. No corrections were needed for this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- 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
115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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 OR the response to 115.12(a)-1 is "NO".)  ☒ Yes  ☐ No  ☐ NA

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Lancaster County Prison does contract with another jail in Pennsylvania, the York County Prison (YCP), to primarily house female youthful offenders and occasionally male youthful offenders when there is a need for separation. LCP does not have a space in the facility for female youthful offenders, and YCP does have a space for female youthful offenders.

The LCP PREA policy includes a section regarding what must be included in an agreement with another agency to house Lancaster County inmates.

The facility has an agreement which was provided and does contain the requirement that YCP remain PREA compliant and that LCP will monitor the facility to ensure compliance. However, the first agreement provided was only a draft. It was not dated or signed by either facility. In order to become compliant with this standard, the was required to provide a fully executed contract.

The facility did provide the appropriate documentation from YCP to achieve compliance with this standard.

**Standard 115.13: Supervision and monitoring**
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

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.) ☒ Yes ☐ No ☐ NA

115.13 (c)

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 ☐ No

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 ☐ No

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 ☐ No

115.13 (d)

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 ☐ No

Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Review of policy and PREA Documentation logs, as well as interviews with mid and high-level supervisors, indicated that all of the elements of the Supervision and Monitoring standard were included, with the exception of the facility Staffing Plan.

The facility was required to develop an appropriate staffing plan for the facility. This auditor provided the PCM and PREA Specialist with the link to the staffing plan guide on the PRC website, as well as an example of a staffing plan from another facility, with the permission of that facility.

The facility developed a staffing plan and provided it for review. This auditor reviewed the staffing plan and it was found to be compliant.

This standard is found to be compliant with the review of the facility staffing plan.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- 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 ☐ No ☐ NA

115.14 (b)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.14 (c)
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 ☐ No ☐ NA

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 ☐ No ☐ NA

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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The LCP houses male youthful offenders at the facility in one housing unit. The facility does not have a location to house female youthful offenders. Those inmates are sent to the York County Prison, which does have the capability to house female youthful offenders.

Through interviews with staff and the youthful inmates, this auditor learned that the number of youthful inmates varies throughout the year. However, there are very few instances when there are no youthful offenders in the facility.

At the time of the onsite audit, there were two youthful male offenders in the facility. They were being housed in a unit in a unit to themselves that provided both sight and sound separation from the adult inmates.

The youthful offender unit can hold up to 14 inmates. Prior to this unit housing youthful offenders, it was the Restricted Housing Unit for the facility. At one point, there were up to 7 youthful offenders in the facility and this unit provided a single cell for each inmate. The least amount youthful offenders at any one time is 2.
Interviews of Corrections Officers assigned to the youthful offender unit and the juveniles themselves indicated that the youthful offenders are out of their cells for two hours on the 8-4 shift and two hours on the 4-12 shift.

The youthful offenders receive educational services if they have not yet received their high school diploma or equivalent. They are taken from the unit to the classroom.

The auditor did have discussion with the PREA staff during the facility tour regarding allowing the youthful inmates to go to rec or other programs with adult inmates instead of at midnight or later. They were not clear that youthful inmates could be moved to areas with adults as long as there is a staff member with the youthful offenders at all times.

When reviewing the policy in relation to youthful offenders, there was one minor change to be made. The policy indicated that the facility would provide access to large muscle exercise and required education. It was expanded to include programming and any applicable work assignments.

This standard was found to be compliant with the revision of the policy.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- 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  ☐ No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  
  ☒ Yes  ☐ No  ☐ NA

- 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 here for facilities with less than 50 inmates before August 20, 2017.)  
  ☒ Yes  ☐ No  ☐ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  
  ☒ Yes  ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates?  
  ☒ Yes  ☐ No
115.15 (d)

- Does the facility implement a policy and practice 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 ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- 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 ☐ No

- 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 ☐ No

115.15 (f)

- 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 ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The facility tour and interviews with inmates provided a great deal of information to assist in determining the compliance of this standard.

The facility has never conducted cross gender strip searches. There is always female staff members on each shift. When a female comes into the booking area, a female officer is called down to conduct the strip search, if there is not already a female staff member that is working the booking area already. Also in the same vein, it is also the policy of the facility not to conduct cross gender pat searches. Inmate interviews confirmed that is the case. If there was a situation where a cross gender search would be required due to exigent circumstances, the facility has documentation to be completed for each incident.

As part of the pre-audit phase, the facility was asked to provide the curriculum for all staff members regarding cross gender pat searches and searches of transgender and intersex individuals in a professional and respectful manner and in the least intrusive manner possible consistent with security needs. As part of the corrective action process, the facility was to make appropriate corrections to the curriculum. Those corrections were made and found to be compliant by this auditor. In addition, a plan for training all staff on this curriculum was to be provided. The facility provided this training to all staff as part of the required yearly training.

LCP houses an average of 130 female inmates at any given time. Information gained from the inmate interviews regarding the required cross gender announcements were consistent. Inmates indicated that in the female units, male staff were very consistent in making the required cross gender announcement. It was also clear that female staff were not consistent in making the required announcement.

During the follow up visit to the facility, this auditor was able to observe female staff making the appropriate announcement. Follow up interviews with inmates also verified that the female staff were in fact making the cross-gender announcement each time they enter a male housing unit.

One of the items this auditor was looking for during the facility tour is whether or not the physical layout of the unit provides the privacy required to allow inmates to shower, change clothing or perform bodily functions without being seen by staff members, except for during routine cell checks.

The following areas did not meet this standard.

1. The gymnasium has a toilet in the corner for the inmates to use while in the gym. There were no walls or screens around the toilet area so that anyone could be seen performing a bodily function. At that time, this auditor and staff discussed the options for bringing this area into compliance. It was decided that there would be a screen placed in front of the toilet area, providing privacy.

2. The “C-Main” housing unit is a dormitory style unit, housing minimum custody level male inmates. When standing at the officer’s desk and looking down over the cubicles, this auditor saw that there was a walkway to the right of the cubicles, the entire way down the room. When standing or sitting at the officer’s desk, the walkway creates a blind spot and could present a dangerous situation. Options discussed were to add a mirror to cover this hallway. The option of adding a camera to cover this area was also discussed.

3. In the “Work Release” unit, there were several areas which needed to be corrected in order to provide privacy for inmates.
   a. The front staircases, both up and down, have landings and this creates blind spots in each.
   b. The back staircase only goes up and the same issue of the blind spot was present.
c. There is a laundry room, off to the side of the dayroom. The inside of this room is not covered by any cameras or mirrors, so there is a blind spot in the laundry room.
d. All bathrooms, both upstairs and downstairs in the unit, are open to the world for toilet areas, urinal areas and shower areas.

Many options for corrections were discussed while on the facility tour. For the laundry room and staircases, the placement of mirrors or cameras were being considered. Those same options were discussed for the laundry area. A shower curtain across the entrance to all bathrooms were discussed to correct that issue.

