

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: 01/05/17

Auditor Information			
Auditor name: Patrick J. Zirpoli			
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Telephone number: 570-729-4131			
Date of facility visit: 07/05/16 through 07/07/16, returned for interview on 07/11/16 walkthrough on 12/19/16			
Facility Information			
Facility name: Luzerne County Division of Corrections			
Facility physical address: 99 Water Street Wilkes-Barre, PA 18702			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 570-829-7750			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Mark Rockovich			
Number of staff assigned to the facility in the last 12 months: 310			
Designed facility capacity: 778			
Current population of facility: 790			
Facility security levels/inmate custody levels: Minimum to Maximum			
Age range of the population: adult 18 yrs. and older juveniles 15-18 yrs. Of age			
Name of PREA Coordinator: Kaitlyn Romiski		Title: PREA Coordinator	
Email address: Kaitlyn.romiski@luzernecounty.org		Telephone number: 570-829-7750	
Agency Information			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

The first Prison Rape Elimination Act (PREA) audit of the Luzerne County Division of Corrections took place on July 5th, 6th and 7th of 2016, a second visit was made on July 11th to complete interviews. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Prior to the on-site portion of the audit I reviewed all policies and data pertaining to the PREA Standards. The facility was posted on May 16, 2016, allowing time for inmates to respond to me in writing, no inmates responded. I delivered a flash drive to the facility, this was returned to me on June 30, 2016, allowing ample time to review all policies and procedures prior to the onsite audit. All documentation requested by me was provided in a timely and efficient manner, any follow up requests were acted upon immediately.

I wish to extend my appreciation to Acting Director James J. Larson and all of the staff for their professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made. I would also like to thank Luzerne County for their commitment to the operations of the Luzerne County Division of Corrections, and their dedication to the safety of the staff, as well as their dedication to the care, custody and control of the inmates incarcerated at the facility.

I need to recognize PREA Coordinator/Administrative Assistant Kaitlyn Romiski. It is through her dedication and overall work ethic that Luzerne County Division of Corrections performed exceptionally well during the PREA Audit. She worked with me tirelessly through the audit process, and fulfilled any request I had.

Prior to the onsite audit I had several opportunities to discuss the audit process, and expectations of the facility with both PREA Coordinator/Administrative Assistant Kaitlyn Romiski and PREA Compliance/Treatment Coordinator Grace Franks.

Upon my arrival on 07/05/16 I met with PREA Coordinator/Administrative Assistant Kaitlyn Romiski, Acting Director James J. Larson and Sgt. Joe Matchko. During this meeting we discussed the overall audit process, and the schedule for the next three days.

After the entrance meeting I was given a tour of the main jail. During this tour informal interviews were conducted with both staff and inmates in several different areas. I viewed the complete facility, all areas were accessible to me during the audit tour. A tour of the Minimum Offenders Building was conducted on 07/07/16, during this tour I was also able to conduct informal interviews with both staff and inmates.

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

Also during the interview portion thirty seven inmates at the facility were interviewed. I selected

the inmates by obtaining a population sheet, and randomly selected the inmates from all housing units. The selected inmates included those who have identified as gay or bisexual, inmates identified as high risk for sexual victimization, juvenile offenders, and those who reported sexual harassment.

All of the interviews were conducted in a very efficient manner; this was accomplished by the efforts of all staff of the Luzerne County Division of Corrections, but more specifically PREA Coordinator/Administrative Assistant Kaitlyn Romiski.

The facility was prepared for the onsite audit and performed extremely well. Looking at the overall performance of the facility I was impressed with the facilities operations and the overall response to incidents of sexual abuse or sexual harassment. The seriousness of incidents of this nature are not overlooked by both staff and inmates alike.

The interactions with the staff were positive and all were extremely helpful in making the audit process run as seamless as possible.

During the afternoon of 07/07/16 an exit conference was held. During this conference the areas of non-compliance were discussed, we also discussed a corrective action plan. This plan was immediately put into place.

An interim report was issued on 08/02/16.

On 12/19/16 I returned to the facility and checked all areas of initial non-compliance, and found them to be in compliance. These areas are further outlined in the standard by standard discussion.

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

DESCRIPTION OF FACILITY CHARACTERISTICS

The Luzerne County Division of Corrections is located at 99 Water Street Wilkes-Barre, PA 19702. The facility is located within the City of Wilkes-Barres and is in close proximity to the Luzerne County Courthouse and other government buildings. The main Correctional Facility is located on Water Street, and the Minimal Offender building is located on Reichard Street, the buildings are located on the same property, all of this property is owned and operated by Luzerne County.

The mission statement/vision statement reads as follows:

Mission Statement:

To protect public safety, to ensure the safety of Department personnel, and to provide proper custody, control and care of all offenders under the Department's jurisdiction while assisting in their re-entry into society.

Vision Statement:

To utilize effective and innovative correctional strategies through ethical leadership at all levels, while providing cost efficient, superior correctional services that makes the Luzerne County Department of Corrections the best in Pennsylvania.