4. The second floor Central Viewing also had an issue. When reviewing the camera views, it was noted a couple cameras could see into several of the intake cells and could see a person using the restroom in those cells. Many options were discussed to correct this issue.

During the follow up visit to the facility, this auditor was able to physically observe all the corrections made by the staff members.

1. The screen was in place in the gymnasium to cover the toilet area.
2. In C-Main, the staff determined that the placement of a camera was more beneficial than a mirror. This will allow the desk officer to view it on his desktop computer.
3. The Work Release area had several areas that were corrected.
   a. The front staircases, both up and down, have cameras in place to cover the blind spots.
   b. The back staircase also has a camera placed to cover the blind spots.
   c. In the laundry room, there was a mirror placed in such a way that the officer can see into the laundry room from the post.
   d. All bathrooms have had curtains placed to provide some privacy and allow for showering, changing clothes and performing bodily functions without the ability for members of the opposite gender seeing them.
4. In order to correct the issue of viewing the toilet in the booking area, the camera lenses were covered in a such a manner as the toilet was not visible to the staff members viewing the camera. This fix is semi-permanent; however, it is not accessible by inmates.

With these corrections and revisions to policy, this standard is found to be compliant.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- 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 ☐ No

- 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 ☐ No
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 ☐ No

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 ☐ No

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 ☐ No

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 ☒ No

Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

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 ☐ No

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 intellectual disabilities? ☒ Yes ☐ No

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 ☐ No

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 ☐ No

115.16 (b)

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 ☐ No

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
115.16 (c)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The facility has put into place methods to communicate PREA information to inmates that have disabilities and those who are Limited English Proficient.

Individuals that have disabilities are accommodated by the staff at LCP. If there is a need for additional assistance and it is recognized at intake, the intake officer will contact a counselor to work with the inmate on what they need.

Some of the options that are available for inmates with disabilities include utilizing closed captioning on the PREA video or reading the information to the inmate if they are blind or low vision or illiterate. Also, if there is a need, they indicated that they could contact one of the higher education institutions to find someone who is versed in American Sign Language.

The counselors will also take time to thoroughly explain PREA information in a manner that an inmate with intellectual or psychiatric limitations.

During interviews with staff members, all were clear that they would not use inmate interpreters for situations as serious as sexual abuse or sexual harassment. Each one indicated that there were staff who spoke languages other than English, who they would seek out. If those staff were not in the facility, they would utilize the language line.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.17 (a)

- 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 ☐ No

- 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 ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No

- 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 ☐ No

115.17 (d)
- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- 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 ☐ No

115.17 (f)

- 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 ☐ No

- 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 ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard ( Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative
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During the audit when reviewing the human resources materials, several areas were identified that needed to be corrected.

The facility has always been clear that they would not hire anyone, staff, contractor or volunteer, who has been convicted of sexual abuse. However, this was not specifically spelled out in the PREA policy. The PREA Coordinator rewrote this portion of the policy to be reflective of the practice that was in place.

When looking at item (f), the facility did not ask the appropriate questions in either the hiring or evaluation process. In order to correct this, the facility drafted a paper with the questions and now those questions are included in the application/interview process. It is now part of the evaluation for current employees.

Additionally, the policy was revised to direct staff that if a request is received for information regarding a current or former employee inquiring if that individual has ever had any PREA related issues while employed at LCP, they must respond to such requests.

The PREA policy has also been revised to include this information.

**Standard 115.18: Upgrades to facilities and technologies**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- 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.)
  - Yes ☒ No ☐ NA

115.18 (b)

- 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.)
  - Yes ☒ No ☐ NA
Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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Reviewing the policy for 115.18, it was clear that this issue had not been covered in the first draft. However, this was revised during the corrective action period.

While interviewing both the Warden and the PCM, both discussed ideas that were being discussed about whether to remodel the current facility or build a new facility.

This auditor had a conversation with the entire PREA team regarding the requirement that the PREA Coordinator be involved with any renovations and any new building projects. Given the fact that the Assistant County Solicitor does not work directly in the jail, the recommendation was given that the PCM also be involved in the conversation.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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  ☐ No  ☐ NA

115.21 (b)
• 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 ☐ No ☐ NA

• 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 ☐ No ☐ NA

115.21 (c)

• 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 ☐ No

• Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

• If SAFE or SANE 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 ☐ No

• Has the agency documented its efforts to provide SAFE or SANE? ☒ Yes ☐ No

115.21 (d)

• Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

• 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? ☒ Yes ☐ No

• Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

• 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 ☐ No

• As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No
115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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The policy provided during the pre-audit phase was reviewed and it was determined that the information regarding evidence collection was not based from any type of comprehensive protocol.

However, during the interview with the in-house investigator and the PCM, it was determined that the practice that was followed for evidence collection and storage of evidence, did meet guidelines established for the uniform evidence collection.

In light of the discussion with the investigator and the PCM and viewing the evidence storage room and logs, the PREA policy was edited to reflect the practice established by the investigator.

According to this standard, victims are to receive forensic medical exams if the abuse occurred within the timeframe that viable evidence may still be collected from the victim. LCP has worked with Lancaster General Hospital (LGH), who employ SAFE nurses. The two organizations have developed
and executed a Memorandum of Understanding. Sexual assault forensic examinations are provided to incarcerated victims with the same level of care as if the victim were from the community.

Additionally, the facility has worked with the local rape crisis center, Lancaster YWCA, to enter into a Memorandum of Understanding for the provision of services. These services include accompaniment and advocacy at LGH, as well as crisis intervention. Follow up services are available as well. As a Pennsylvania Coalition Against Rape (PCAR) funded rape crisis center, the Lancaster YWCA is funded to provide services to incarcerated victims. All services provided to victims from LCP are given the same level of service as if the victim were from the community.

As LCP only conducts the administrative investigations, the prison works closely with the Lancaster City Police Department. The police department is responsible for conducting the criminal investigations. One of the detectives assigned to working with the prison has taken the specialized training for investigations (115.34).

Through the conversation with the investigator and the PCM, this auditor learned that the internal investigator is Act 120 certified and has arrest powers in the state of Pennsylvania. And in physical assault, drug, harassment and other types of crimes, he does make arrests within the facility. It was discussed that if there is a sexual abuse, the city police department will handle those cases. There has been a Memorandum of Understanding executed between LCP, Lancaster City Police Department and the Lancaster District Attorney’s office stating that all three will work together in cases of sexual abuse in the prison. This is not required, but is an example of a best practice to be shared with other correctional facilities.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

**115.22 (b)**

- 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No
115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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 ☒
  - No ☐
  - NA ☐

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☒ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☐ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility had a number of corrections to make to the PREA policy, however, now that those are completed, the PREA policy has been posted on the LCP website as required.

The revised policy contains information regarding when there should be an administrative investigation only completed, or if there is enough information to conduct a criminal investigation as well. Since LCP has an Act 120 certified investigator on staff, he has the background knowledge to quickly assess whether the allegation is in the criminal realm or not.