The Division accomplishes this by:

- Ensuring public safety
- Operating safe and secure facilities
- Creating opportunities for successful re-entry for offenders
- Ensuring the rights of victims
- Partnering with public, private, and faith-based organizations
- Ensuring the well-being of employees and their families
- Ensuring compliance with all local, State and Federal laws, rules and regulations
- Providing accountability, integrity and efficiency for all agency operations.

Located on a five acre lot on Water Street, the Luzerne County Prison was completed in the summer of 1870. The buildings two wings contained 72 cells – 32 of which were double cells and could accommodate 104 prisoners.

The facility became obsolete by the 1980's. An expansion and renovation project to the original jail was completed in 1987. Cells were enlarged and a five story tower increased the number of cells to 256. Since that time, the prison became known as the Luzerne County Correctional Facility.

The Ground Floor consists of the Records Department and Booking area, where all admissions and discharges occur. The Kitchen and food supplies, the Commissary and the Laundry are also on this floor. Maintenance Office and Shop and the Mechanical Rooms are here as well.

The First Floor contains the Main Entrance, the Non-Contact Visiting Room, (3) Attorney Visiting Rooms, Main Control Center, the Library, Education Room, Treatment Offices, Drug and Alcohol

Program Offices, Clergy Room and the Offices for the Captains and Deputy Warden. Additional the Restrictive Housing Unit (L2), Misconduct Unit (L1), and Maximum Security Units (M1 and M2) are on this floor along with two outside restrictive recreations areas for segregation inmates. A Kitchen Workers Housing Unit and General Workers Housing Unit exist on this floor. The only entrance to the outside yard is also on this floor.

The Second Floor consists of the Medical Department with two Infirmary cells, an Examination Room, Dental Office and Pharmacy. Mental Health Offices, Classification, a Control Center, a six cell Mental Health housing unit, and Youthful Offender Unit are also found on this floor. Two more housing units, 2C1 and 2C2 are housing inmates under Protective Custody classification. 2D1 and 2D2 units contain low custody inmates and inmates monitored by the Mental Health due to medication needs. Two ten-inmate housing units exist in dayroom areas for specials needs.

Third Floor holds a Control Center, four Housing Units and two Dayroom Units containing Medium and Medium/Maximum classification inmates.

The Fourth Floor is entirely female inmates. A Control Center and three separate Housing Units 4A (General Population), 4B (Discipline/Segregation), 4C (In-House Workers and Work Release) make up this floor.

The Fifth Floor has a Control Center, Housing Unit 5A (Minimum/Medium classification), a 2- cell Restrictive Housing Unit, Video Conferencing Room, a Multipurpose Room and a Record Storage Room. The floor also has an outdoor yard used for recreating segregation inmates.

The Minimal Offenders Unit was established and opened on October 18, 2005. Designed to hold up to 238 residents, the Facility consists of three (3) separate housing units holding three (3) different classification types of residents.

A-Block consists of residents who are Court ordered inmates who are sentenced to weekends through court orders. All inmates in the work release block are Court ordered to be on this block to obtain employment or to attend educational programs such as college courses and court ordered drug and alcohol programs. Work release inmates are required to submit to strip searches each day upon returning from employment, school and drug and alcohol programs. Work release participants pay \$20.00 a day toward their room and board. Job checks are done periodically at their place of employment and school by Luzerne County Correctional Facility staff. Residents sentenced to serve weekends do not leave this block until they have served their weekend.

B-Block is pre work release and the residents are also Court ordered to perform community service. The Pre-Work Release Program is designed to assist the facility with various job details in and around the facility. The pre-release inmates do community service for nonprofit organizations and assist local communities with community development and support. This block also hold minimal offenders and overflow from C-block and the main facility.

C-Block is minimal offenders only. These residents remain in the facility at all times. The minimal offenders block houses inmates that are sentenced non sentenced and non-violent offenders. This block also assists in the overflow of inmate population in the main facility.

The overall cell construction limits any view of an inmate when they are changing or toileting. The showers are located outside of the housing areas, all showers have curtains that block any viewing.

The Minimal Offenders Unit has a separate shower area and toilet area for all of the inmates.

The two buildings have 3 single cell housing units, 19 multiple occupancy housing units, 8 open bay housing units, and 13 segregation cells.

During the last 12 months 4,691 inmates have been admitted to the facility, with 3745 staying for 72 hours or more and 1217 staying for 30 days or more.

The facility has housed 7 juvenile offenders during the past 12 months.

SUMMARY OF AUDIT FINDINGS

The Luzerne County DOC has exceeded in 3 standards, met 39 standards, and 1 standard is not applicable to the facility.

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

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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

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

EVIDENCE OF COMPLIANCE:

The Luzerne County Division of Corrections has established a Prison Rape Elimination Act Policy & Procedure. The policy establishes zero tolerance to sexual abuse and sexual harassment and reads in part:

PURPOSE

This purpose of this administrative directive is to describe how the federal Prison Rape Elimination Act (PREA) is implemented in order to eliminate sexual abuse of offenders in custody of Luzerne County Division of Corrections within all of the DOC sites; main building, female work release trailer and minimal offender and work release building. This directive provides uniform guidelines and procedures to reduce the risk of prison sexual abuse.

POLICY

The Luzerne County Division of Corrections (DOC) is committed to the safety of any individual in Luzerne County DOC custody. Luzerne County DOC has a zero-tolerance policy for sexual abuse involving inmate-on-inmate behaviors and staff-on-inmate behaviors. Luzerne County DOC will respond to all reports of sexualized behaviors or abuse as nonconsensual, regardless of perception, rumor, appearance, or participant disclosure.

AUTHORITY

Federal Prison Rape Elimination ACT (PREA), 2003. Standards for the Prevention Detection, Response, and Monitoring of Sexual Abuse in Adult Prisons and Jails.

REFERENCE

United States Department of Justice National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA). Prison Rape Elimination Act Lock up Standards. (2012)

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

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

The agency has designated Kaitlyn Romiski as the PREA Coordinator. During the interview she related that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. It should be noted that Kaitlyn Romiski works directly for the Director of Correctional Services. The facility also employs two PREA Compliance Managers, one for the correctional facility and one for the minimal offenders unit.

At the time of the onsite audit Grace Franks was the PCM for the correctional facility, she has since left the employment of Luzerne County, she has been replaced by Sgt. Joe Matchko. Director Pete Cwalina of the minimal offender unit is the PCM for that building.

During the interview process I had the opportunity to interview both Grace Franks and Sgt. Matchko. Director Cwalina was interviewed on 07/11/16. All three understood their roles in the implementation and oversight of the PREA policies throughout the facilities.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses supplemental housing out of county, the policy reads as follows:

Supplemental Housing-Out of County Inmates

- a) *Luzerne County DOC is responsible for the safety of inmates who are placed in supplemental housing correctional facilities. Luzerne County DOC will have protocols in place with all contract institutions regarding orientation to PREA, inmate reporting mechanisms, inmate victim safety and perpetrator accountability.*
- b) *Allegation Reporting*
 - i. *All out of county facilities are responsible for notifying Luzerne County DOC PREA Coordinator immediately of any report of sexual abuse.*
 - ii. *The PREA Coordinator is responsible for reporting all allegations to the PREA Implementation Team and Warden immediately.*
 - iii. *The OOC Facility is responsible for working with staff at the institution and gathering all incident paperwork to be submitted to the PREA Implementation Team and PREA Coordinator.*

The Luzerne County DOC contracts with both Clinton County and Lackawanna County for housing of inmates. Both counties are compliant with the PREA standards, Lackawanna County has been audited, and Clinton County is in the process of being audited.

The PREA Coordinator and Acting Director understood the obligation of not housing any inmates at facilities that are not compliant with PREA.

Standard 115.13 Supervision and monitoring

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses supervision and monitoring, the policy reads as follows:

1. *Staffing Plan*
 - a. *The Luzerne County Correctional Facility will maintain adequate staffing levels as per the facility staffing plan.*
 - b. *Any instance in which the staffing plan is not complied with an incident report is to be submitted justifying the deviation.*
2. *Supervision*
 - a. *Unannounced rounds are to be made to all housing units, each shift, by a Lieutenant or Captain, to provide supervision and monitoring of staff and inmates deterring incidents of sexual assault, abuse, or harassment.*
 - b. *Rounds are to be documented on officer keeper reports. The Captain or Lieutenant will sign the report and include the time of inspection.*
 - c. *The Captain or Lieutenant will also fill out the appropriate documentation in the PREA Supervisor Rounds Log Book.*
 - d. *Staff are prohibited from notifying other staff that an unannounced round is taking place. Staff will be subject to discipline if they violate this policy.*

The agency has developed, and documented a staffing plan for the facility. This staffing plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. The number of staff is outlined in the collective bargaining agreement between the Laborers International Union of North America, Local 1310 and Luzerne County Division of Correctional Services. The overall staffing plan is dictated by the Luzerne County Division of Correctional Services. I reviewed the staffing plan and found it to be complete.

The staffing plan has not been deviated from within the last 12 months. The facilities have minimal staffing numbers that are met by utilizing overtime.

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

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

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

During the onsite audit I reviewed the officer keeper reports as well as the PREA Supervisor Rounds Log Book confirming the documentation of the unannounced rounds.

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

Standard 115.14 Youthful inmates

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses youthful offenders, the policy reads as follows:

3. *Youthful Offenders*
 - a. *Any inmate under the age of 18 is considered a youthful inmate.*
 - b. *All youthful inmates will be housed separately from adult detainees.*
 - c. *Youthful inmates will be separated by sight, sound, and physical contact with any adult inmates unless direct correctional facility staff supervision is present.*
 - d. *Isolation of youthful inmates will be avoided. In any case where isolation is deemed necessary documentation justifying the isolation must be completed and the case will be reviewed weekly by the PREA Implementation Team to determine if alternative housing is available. Documentation will be submitted weekly in regard to the review.*
 - e. *Youthful inmates will have access to education services, drug & alcohol services, mental health services, law library, Chaplain's services, and all other services.*

The facility has a separate housing unit for youthful inmates, this housing unit can hold up to 12 inmates, and at the time of the audit 4 juveniles were being housed.