All allegations are documented, and all investigations are kept in their own files.

There were no corrections required for this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training
115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- 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 ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes ☐ No

- 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 ☐ No

115.31 (c)
Have all current employees who may have contact with inmates received such training?  Yes ☒ No ☐

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 ☒ No ☐

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 ☒ No ☐

115.31 (d)

Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes ☒ No ☐

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Through conversations with the PCM and the PREA Specialist and interviews with staff members, it was evident to this auditor that most staff members did not retain the information provided in the PREA training.

As a part of the corrective action period, the facility is required to provide the curriculum that is being used to train staff members at LCP. And to develop a plan to ensure that all staff are retrained with the compliant curriculum.

The curriculum that was provided covered all the required topics in standard 115.31. And as a facility that houses both male and female inmates, all staff are trained on working with both sexes in a correctional facility.

The plan for the deliverance of the training was to provide it at the annual staff training that occurs. The curriculum indicated that it would take approximately three hours to complete. After the training was completed, each staff member signed the training verification form which designates that the individual staff member not only received the training, but understood it as well.
Copies of these completed sign off forms were emailed to the auditor for verification. The PREA Specialist indicated that she will keep the verification forms for the staff members.

The information provided verifies standard compliance.

### Standard 115.32: Volunteer and contractor training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.32 (a)

- 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 ☐ No

#### 115.32 (b)

- 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 ☐ No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*
- ☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ **Does Not Meet Standard** *(Requires Corrective Action)*

### Instructions for Overall Compliance Determination Narrative

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LCP does utilize contractors and volunteers in the facility for a myriad of different tasks. All contractors and volunteers are required to review the PREA policy online, review the PREA brochure given to inmates at intake and sign a training verification form that they have completed those tasks and understand the material.

Additionally, if the individual has more extensive contact with inmates, i.e. medical providers and food service providers, are also required to complete the NIC training “Your Role: Responding to Sexual Abuse”. Once they complete this course, they will receive a certificate of completion from NIC.

The only corrective action required for this standard was to identify where the training certificates would be stored. Policy was revised to indicate that certificates will be kept by the PCM.

**Standard 115.33: Inmate education**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.33 (a)**

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

**115.33 (b)**

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

**115.33 (c)**

- Have all inmates received such education? ☒ Yes ☐ No
- 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 ☐ No

**115.33 (d)**
- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

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Determining compliance with this standard was completed by reviewing the initial policy sent as pre-audit information, interviewing staff and inmates, the onsite tour of the facility and reviewing corrected materials.
During the onsite audit, this auditor interviewed inmates and staff. During those interviews, it was asked if inmates received information in intake regarding PREA. Those that had been admitted to the facility in the past 2-4 weeks indicated that they had received a pamphlet about PREA. Those that had been there longer had not received that information. This process of providing the material to inmates during the intake process had been initiated just prior to the onsite visit. As such, this auditor requested copies of sign off sheets, with incarceration date, for all inmates that were admitted to the facility for a one-week period of time. This information was provided and verified.

Through all interviews, both inmates and staff, it was clear that the PREA video was only recently started at the time of the audit. The video is the one produced by Just Detention International (JDI) and available on the PREA Resource Center (PRC). The majority of the current inmate population saw the video at the time of the audit. The PREA Specialist provided a schedule to show how she would ensure that the entire population would see the video in the next couple of weeks after the visit.

The developed schedule would ensure that all inmates would view this video within the first 30 days of incarceration. Due to the fact that this schedule was implemented just prior to the onsite visit, this auditor requested copies of the sign off sheets for all inmates that watched the video for a one-week period of time. This information was provided and verified.

During the onsite visit, this auditor observed that there were PREA posters were displayed in all housing units, as well as other areas throughout the facility. All posters were in English only. There were no Spanish posters. The PCM indicated that those had not arrived by the time of the audit, but they were on order. During a follow-up visit, the Spanish posters were posted with the English posters.

Inmate handbooks were reviewed as well. The facility revised this handbook to include PREA information on page 23.

LCP accommodates individuals with disabilities and that are Limited English Proficient. The video has a Spanish version and has closed captioning. If there is an inmate that speaks another language, the staff will try to identify if there are any staff members that speak that language. If not, the facility utilizes a language line service.

When there is an individual that has a disability, the intake officer will contact one of the counselors to assist with providing PREA information in a way that the individual can understand.

**Standard 115.34: Specialized training: Investigations**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.34 (a)**

- 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 have received 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 ☐ No ☐ NA

**115.34 (b)**
 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 ☐ No ☐ NA

 Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

 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 ☐ No ☐ NA

 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 ☐ No ☐ NA

115.34 (c)

 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 ☐ No ☐ NA

115.34 (d)

 Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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LCP has had many upper level staff members who obtained the specialized training for investigations. The Warden, PCM, PREA Specialist, Deputy Wardens, Shift Commanders and Internal Investigator are the top-level positions so far that have participated.

The training these staff members attended were sponsored by the PA Wardens Association. These trainings were held several times in different areas of the Commonwealth. The training was derived from the special investigations training developed by The Moss Group for the PA Department of Corrections. The facilitators for these trainings were two facilitators trained by The Moss Group to train PADOC staff members. Both are Certified PREA Auditors, one a retired PA State Police Officer and the other a former PADOC PREA Coordinator and Victim Advocate. The one trainer is this auditor. There was no compensation given for facilitating these trainings for county correctional facilities, as there were not any available for staff to attend.

The training, developed by The Moss Group and revised by the facilitators to be geared towards county correctional facilities, include all the required topics in this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.35 (a)

- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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 suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.35 (b)

- 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.) ☐ Yes ☐ No ☒ NA

#### 115.35 (c)
- 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?
  ☒ Yes ☐ No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

- ☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

- ☐ **Does Not Meet Standard** *(Requires Corrective Action)*

### Instructions for Overall Compliance Determination Narrative

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Staff interviews and document review onsite were utilized to determine standard compliance.

The medical and mental health staff working at LCP are contracted through Prime Care Medical. The medical department is working at a high level, 24 hours per day. The medical department is NCCHC accredited and has PREA information in order.

Prime Care Medical has its own basic PREA training that meets this standard. Each new employee is required to participate in the basic training very shortly after hiring. In addition, the staff are required to participate in specialized medical or mental health training developed by NIC. The staff have up to 60 days after hiring to complete this training. Certificates are printed out at the end of course. These certificates are then given to the HSA, who will keep them in a binder for easy access.

Prime Care Medical requires that all Prime Care staff participate in its yearly training. In addition, the staff receive training in regard to the facility about reporting and processes.

Since these staff members have a high level of contact with inmates, they receive a higher level of training than other contractors or volunteers coming into the facility.
SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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 ☐ No
- 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 ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.41 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

**115.41 (e)**

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

**115.41 (f)**

- 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 ☐ No

**115.41 (g)**

- Does the facility reassess an inmate’s risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate’s risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to a: Receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- 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 ☐ No

115.41 (i)

- 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 information is not exploited to the inmate’s detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Review of documentation from pre-audit and onsite materials, interviews with staff and interviews with inmates were all factors in determining LCP’s compliance of this standard.