The housing unit ensures sight and sound separation from all adult offenders, the youthful inmates have access to all educational, recreational, and all other services offered to adult offenders.

During the interviews with the staff I confirmed that the juvenile inmates are being offered all of the services.

I further confirmed this during the interviews with the youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses limits to cross gender viewing and searches, the policy reads as follows:

1. *All correctional staff will announce their presence on a housing unit if their gender differs from the gender of the housing unit.*
2. *No inmate will be searched or physically examined for the sole purpose of determining genital status.*
3. *All security personnel will conduct pat down searches in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.*
4. *Cross gender pat searches will only be conducted in exigent circumstances or when performed by a medical practitioner.*
5. *All cross gender pat searches will be documented citing the circumstance which allowed for the pat search.*
6. *Luzerne County DOC correctional staff shall not conduct cross-gender strip searches or body cavity searches unless they are a medical practitioner.*
7. *All body cavity searches will be done in the presence of a medical practitioner.*

The policy further contains a Transgender & Gender Variant Policy, this policy reads as follows:

1. *Purpose: This order provides guidelines for the Luzerne County Division of Corrections to follow in order to meet federal statutes and regulations, American Correctional Association (ACA) Standards, National Correctional Care Health Commission (NCCHC) standards, and Prison Rape Elimination Act (PREA) statutes, regulations, guidelines, directives, or requirements that:*
 - *facilitate the elimination of discrimination against; and/or;*
 - *address the appropriate treatment of; and/or;*
 - *provide for the safety, security and medical needs of transgender and gender-variant inmates.*
2. *Policy: It is the policy of the Luzerne County Division of Corrections to receive, evaluate, house and provide secure, safe and humane custody of all persons, including transgender and gender-variant inmates, who are lawfully committed or held for confinement by the Luzerne County Division of Corrections until their lawful and appropriate release or transfer to another authority.*

The policy reads in part:

1. *Pat Searches*
 - a. *If there is prior knowledge that an inmate is transgender/gender-variant, and a pat search is required, the officer performing the search should be of the same sex as identified by the inmate's transgender/gender-variant search preference.*
 - b. *The prisoner shall sign the Statement of Preference Form, indicating initial preference, preferred name, and preferred pronoun.*

2. *Strip Searches*
 - a. *When a strip search is required for a transgender/gender-variant prisoner, the search will be conducted by an officer and overseen by a supervisor.*
 - b. *The officer and the supervisor will be of the same sex that is listed on the inmate's Statement of Preference Form (Attachment 29) unless otherwise directed by the supervisor.*
 - c. *Strip searches shall not be performed as a punitive measure.*
 - d. *Strip searches will not be done for the sole purpose of observing the prisoner's genitalia or determining gender.*
 - e. *If the gender of the prisoner cannot be determined, or a prisoner refuses to complete the Statement of Preference Form, the infirmary staff may be consulted to assist in making a determination.*
 - f. *The Infirmary may attempt to communicate to the inmate the need for his or her cooperation in determining sex for the purposes of housing and additional inmate services without resorting to a physical examination.*
 - g. *The intake search officer will be responsible for notifying the medical staff that a transgender/gender-variant inmate has been identified. The transgender/gender-variant inmate shall be temporarily housed in administrative segregation. This temporary housing shall be for no more than seventy-two (72) hours, excluding weekends and holidays.*

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

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

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

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

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

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

The facility has cameras throughout the facility in all common areas. I reviewed the surveillance system monitors and confirmed that the views of the cameras do not allow for any cross gender viewing of an inmate. Some specific areas of the facility have permanent boxes on the camera views that block out specific areas of the day rooms. The facility is in the process of completely upgrading its video monitoring system.

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

During the initial audit the area needed curtains to block the view from the hallway while inmates were utilizing the toilet. During the facility visit on 12/19/16, I verified these curtains are in place.

During the initial audit I found that the showers of the three housing units in the minimal offender unit/building could be seen when standing in the hallway from specific locations. The facility corrected this issue shower curtains, I verified that the showers cannot be viewed.

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

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses limits to cross gender viewing and searches, the policy reads as follows:

1) Inmate Orientation

Luzerne County DOC will give an appropriate orientation to all inmates. This information is designed to inform all inmates that Luzerne County DOC has a zero-tolerance policy toward sexual abuse, and that all inmates are encouraged to report any and all such incidents. The orientation will be tailored to the specific needs of any inmate suffering from a disability or who is Non-English speaking. All materials will be available in both English and Spanish and provided to the inmate accordingly. If an inmate is disabled the materials will be presented in a manner that ensures the inmate understands the zero tolerance policy towards sexual abuse and all reporting avenues.

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

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

At the time of the audit no disabled or non-English speaking inmates were being housed.

The facility provides all printed material in both English and Spanish, all posters throughout the facility are in both languages also. I was able to view the posters during the facility tour.

During my interviews with the facility investigators I confirmed that they would utilize outside sources provided by the Luzerne County District Attorney's Office for interpretation if needed.