The initial PREA Risk Assessment provided to this auditor was not adequate to be in compliance. There were several required questions that were either omitted or changed to no longer be incompliance.
During the onsite audit, conversations with the PCM and the PREA Specialist were about the requirements for the risk assessments, both with the questions and how to use the information gained from these assessments.

While this auditor was onsite, the PREA Specialist made the corrections to the risk assessment form that were discussed. Additionally, there was a plan established of how LCP would come into compliance with the 72 hours and 30-day requirements, along with the requirements for administering the assessment when there is sexual abuse reported or other information comes to light that would prompt another assessment being conducted.

Initially when interviewing staff that work in the intake, there was a great deal of concern about how the facility could meet the 72-hour requirement. After talking with the PCM and the PREA Specialist, it was decided that the risk assessment would be asked as part of the intake process, in as confidential manner as possible.

After the process was developed and put into place, the intake officers conduct the 72-hour assessment during the booking process. This information is sent to the counselors who input the information into the jail management program. Controls are set in the system so that only the counselors have access to that information.

The counselors are the ones to complete any other risk assessments that need to be conducted such as the 30-day assessment and assessments when additional triggers occur.

During the onsite visit and interviews with the intake officer and counselors, it was determined that inmates were not being given information that they did not have to answer the questions in the risk assessment and that they would not be punished for not answering any or all of the questions.

In order to verify that the risk assessments were being completed according to PREA standards, the PREA Specialist pulled one week’s worth of intakes. For that week, the incarceration date, 72-hour assessment, 30-day assessment and any others that were administered, were scanned and sent to this auditor for verification.

Once the process was set into place, the staff revised the policy to articulate the practice of the facility.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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  ☐ No
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 ☐ No

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 ☐ No

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 ☐ No

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 ☐ No

115.42 (b)

Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

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 ☐ No

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 present management or security problems? ☒ Yes ☐ No

115.42 (d)

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 ☐ No

115.42 (e)

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 ☐ No

115.42 (f)
• Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

• 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? ☒ Yes ☐ No

• 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? ☒ Yes ☐ No

• 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? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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☐ Does Not Meet Standard (Requires Corrective Action)

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Initially, when reviewing the policy provided in the pre-audit materials, it was not clear about how the facility was utilizing the information in the risk assessments. During the onsite audit, interviews with the PREA Specialist and counselors, as well as reviewing information in the jail management software, it became apparent that the facility was not utilizing that information for housing, bed placement, work and education purposes.

Discussions about how to utilize the information that would be collected from the risk assessments for the key areas resulted in changes to the way that the counselors were placing inmates. Additionally,
there was discussion about utilizing information for work assignments and how to do those without placing potential victims with potential abusers, and the same with the education classes.

Once there was clear direction and process established, the PREA policy was revised to reflect the practice that was put into place.

During the onsite visit and interviews with staff, there was a consistent answer that there have not been any transgender or intersex individuals in the facility for some time. The last one that anyone can remember was before the implementation of PREA.

As there were so few transgender or intersex inmates in the facility, the staff had a number of questions surrounding the placement of these individuals. This led to a process being established so when there is a transgender or intersex individual that presents at the facility, the staff have guidelines to follow.

It was determined that initially, the individual will go through the intake process and will go to medical for an examination. There will be discussion with the individual to determine how that inmate feels about their placement in the facility.

Once that occurs, the Warden and the PREA Compliance Manager, in consultation with the medical and mental health departments, will determine the permanent placement of the individual. This decision will be reassessed twice a year, if the inmate remains at LCP for that long.

No matter where the individual is housed, policy indicates that the individual shall have separate shower times then others in the unit.

During the interview with the Warden, she indicated that there is no consent decree, legal judgement or legal settlement that requires the establishment of a unit in the facility specifically for lesbian, gay, bisexual, transgender or intersex inmates specifically. The counselors make a concerted effort to not place only the LGBTI population together.

The PREA policy was revised to reflect the changes to processes in working with the LGBTI population and the utilization of the risk assessment.

### Standard 115.43: Protective Custody

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.43 (a)**

- 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 ☐ No

- 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 ☐ No
115.43 (b)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- 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 ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- 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 ☐ No
- 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 ☐ No

115.43 (e)

- 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 ☐ No

Auditor Overall Compliance Determination
Instructions for Overall Compliance Determination Narrative

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Review of policy and documentation examples, as well as interviews during the onsite visit were all taken into consideration to determine the facility’s compliance with this standard.

Staff interviews were very clear and certain that placing a potential victim of sexual abuse in protective custody solely on the basis that staff feel they may be abused, is considered to be an option of last resort.

If the inmate does have to be put into protective custody for their own safety, they will will have an initial assessment to determine if there is anywhere else in the facility where the individual could go. This information regarding the process and decision is documented on a “Situation Report”. The required information of keeping or reducing privileges to this individual is also documented on this Situation Report. The staff will make every effort possible to have this individual out of protective custody within 30 days of placement there.

Policy was developed to reflect the process put into place to meet this standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes  ☐ No

- 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  ☐ No
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 ☐ No

115.51 (b)

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 ☐ No

Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

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? ☒ Yes ☐ No

115.51 (c)

Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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Standard compliance for 115.51 was determined through review of policies and documentation prior to arrival for the onsite visit.

The facility provides a number of ways for inmates to report incidents of sexual abuse, sexual harassment or staff neglect or retaliation. Inmates are encouraged to report directly to any staff member. If they are not comfortable with that method, they can write a request slip and either had it directly to their counselor or they can put it in the request slip box.

Additionally, there is an internal reporting line (3-1-1) that goes directly to the Internal Investigator’s office. There is no guarantee of confidentiality. In fact, the Investigator will review the phone system to see who left the message. The (3-1-1) line was established for inmates to call and report any criminal activity occurring in the facility.

The facility has established a memorandum of understanding with the PADOC for the fulfillment of the outside reporting mechanism. The PADOC operates a phone line that inmates may call direct, with no cost, where they can report sexual abuse or sexual harassment. Inmates do not have to give their own names to make report, it can remain anonymous. These numbers are listed in the handbook.

During the inmate interviews, the was a great deal of confusion between the (3-1-1) number and the number that rings into the PADOC. There was the misconception that the (3-1-1) was an anonymous reporting line. And the inmates had no idea where the number to the PADOC went to or what it was for.

The reporting line that rings into the PADOC allows the inmate or anyone that calls the number, to remain anonymous while reporting sexual abuse or sexual harassment. As soon as a call is made to the PADOC, they will in turn call the facility with the report so that it may be investigated. While onsite, this auditor tested the phones to ensure that they were working and could get through to the PADOC.

Staff interviews, especially those of the PREA Specialist and PCM, was able to provide information regarding individuals who may come enter the facility strictly for civil immigration purposes. All indicated there are rarely individuals in the facility for that reason. However, the PREA Specialist keeps consular information on hand and will meet with each individual that needs to contact the consular.

As part of the corrective action, the facility was required to move the PREA reporting poster closer to the phones. And there was to be education given to the inmates regarding what each reporting line was for and how they differed. During interviews on the follow up visit, inmates were very clear on what each line was to be used for and where each line rings to.

Through interviews with staff members, it was determined that all staff were aware of the fact that if they received a report of sexual abuse, in any manner, that they were to take the appropriate steps depending on how long ago the abuse occurred. As soon as they are able to, the staff member is to document that allegation on a Situation Report. A copy of the report goes to the PREA Compliance Manager, the inmate’s behavioral file and uploaded to the PREA Investigative and Reporting Module.

And finally, when interviewing staff and inquiring about a private method to make a report if they need to and do not want other staff members to know about it, they were clear that they could talk to staff in administration (i.e. Warden, Dep. Wardens, PCM or PREA Coordinator). No staff that this auditor interviewed disclosed that they needed to make a private report up to that point.
There were a couple of minor changes that needed to be made to the draft PREA policy provided pre-audit. Those changes were made and this standard is now compliant.

**Standard 115.52: Exhaustion of administrative remedies**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- 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 ☐ No ☐ NA

115.52 (b)

- 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.) ☐ Yes ☐ No ☒ 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.) ☒ Yes ☐ No ☒ NA

115.52 (c)

- 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 this standard.) ☒ Yes ☐ No ☒ NA

- 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.) ☒ Yes ☐ No ☒ NA

115.52 (d)

- 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.) ☒ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

115.52 (e)

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.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

115.52 (f)

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.) ☐ Yes ☐ No ☒ 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.). ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ 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.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The LCP has a grievance procedure that does not support issues of sexual abuse and sexual harassment. If an inmate files a grievance regarding sexual abuse or sexual harassment, it is immediately forwarded to the PCM and the PREA Specialist to immediately begin the investigation. As soon as this information is forwarded to the PCM and the PREA Specialist, the inmate is notified that it has been submitted to the PREA Department for investigation.

Review of the PREA policy indicated that this is the method that has been established.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

☒ 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 ☐ No
Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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 ☐ No

115.53 (c)

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 ☐ No

Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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The local rape crisis center for the LCP is the Lancaster YWCA. The facility and YWCA have entered into a Memorandum of Understanding regarding providing rape crisis services to victims of sexual abuse, both female and male. This MOU has been in place since January 2015.

The MOU articulates the services that can be provided to the victim and/or significant others. These services include accompaniment to the hospital for support during the forensic medical examination.
Staff will provide services throughout the legal system, crisis intervention services, counseling services and accompaniment and advocacy services.

Most services are provided over the phone, however, it does indicate that if there is a group of 4 or more survivors, then a group session will be brought to the facility.

This process appears to operate smoothly from both sides, therefore there were no corrections that were needed.

**Standard 115.54: Third-party reporting**

*All Yes/No Questions Must Be Answered by the Auditor to Complete the Report*

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*
- ☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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The facility has had a third party for several years so that inmates and the public alike can call the reporting line which rings into the PADOC. Family and friends can also talk to a staff member directly at the facility. This information is found on the LCP’s website.

During the onsite tour, information hangs in the Main Lobby of the facility, which defines how individuals in the public can make a report regarding sexual abuse and sexual harassment.

Reporting methods are also found on the facility’s website. [https://co.lancaster.pa.us/153/Prison](https://co.lancaster.pa.us/153/Prison)
This standard did not require any corrective action to come into compliance.

### OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

#### Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 ☐ No

- 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 ☐ No

- 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 abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- 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 ☐ No

115.61 (c)

- 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 ☐ No

- 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 ☐ No

115.61 (d)

- 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 ☐ No

115.61 (e)
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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Review of facility policy and interviews with staff and inmates provided the basis for determining this standard is compliant.

The policy gives clear direction that staff, contractors and volunteers are to immediately report any suspicion, knowledge or information regarding an incident of sexual abuse or sexual harassment. And all staff were very clear that need to report immediately, as they can be held accountable for not reporting. All staff were also clear that all allegations must go to the Internal Investigator for investigation.

Staff were given clear instructions during the staff training regarding not speaking with anyone regarding any disclosures that they receive other than those individuals that are involved in the investigation or treatment of the victim. Talking with the Internal Investigator made it clear that he instructs anyone who is involved with or interviewed for the case, not to speak with anyone regarding the situation. Policy indicates that this is the official stance of the facility.

In addition to the required staff reporting, the medical and mental health staff were able to discuss their higher level of responsibility for reporting sexual abuse. During the interviews, mental health staff members (contractors) discussed a high level of responsibility for reporting. PREA requires them to report any sexual abuse from any correctional facility as soon as possible. Mental health staff are not required to report sexual abuse which occurred in the community. However, they do encourage the victim to report those victimizations. Mental Health staff discussed the process they use when meeting with inmates. One of the first pieces of information they cover is their duty to report and what they are not required to report.

When talking with medical staff about their interactions with inmates, especially when seeing incoming inmates in the intake area, they indicated that they did inform each individual of their duty to report and what information that they would need the inmate’s consent to release. Through that interview, it was discovered that the medical staff was utilizing the duty to report, however, they were not informing the inmate of this until medical staff had already asked the questions about victimization. This auditor and
HSA discussed this situation and the need to provide the duty to report information before asking any questions.

As LCP does house youthful offenders, those under the age of 18, they are also required to report any allegations of abuse to (CYS) Children and Youth Services according to the Child Protective Services Law.

**Standard 115.62: Agency protection duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.62 (a)**

- 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 ☐ No

**Auditor Overall Compliance Determination**

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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One of the questions asked of all staff members during the onsite interviews was if that staff knew what they would do if they learned that an inmate was subject to a substantial risk of imminent sexual abuse. There were consistent answers of either putting the inmate in a cell by themselves and then going to the shift supervisor, or if there was information regarding who the potential abuser was, then move that individual and then go to the shift supervisor. But the key for staff was to make sure that the potential victim was in a safe place.

The policy is clear that the actions taken need to be done quickly. Another action the policy includes is to look at work, programming and education so that the alleged victim and perpetrator are separated.
Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)
- 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 ☐ No

115.63 (b)
- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)
- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)
- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Interviews with intake, counselors and medical staff indicated that they did not get many, if any, disclosures regarding sexual abuse at another facility. When asked what they would do if they did receive a disclosure, the responses were consistent with policy. The staff indicated that they would complete a Situation Report, just as they would with any other disclosure that they received.

The policy indicates that the Situation Report goes to the Warden who will then notify the Warden of the facility where the alleged abuse occurred. The Warden details the notification on the Situation Report and then forwards it to the PCM. This is done within 72 hours according to policy. If the Warden is going to be out for a period of time, she will appoint someone to make the notifications in her absence.
From interviews with the Warden, PCM and PREA Specialist, no one could recall receiving notification from another facility regarding something that had occurred at LCP. However, each indicated that any allegations coming from outside of the facility would be handled in the same manner as any other allegation.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.64 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)
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Reviewing policy and onsite interviews were taken into consideration to determine the compliance of this standard.