Standard 115.17 Hiring and promotion decisions

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses hiring and promotion decisions, the policy reads as follows:

1. *All new employees, volunteers, and contracted providers will be required to submit to a background check prior to entrance to the facility.*
2. *All current employees, volunteers, and contracted providers shall resubmit to a background check every five (5) years.*
3. *Luzerne County DOC will not allow individuals who meet the following criteria access to the facility:*
 - a. *Anyone who has engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution.*
 - b. *Anyone who has been convicted of engaging or attempting to engage in sexual activity 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.*
 - c. *Anyone who has been civilly or administratively adjudicated to have engaged in the activity described in a. and b.*

The policy further states:

1. *Luzerne County Division of Corrections Staff*
 - a. *Any Luzerne County DOC staff member found in violation of the Zero Tolerance Policy for sexual assault, abuse, or harassment will be subject to in-house disciplinary action including but not limited to suspension without pay, and termination. If deemed necessary criminal charges will be filed.*
 - b. *Any violation of the Zero Tolerance Policy will be taken into consideration during any promotion process.*

- c. *Any Luzerne County DOC staff member found guilty of sexual assault, sexual abuse, or sexual harassment of an inmate will be terminated.*

During my interview with the Acting Director I verified that the above hiring and promotion policies are being adhered to.

I was able to confirm that JNET Administrator has conducted criminal history checks on all staff every five years, these checks are also conducted upon hiring.

Standard 115.18 Upgrades to facilities and technologies

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

EVIDENCE OF COMPLIANCE:

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

Standard 115.21 Evidence protocol and forensic medical examinations

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses evidence protocol and forensic medical examinations. The policy outlines in detail evidence collection in a sexual assault incident, and further describes in detail evidence collection procedures.

The Correct Care Solutions Policies and Procedures further outline the evidence collection procedure followed by the medical staff. The policy states the following:

- a. *Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the Responsible Health Authority (RHA)/Health Services Administrator (HSA) and Facility Administrator.*

- b. *The patient is immediately escorted to medical for a preliminary evaluation and treatment of any visible injuries. This treatment is to be done without disturbing evidence and afford as much privacy as possible.*
- c. *An Incident Report Form is completed and pertinent information is obtained, noting who, what, where, when and how, name of reporting person, patients involved (if applicable) and the sexual abuse allegedly committed.*
- d. *Victims of sexual abuse will be referred to a treatment or gathering of forensic evidence.*

All incidents are immediately responded to by the trained facility investigators, they are further trained in evidence identification and collection.

The agency conducts administrative investigations, all criminal investigations are conducted by the Luzerne County Detectives. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for both administrative proceedings and criminal prosecutions. The protocol is developmentally appropriate for youthful inmates. The Luzerne County DOC investigators work hand in hand with the Luzerne County Detectives during the investigations. The County Detectives have also received training in evidence identification and collection.

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

The Luzerne County DOC has established a procedure with the Luzerne County Sexual Assault Response Team to have the SART respond to all allegations of sexual abuse in the facilities. The established county SART was expanded to include a specific team that responds to facility allegations.

The facility transports all victims to Wilkes-Barre General Hospital for forensic examinations, this hospital is equipped with Sexual Assault Nurse Examiners. These examinations are provided at no cost to the victim.

Staff of the Victims Resource Center are part of the SART. They will immediately respond with any activation of the team. If requested by the victim, the victim advocate, will accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals. This was verified through staff interviews and interviews with the Victims Resource Center personnel.

These above procedures were further confirmed during the interviews with the facility investigators, and during the review of the investigations, all offers of examinations and victim advocacy are documented.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses outlines the policy to ensure all allegations are referred for investigation. The policy reads in part:

1) *General Overview*

- a) *Luzerne County Division of Corrections staff will respond to, investigate and support the prosecution of sexual abuse within the Luzerne County Division of Corrections and externally in partnership with law enforcement. Through continual education of staff and inmates, Luzerne County DOC will increase awareness of safe reporting mechanisms and available services to victims, thereby creating an institutional culture that discourages prison sexual abuse. Through classification and housing assignment, Luzerne County DOC will identify opportunities to separate and carefully monitor sexually predatory inmates and vulnerable inmates to reduce the incidence of prison sexual abuse. Luzerne County DOC will establish data collection systems to accurately track sexual abuse and sexualized behavior; facilitate identification of the casual factors; and annually incorporate 'lessons learned' into improved operations, services and training toward a zero-tolerance standard.*
- b) *All department staff must understand their responsibility in the prevention, detection, and reporting of all incidents of sexual abuse. Professional, trained staff will help prevent incidents of prison sexual abuse by following the guidelines below during the performance of their duties:*
 - i. *Know and enforce rules regarding sexual abuse and sexualized behavior of inmates:*
 - ii. *Use professional language;*
 - iii. *Treat all allegations seriously and follow appropriate reporting procedures;*
 - iv. *Recognize that incidents can occur virtually anywhere, especially in areas that are not directly supervised at all times; (Sound correctional practice includes conducting frequent, random area and cell checks, providing direct staff supervision whenever possible.)*
 - v. *Maintain an open line of communication with inmates.*
 - vi. *Recognize that first-time, youthful, elderly, seriously functionally impaired, developmentally disabled, homosexual, and transgender inmates, and/or inmates who have committed sexual offenses are at an increased risk for prison sexual abuse;*
 - vii. *Be aware of possible warning signs that might indicate that an inmate has been sexually abused or is in fear of being sexually abused; (Warning signs include, but are not limited to, isolation, depression, lashing out at others, refusing to shower, suicidal thoughts or actions, seeking protective custody, and refusing to leave segregation.)*
 - viii. *Be aware of potential sexually aggressive behavior. The sexual aggressor may be known by the general population. Characteristics or warning signs may include a prior history of committing rape, history of institutional violence, use of strong arm tactics (extortion), associating or pairing up with inmates who meet the profile of a potential victim, exhibiting voyeurism/exhibitionistic behavior, and demonstrated inability to control anger.*
- c) *Inmates are encouraged to report all allegations of sexual abuse and/or sexualized behavior having occurred or occurring in a correctional institution. Access to services for the inmate victim of sexual abuse will not be dependent on the victim's willingness to report allegations or provide testimony. In large measure, however, reporting of alleged sexual abuse by inmates is critical to the timely delivery of*