The policy articulated the appropriate steps that both security and non-security staff must take when there is an incident of sexual abuse. Security staff members who were interviewed was clear about the first step they would take is to separate the victim and the abuser. The next step is to secure the crime scene if possible, and at the same time to notify the shift commander of the situation.

First responders and shift commanders have been trained that they should ask the victim not to do anything that may destroy evidence. The same is true for the abuser. Staff would place the abuser in a dry cell if necessary in order to preserve evidence.

Non-security staff members that become aware of a sexual abuse, will immediately notify a security staff member, such as the block officer or the shift commander.

While conducting interviews with corrections officers, a majority of them indicated that these first responder duties are emphasized in all the trainings they have had.

The PREA Specialist also developed pocket cards with the basic steps of a first responder when a sexual abuse is reported to them. These cards were distributed to all staff members. It should be considered a best practice and shared with other facilities.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- 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 response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewing the policy provided by the facility showed that the prison had developed a coordinated response and made it part of the facility’s PREA policy. When interviewing staff from different departments, the majority were aware of the responsibilities of other staff members.

For example, the medical department staff were aware of the intake process, as well as the fact that the intakes had to answer questions from the risk assessment. Corrections staff were able to articulate the basics of what the medical department’s role is when there is an allegation of sexual abuse.

This response was reinforced at the training that all staff were required to attend.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 limits 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 ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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The Lancaster County Prison does work with a union for the correctional officers and maintenance workers. The union operating at the prison is “The American Federation of State, County, and Municipal Employees, AFL-CIO, District Council 89”. At the time of the audit, it was not the end of a contract. Additionally, the union is voting to add the counselors, however that was not completed at the time.

The facility has put into policy that they will comply with this policy when the contract negotiations come up again at the end of 2017.

### Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- 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 ☐ No

115.67 (c)

- 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
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 ☐ No

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: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

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 ☐ No

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 ☐ No

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 ☐ No

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 ☐ No

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 ☐ No

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.67 (e)

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 ☐ No

115.67 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination
Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Initially during the pre-audit document review and onsite interviews with staff, it was clear that the facility was not conducting the 90 monitoring in the appropriate manner.

Document review showed that there was no example of documentation that would be used to record the monitoring contacts with the victim and/or witnesses. Additionally, the policy was not clear about the process that would be utilized to conduct the retaliation monitoring.

This auditor had a discussion with the PREA staff regarding the specifics of the this standard and how other facilities have met this standard.

The first decision that was made to come into compliance was the process. The PREA staff decided that victims and others who reported and participated in the investigations, including staff, should be checked in with one a weekly basis. A form was developed that would assist in tracking that initial 90-day monitoring.

The policy was revised to include this new process and documentation that would be used. It directs that the PREA Specialist is to monitor the inmates that fit into this category. The PREA Compliance Manager will conduct the monitoring of staff members.

Included in the revised policy are items to check on as clues to retaliation occurring, such as misconducts filed, post changes, privileges revoked, etc. The policy is also clear that if the investigation is determined to be unfounded, then monitoring process does not have to continue.

In order to prove that the staff are clear about the monitoring process, during the corrective action period, the staff ensured that any investigations that were conducted, that there was a monitoring done with those individuals. Those monitoring sheet examples were then sent to this auditor to review.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.68 (a)

- 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  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

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By reviewing information in policy and interviews with inmates, it was clear that the facility does not put alleged victims in segregated housing to protect the inmate who suffered sexual abuse.

It is stated in policy that administration will follow the same guidelines as in 115.43. The Warden indicated that they would put an inmate in involuntary segregation if that was the only option, however her team is very good at finding alternative placement for victims.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations 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).] ☒ Yes  ☐ No  ☐ NA
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<thead>
<tr>
<th>Section</th>
<th>Question</th>
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<tbody>
<tr>
<td>115.71 (a)</td>
<td>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 ☐ No ☐ NA</td>
</tr>
<tr>
<td>115.71 (b)</td>
<td>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 ☐ No</td>
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<tr>
<td>115.71 (c)</td>
<td>Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No</td>
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<td>Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No</td>
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<td>Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No</td>
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<tr>
<td>115.71 (d)</td>
<td>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 ☐ No</td>
</tr>
<tr>
<td>115.71 (e)</td>
<td>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 ☐ No</td>
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<td>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 ☐ No</td>
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<tr>
<td>115.71 (f)</td>
<td>Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No</td>
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<td>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 ☐ No</td>
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<tr>
<td>115.71 (g)</td>
<td></td>
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</table>
- 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 ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- 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 ☐ No

115.71 (j)

- 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 ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☒  Exceeds Standard *(Substantially exceeds requirement of standards)*

☒  Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐  Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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During the onsite portion of the audit, there was a great deal of discussion regarding the investigations at the facility. The facility has hired an internal investigator to conduct investigations of all types, including PREA.

The investigator is Act 120 certified in the state of Pennsylvania and has arrest powers. He works very closely with the Lancaster City Police. The investigator has established protocols for investigations and the collection and storage of evidence at the facility. At the time of the audit, the investigator had been at the facility less than one year.

Since the investigator had not been at the facility very long, he did not yet have the PREA Specialized Investigations training. This was then obtained as part of the facility’s PREA corrective action plan.

**Standard 115.72: Evidentiary standard for administrative investigations**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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Review of PREA policy did verify that a preponderance of the evidence is the standard that the facility uses to determine whether an administrative investigation is substantiated, unfounded or unsubstantiated.

The interview with the Internal Investigator reinforced the policy using a preponderance of the evidence as the standard. He also was clear that some people have a hard time understanding how the administrative and criminal investigations can have different outcomes.
Additionally, this auditor reviewed all of the investigation files that fall under PREA. Each of these utilized the preponderance of the evidence to determine the outcome of those administrative investigations.

### Standard 115.73: Reporting to inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

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<tr>
<th>115.73 (a)</th>
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<tr>
<td>▪ 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 ☐ No</td>
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<tr>
<th>115.73 (b)</th>
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<tr>
<td>▪ 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 ☐ No ☐ NA</td>
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<tr>
<th>115.73 (c)</th>
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<tr>
<td>▪ 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 posted within the inmate’s unit? ☒ Yes ☐ No</td>
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<tr>
<td>▪ 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 ☐ No</td>
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<tr>
<td>▪ 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 ☐ No</td>
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<tr>
<td>▪ 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 ☐ No</td>
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| 115.73 (d) |  |
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 ☐ No

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 convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☒ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

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Review of the materials in the pre-audit phase and interviews with the staff members assisted in determining the compliance of this standard.

While the facility included this standard in the PREA policy, it had not yet implemented this practice. During the onsite audit, this auditor and the PREA Specialist discussed the documentation that would need to be developed to use.