necessary services to the victim and to holding perpetrators accountable and less likely to reoffend. All such reports will be investigated within the limitations of information provided and the willingness of inmates and/or others to provide testimony. When the victims of a PREA incident can be identified, the victims will be offered access to necessary services available through Luzerne County DOC and its community partners.

- d) *The Warden will develop procedures to appropriately report 1) all forms of sexual abuse to include, but not be limited to, staff-on-inmate and inmate-on-inmate sexual harassment, sexually abusive penetration, sexually abusive contacts, indecent exposure, voyeurism, and sexualized behavior.*

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

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

All of the investigations are being investigated by the proper authorities.

Standard 115.31 Employee training

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses employee training, the policy states:

The PREA Implementation Team and PREA Coordinator has the responsibility and authority to develop all PREA-related training, and will work with the Luzerne County DOC Training Department to ensure that all appropriate personnel are trained in the provisions of this directive.

1. NEW EMPLOYEES

- a. *Correctional Officers will complete the PREA training and have yearly updates.*
- b. *Volunteers, medical providers, mental health providers and other contracted staff who work within the facility will participate in and complete orientation provided by the Luzerne County DOC Training Department and have yearly updates.*
- c. *All volunteers, medical providers, mental health providers, and other contracted staff who work in the facility less than twenty (20) hours per week will receive notification of the PREA policy as it pertains to them and receive yearly updates.*
- d. *All new facility and field staff including but not limited to: Correctional Officers, Caseworkers, counselors, medical/mental health providers, volunteers and education staff will complete the National Institute of Corrections online course, Your Role: Responding to Sexual Abuse before starting at their worksite. A certificate of completion will be submitted to Luzerne County DOC Training Department.*

2. TRAINING TOPICS

- a. *Facility Staff & Full-time Contracted Providers*
 - i. *Luzerne County DOC Zero-Tolerance Policy for sexual abuse and sexual harassment.*
 - ii. *Responsibilities in reporting & responding to incidents of sexual abuse, assault, & harassment.*
 - iii. *Inmate's right to be free from sexual assault, abuse & harassment.*
 - iv. *Rights of inmates & staff to be free from retaliation for reporting incidents of sexual assault, abuse, or harassment.*
 - v. *Dynamics of sexual assault, abuse, & harassment in confinement.*
 - vi. *Common reactions of victims.*
 - vii. *How to detect and respond to signs of threatened and actual sexual abuse.*
 - viii. *How to avoid inappropriate relationships with inmates.*
 - ix. *How to communicate effectively and professionally with LBGTI and gender non-conforming inmates.*
 - x. *How to comply with mandated reporting statutes.*
- b. *Medical/Mental Health Providers*
 - i. *Victim care*
 - ii. *Forensic exams*
 - iii. *How to detect sexual abuse during an exam*
 - iv. *Reporting and investigative protocol*
- c. *Volunteers & Contractors*
 - i. *Luzerne County DOC Zero-Tolerance Policy*
 - ii. *Sexual abuse reporting and investigative protocol*
 - iii. *Maintaining appropriate professional boundaries*
 - iv. *Strategies for promoting effective prevention and intervention of staff-on-inmate sexual abuse and staff-on-inmate sexual harassment*

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

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

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

Standard 115.32 Volunteer and contractor training

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses volunteer and contractor training, the policy states:

The PREA Implementation Team and PREA Coordinator has the responsibility and authority to develop all PREA-related training, and will work with the Luzerne County DOC Training Department to ensure that all appropriate personnel are trained in the provisions of this directive.

d. Volunteers & Contractors

- v. Luzerne County DOC Zero-Tolerance Policy*
- vi. Sexual abuse reporting and investigative protocol*
- vii. Maintaining appropriate professional boundaries*
- viii. Strategies for promoting effective prevention and intervention of staff-on-inmate sexual abuse and staff-on-inmate sexual harassment*

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

During the audit I interviewed a volunteer from an outside victim advocacy agency. She informed me that she received the information and was well informed on her obligations under PREA. She further informed me that she does not know of any issues within the facility.

Standard 115.33 Inmate education

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses inmate education, the policy states:

2) Inmate Orientation

- a) *Luzerne County DOC will give an appropriate orientation to all inmates. This information is designed to inform all inmates that Luzerne County DOC has a zero-tolerance policy toward sexual abuse, and that all inmates are encouraged to report any and all such incidents.*
- b) *Upon an offender's admission to Luzerne County DOC custody, the Booking Officer will do the following in the intake process:*
 - i. *Hand out the PREA brochure, "You Have the Right to be Safe: A Guide for Inmates/Offenders about Sexual Abuse in Corrections- Know Your Rights and Responsibilities".*
 - ii. *Give locations of the inmate phones and instructions for the operation of the Inmate/Offender Hotline for reporting incidents. (see Attachment 3)*
 - iii. *Inform the inmate that they can report incidents of sexual abuse or behavior to any staff member (including contractors and volunteers);*
 - iv. *Inform the inmate that they can report incidents of sexual abuse between both staff and inmate, and inmates and inmates.*
- c) *As part of the inmate medical screening process, medical personnel will provide the following:*
 - i. *Review all questions on the Inmate Guide to Medical Services;*
 - ii. *Have the inmate sign the form and place it in their medical file.*
- d) *As part of the inmate orientation process, within the first seven (7) days of incarceration the PREA Implementation Team will:*
 - i. *Review the brochure, "The Prevention of Sexual Abuse in Prison: An Overview for Offenders" with the inmate;*
 - ii. *Explain how to avoid risky situations related to sexual abuse;*
 - iii. *Review instructions for the operation of the Inmate/Offender Hotline;*
 - iv. *Explain the reporting procedure for incidents of sexual abuse;*
 - v. *Explain how to obtain counseling services and/or medical assistance if victimized;*
 - vi. *Explain what the risks and potential consequences are for engaging in any type of sexual activity while incarcerated.*
- e) *Released inmates who have been in the community for less than 90 days and have returned to the facility will only receive orientation from the Booking Officer and Classification Specialist.*
- f) *The Warden is responsible for ensuring that 1)the brochure "The Prevention of Sexual Abuse in Prison: An Overview for Offenders," as well as other designated materials, are made available in all living units and common areas; and 2) PREA orientation is completed with all inmates within the first month of incarceration.*
- g) *The PREA Coordinator will ensure that the orientation information referred to in this directive is included with the Inmate Handbook provided to all inmates at the facility.*
- h) *The PREA Coordinator will ensure that the Offender Hotline information is displayed next to each inmate unit phone.*

All of the inmates receive initial information on PREA in the form of a pamphlet, upon initial intake. I reviewed these pamphlets and found them to be informative.

Inmates/offenders are required to sign off on receiving this information and watching the training video, which is provided on all of the blocks.

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

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

Standard 115.34 Specialized training: Investigations

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

EVIDENCE OF COMPLIANCE:

The initial investigators attended the investigators training provided by the Pennsylvania Department of Corrections. I certified that all investigators have attended the course provided by the Pennsylvania Department of Corrections. This portion of the training was developed by me when I was employed by the Pennsylvania State Police, this training exceeds the expectations of the standard. The investigators have also received a second training which was conducted by the Luzerne County DOC.

I reviewed the training materials utilized in both training and found them to be informative and covering all aspects of this standard.

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

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

Standard 115.35 Specialized training: Medical and mental health care

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

EVIDENCE OF COMPLIANCE:

Luzerne County utilizes the services of both contracted medical personnel and county employed personnel. The contractor, Correct Care Solutions has trained all of its staff in the response to a PREA related incident.

This was confirmed during the review of the training documentation as well as interviews with the nursing personnel.

Initially the county employed nursing staff did not receive the additional training. The training was provided, this was confirmed by reviewing the training certificates and through interviews.

Standard 115.41 Screening for risk of victimization and abusiveness

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses screening for risk of victimization and abusiveness, the policy states:

1) Sexual Violence Screening

- a) During the booking process the Sexual Violence Screening Tool, will be completed in order to ensure that Luzerne County DOC is identifying potential victim and/or predatory inmates. This designation will not be used to restrict potential victims or perpetrators from services offered within the institution.*
 - i. During the booking process, the Booking Officer will complete Sections I, IIA, IIB and III of the Sexual Violence Screening Tool (Attachment 4). The officer will use observed behavior, information from the transporting staff and prior information to complete the form.*
 - ii. For any inmate scoring a “yes” in Section IIA or B, or three (3) or more in Sections I or III, the Booking Officer will fill out the Alert section with a designation of either “Inmate identified has exhibited characteristics of being a potential target for victimization,” “Inmate identified as exhibited characteristics of predatory behavior, or “Inmate identified as not exhibiting either characteristic.”*
 - iii. The Booking Officer will sign and date the form and give the completed form to the Shift Supervisor. The Supervisor will review, sign and submit the form to the Classification Specialist.*
 - iv. The staff assigning housing will use the information to determine the inmate’s housing arrangements.*
 - v. Any inmate who is identified as a potential victim and/or perpetrator will be added to the PREA Implementation team roster and be discussed at the following meeting. The team is responsible for creating a facility plan for the inmate.*
 - vi. The PREA Implementation Team will be responsible for updating the PREA Designation List and notifying Supervisors.*