While still onsite, the PREA Specialist developed the form to use to notify inmates of the outcome of the cases. With a couple minor changes, the form is compliant with this standard.

After a specified period of time, the staff provided copies of the notification to verify that this process is being utilized.
This standard is now compliant.

### DISCIPLINE

#### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

| 115.76 (a) | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | Yes | No |
| 115.76 (b) | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | Yes | No |
| 115.76 (c) | 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 | No |
| 115.76 (d) | 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 | No |
| | 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 | No |

**Auditor Overall Compliance Determination**

- □ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ✗ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- □ Does Not Meet Standard *(Requires Corrective Action)*

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Policy review and discussion with the PREA Coordinator initially showed that items (a) and (b) were not included in the policy. The Coordinator was not clear as to the requirement that the “presumptive action is termination” for substantiated cases of sexual abuse and how the union will accept this.

This auditor and the PREA Coordinator discussed the reasons for concern with the union. It was also discussed that the Prison Rape Elimination Act is federal law, which would take precedence over the state law.

Additionally, it was discussed that PREA standards also require that any union agreement must provide for the clause that the employer (LCP) has the right to discipline staff members in relation to PREA as determined by PREA standards and (LCP) policy.

The policy has been revised to be compliant with the standards.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

**115.77 (b)**

- 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 ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
☑ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

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To determine the compliance of this standard, interviews with PREA staff and review of policy were used.

Review of PREA policy indicated that the volunteers and contractors working in the Lancaster County Prison are held to the same standards that the staff are held to. If there is an allegation involving a contractor or volunteer, that individual will not be permitted to have contact with the inmate until the outcome of the investigation.

If the investigation determines that the allegation was true, then LCP will release the individual and they will no longer be permitted to enter the facility.

The PCM did provide information regarding a kitchen contractor being released from duty because the incident was substantiated. This was the only incident that the PCM had dealt with.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- 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  ☐ No

115.78 (b)

- 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  ☐ No

115.78 (c)
- 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 ☐ No

<table>
<thead>
<tr>
<th>115.78 (d)</th>
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<tbody>
<tr>
<td>- 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 ☐ No</td>
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<th>115.78 (e)</th>
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<tr>
<td>- 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 ☐ No</td>
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<tr>
<th>115.78 (f)</th>
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<tr>
<td>- 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 evidence sufficient to substantiate the allegation? ☒ Yes ☐ No</td>
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<th>115.78 (g)</th>
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<tbody>
<tr>
<td>- 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 ☐ No ☐ NA</td>
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Auditor Overall Compliance Determination

- ☒ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ Does Not Meet Standard *(Requires Corrective Action)*

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Review of policy and interviews with the PCM and the PREA Specialist provided the information to determine that the facility has met PREA compliance on this standard.
The policy articulated what the facility would do in regard to discipline related to PREA situations. At the time of the audit, there had been an extremely low number of inmates that had been disciplined in relation to PREA. This auditor believes the reason for this is because the facility had just fully implemented PREA. However, when discussing these items with the PREA staff, they were very clear about handling the discipline for PREA investigations.

The PREA staff indicated that they were also clear that an inmate cannot be sanctioned with making a false report just based on an unsubstantiated outcome of an investigation.

### MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

<table>
<thead>
<tr>
<th>115.81 (a)</th>
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<tbody>
<tr>
<td>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? ☒ Yes ☐ No</td>
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<tr>
<th>115.81 (b)</th>
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<tbody>
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<td>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.) ☒ Yes ☐ No ☐ NA</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>115.81 (c)</th>
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<tbody>
<tr>
<td>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? ☒ Yes ☐ No</td>
</tr>
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<th>115.81 (d)</th>
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| 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 ☐ No

115.81 (e)

- Do medical and mental health practitioners 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?  
☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

While interviewing the mental health staff, they discussed the conversation that the staff member has with the inmate about what information they are required to report to the prison and what information they cannot report without the consent of the inmate.

However, during the conversation with the medical staff it was determined that they were not utilizing the duty to report correctly. During the initial screening within 4 hours of admission, the nurse would only tell the inmate of the duty to report if they first disclosed sexual victimization. This auditor discussed the purpose of the duty to consent with the nurse and HSA, and the need to provide that information prior to asking questions about victimization. This will give the inmate the opportunity to decide whether or not he/she wants to disclose the victimization.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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 ☐ No

115.82 (b)

- 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 ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- 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 ☐ No

115.82 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

LCP medical department operates 24 hours per day so there is always nursing staff available to attend to an inmate’s health care needs.

If an inmate is brought to medical as a result of sexual abuse, the nursing staff does an initial assessment to determine if there are any acute trauma needs. Depending on the length of time since the abuse occurred, different tracks of services will be taken.
If an inmate arrives in medical within 96 hours since the abuse, the nurses will prepare that individual for transfer to Lancaster General Hospital. The supervising nurse will consult with the security staff and make a call to the doctor on-call. The medical staff are ultimately the ones that make the decision whether or not the inmate is sent to the hospital.

If the inmate comes to the medical department outside of that 96-hour timeframe since the abuse, the medical department will examine the individual and provide emergency contraception and sexually transmitted infections prophylaxis as appropriate.

While normal services in the medical department does cost the inmate when accessed, any services related to sexual abuse are conducted with no financial obligation to the victim inmate.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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 ☐ No

115.83 (b)

- 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 ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

- 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.) ☒ Yes ☐ No ☐ NA

115.83 (f)
Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes  ☐ No

115.83 (g)

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  ☐ No

115.83 (h)

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.) ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

To determine the compliance of 115.83, this auditor interviewed the Health Services Administrator (HSA), a contracted employee of Prime Care Medical. Also interviewed were a contracted nurse and contracted Psychologist, both also contracted employees of Prime Care Medical.

LCP has had a contract with Prime Care Medical for several years and the administration speaks highly of the medical staff and the medical and mental health services continually have achieved National Commission on Correctional Health Care (NCCHC) accreditation.

All inmates are seen by the medical staff within 4 hours of arrival at the facility. They ask questions related to PREA and if the inmate has been a victim of sexual abuse. If the inmate answers affirmatively to any of these questions, there is an automatic referral to mental health services. Usually the mental health department can see these inmates within 1-3 days. PREA related cases are classified as a priority. If the inmate requires additional services beyond an evaluation, those follow up services are documented in the individual’s service plan.
During the interview with the HSA, it was determined that the medical department does keep materials regarding all lawful pregnancy related services. However, this information is only given to inmates that do not go out to Lancaster General Hospital for a forensic examination. After discussion with the auditor, the HSA was clear that this information needed to be given to all women that have been sexually abused, whether they are transferred to the hospital or not. She indicated that this information would circulated to staff as soon as possible. Documentation of this correction was provided to this auditor.

Both the medical and mental health provider believe that inmates receive services at a level higher than that of those provided in the community. Inmates requesting to see mental health staff can usually be seen within the week compared to the community services. Those services usually have a 4 to 6 week waiting list.

Medical services can be immediate in the facility if need be, the same as in the community if someone presents at the emergency room.

### DATA COLLECTION AND REVIEW

#### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.86 (a)**

- 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 ☐ No

**115.86 (b)**

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

**115.86 (c)**

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

**115.86 (d)**

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- 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 ☐ No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The interview with the PCM and review of documentation provided information showing the compliance with this standard.

During the review of investigation files, it was noted that there was not information regarding a sexual abuse incident review included. When discussing this with the PCM, he indicated that the facility had just started to conduct these.

The first one that was completed was not done within the 30-day timeframe as required. However, in the interview the PCM showed this auditor the documentation that is kept in a separate file. He indicated that they are looking issues such as what the facility can do better, if there should be changes in the policy, was the camera system adequate, should there be changes in processes, etc.
The PCM indicated the positions included in this review are the two Deputy Wardens, a representative from the medical department, the Major of the facility, the facility investigator and a representative from the YWCA.

Once the report was completed, it went to the Warden for review and to determine if the recommendations made by the team should be implemented.

This auditor and the PCM had a discussion about the requirement to conduct these within 30 days of the conclusion of the investigation. In addition, the other recommendation would be to include the first responder in the committee that reviews the case, as well as line staff that would be working with the inmate on a day to day basis.

**Standard 115.87: Data collection**

*All Yes/No Questions Must Be Answered by the Auditor to Complete the Report*

**115.87 (a)**

- 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 ☐ No

**115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

**115.87 (c)**

- 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 ☐ No

**115.87 (d)**

- 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 ☐ No

**115.87 (e)**

- 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.) ☒ Yes ☐ No ☐ NA

**115.87 (f)**
Yes  No  NA

Auditor Overall Compliance Determination

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At the time of the audit, LCP had not yet completed an annual report. The staff reported that they were unclear regarding what information was supposed to go into the annual report.

Through discussion with the PCM, PREA Specialist and the PREA Coordinator, it was clear that the information to compile the report was being collected through the jail management software the facility is using, case files for investigations and information from the medical and mental health services. In addition, as required, information was also included from the facilities in which LCP contracted for housing of its inmates.

The facility did not include information in which there would need to be redactions.

The facility was clear that there would need to be an annual report developed for the 2016 year. Since this was the first report for the facility, there would not be any data to compare to prior years. However, it does provide information on the steps that the facility has taken to come into PREA compliance.

In addition to the 2016 report, the PREA Coordinator was responsible to provide a memo that the 2017 report and all subsequent reports would include all required data, including comparisons to prior years.

This auditor reviewed the 2016 Annual Report for LCP. It was also verified that it has been posted on the public website.

The standard is now compliant.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.88 (a)

- 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 ☐ No

- 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 ☐ No

- 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: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- 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 ☐ No

115.88 (c)

- 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 ☐ No

115.88 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Lancaster County Prison completed its first annual report for the 2016 calendar year and is displayed on the facility website. This was one of the corrective action items for the facility as there was no annual report at the time of the audit.

As this is the first annual report that the facility has completed, there was no prior information to compare to the 2016 year. Conversations with the PREA Staff indicated that there will be comparison to prior years on all subsequent audit reports.

The facility was not collecting all the appropriate information initially during the 2016 calendar year and had to research and recreate a portion of the information. Moving forward, the PREA staff will collect the appropriate information from the beginning of the calendar year. As required by the PREA standards, this report does not contain any information which would jeopardize the safety and security of the facility.

The warden of the facility has reviewed and signed off on the 2016 report.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)
- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes  ☐ No

115.89 (b)
- 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  ☐ No

115.89 (c)
- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes  ☐ No

115.89 (d)
- 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  ☐ No

### Auditor Overall Compliance Determination
☐  **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒  **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐  **Does Not Meet Standard** *(Requires Corrective Action)*

### Instructions for Overall Compliance Determination Narrative

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This standard was proven compliant during the onsite audit phase. Each computer in the facility is password protected. Additionally, the jail management software also requires a username and password for access. The entire system also is backed up on a daily basis in the middle of the night. So if there was an issue with the software, the facility would only lose data for one day. The system that the facility has set up is very good and relatively secure.

As required, the facility does provide aggregated sexual abuse information for LCP and the facilities that it contracts with. These aggregated statistics are captured each year in LCP's Annual PREA report. This report can be found on the facility's website, along with the policies and reporting mechanisms.

After reviewing the Annual Report, it was clear that no personal identifiers are included in the report. The statistics that are provided are broad based and there are no references to any particular situation.

Through conversations with the PREA staff members and review of the PREA policy, the intent of LCP to maintain PREA data for a minimum of 10 years. It can store that information for longer due to the fact that it is all kept in the software system and backed up on servers.

Part of the conversation was regarding the intent to keep this information for a minimum of ten years. Policy for the facility also dictates that this be kept a minimum of 10 years. At this point, the facility has not been collecting this data for ten years. Staff have indicated that once they get to that 10-year mark, it will be decided as to how information longer than 10 years will be kept. (i.e. kept only on backup server, keep it all in the jail management system)

### AUDITING AND CORRECTIVE ACTION

**Standard 115.401: Frequency and scope of audits**
### Auditor Overall Compliance Determination

<table>
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<th>Option</th>
<th>Description</th>
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<tr>
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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the first PREA audit for the facility. And the overall agency is Lancaster County. Lancaster County oversees two detention facilities. One is the Lancaster County Prison, and the other is a juvenile detention facility. This auditor researched the juvenile detention center and found that it was audited before the prison.

While this auditor was going through pre-audit materials and the onsite visit, the staff went above and beyond duty. If this auditor asked for any material, the PREA staff was more than accommodating. And when there was a corrective action decided upon, PREA staff were on top of things and made some of those changes while the onsite audit was occurring.

Additionally, during the onsite audit, the staff were very accommodating throughout the tour of the facility. Any area that this auditor requested to view or have additional views of, staff were providing that opportunity without hesitation. If the staff knew that there was an issue with any area, they were open to talking to this auditor about the situation and asking for guidance on how to correct the problem to come into compliance.

During the onsite phase of the audit, the staff were very good at having areas prepared for this auditor to conduct private interviews with staff, volunteers, contractors and inmates. This auditor felt safe in the areas where the interviews were conducted as staff were always in visual contact with this auditor.

While talking with inmates in the interviews, they shared that the information was posted for a while. They were not sure how long, but were clear that they had the option to write to this auditor. There was only one letter that was received by this auditor and it was directed towards the facility where she came from. When this auditor arrived onsite, this inmate that wrote had already been moved back to the facility where they were originally from.

### Standard 115.403: Audit contents and findings

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. 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 that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☒ NA

**Auditor Overall Compliance Determination**
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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This audit is the first one that Lancaster County Prison has gone through. The staff has indicated that this report will be posted with all the PREA information on their 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 Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.1 Auditors are not permitted to submit audit reports that have been scanned.2 See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jennifer L. Feicht ___________________________ October 30, 2017
Auditor Signature Date

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1 See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110.