I reviewed the screening tool utilized for the screening of the inmates. This screening tool covers all questions enumerated in the standard. The screening is conducted upon intake into the facility. It should be noted that all inmates in both the main prison and minimal offender building are both booked through the main prison. I also confirmed the screening is being conducted during the inmate interviews.

Initially the 30 day screening was not in place, these are being conducted now through the Classification Specialist. During the facility visit on 12/19/16 I confirmed the screening through interviews and visual inspection of the completed screening tools and tracking form.

Standard 115.42 Use of screening information

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses use of screening information, the policy states:

3) Classification and Housing

- a) In order to reduce the likelihood of sexual abuse while an inmate is in Luzerne County DOC custody, the Classification Specialist will take the following into account when assigning housing for every inmate upon intake, or in any special circumstances. To minimize the risk of inmate sexual assault due to housing assignment, Predatory-designated inmates will not be placed with Vulnerable-designated inmates; this reduces the risk of sexual abuse against those inmates who are most at risk or by those inmates most likely to perpetrate such a crime. When a PREA incident had occurred or is alleged to have occurred, Luzerne County DOC's priorities are safety and security for the victim, the general inmate population, the perpetrator and the institution. It may be necessary to separate the involved inmates to prevent further victimization or retaliation.*
- b) All designated inmates' status will be reviewed every thirty (30) days by the PREA Implementation Team.*
- c) Intake*
 - i. All inmates will be assessed at intake to determine whether they meet specific criteria indicating either likelihood of victimization or predatory behavior, both of which require a Sexual Violence Screening Tool designation.*
 - ii. Except as noted below, all cell assignments for inmates in celled housing will be determined using (1) the current classification screening process and (2) the Sexual Violence Screening Tool which recognizes key risk factors and identifiers used to track vulnerable and sexually predatory inmates.*

I verified with the PREA Coordinator that the screening tool is being utilized for housing, work, education and programming decisions. They further confirmed that the determinations are made on an individual basis.

I further confirmed during staff interviews that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, they consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

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

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

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

Standard 115.43 Protective custody

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

EVIDENCE OF COMPLIANCE:

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

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

Standard 115.51 Inmate reporting

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses inmate reporting, the policy states:

1) Reporting

- a) Inmates can report sexual assault, sexual harassment, or sexual abuse in one of the following ways:
 - i. Report incident to an officer or supervisor*
 - ii. Write to the PREA Coordinator via "In House Mail"*
 - iii. Utilize the inmate hotline from the block phones*
 - iv. Contact Victim's Resource Center from the block phones.**
- b) Third-Parties can report incidents of sexual assault, sexual harassment, or sexual abuse in one of the following ways:
 - i. Ask to speak with a supervisor or the PREA Coordinator*
 - ii. Contact the facility hotline or Victim's Resource Center**
- c) Staff must report incidents of sexual assault, sexual harassment, or sexual abuse to their supervisor immediately.
 - i. All reports of sexual abuse, sexual assault, or sexual harassment will be reported regardless of whether they were made verbally, in writing, or anonymously from third-parties.*
 - ii. Staff will maintain inmate's privacy by reporting and addressing all incidents or accusations privately and professionally.**

- d) *Inmates detained solely for civil immigration purposes can:*
 - i. *Utilize all reporting methods offered to all inmates.*
 - ii. *Will receive contact information for relevant consular officials and relevant officials of the Department of Homeland Security by way of the “Notification of Consular,” and copy of the “I.C.E. Detainer.”*
- e) *Grievance Procedure*
 - Inmates will not utilize the grievance procedure to report sexual abuse or sexual harassment.*

The facility has posters throughout the facility providing reporting sources, these posters are printed in Spanish also.

The reporting line comes directly back to the Luzerne County DOC.

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

Inmates also have the ability to call the Victims Resource Center.

The facility is in the process of changing the outside reporting source to the Pennsylvania department of Corrections Hotline. This transition will take place in the near future.

Standard 115.52 Exhaustion of administrative remedies

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses inmate reporting, the policy states:

2) Reporting

- a) *Inmates can report sexual assault, sexual harassment, or sexual abuse in one of the following ways:*
 - i. *Report incident to an officer or supervisor*
 - ii. *Write to the PREA Coordinator via “In House Mail”*
 - iii. *Utilize the inmate hotline from the block phones*
 - iv. *Contact Victim’s Resource Center from the block phones.*
- b) *Third-Parties can report incidents of sexual assault, sexual harassment, or sexual abuse in one of the following ways:*
 - i. *Ask to speak with a supervisor or the PREA Coordinator*
 - ii. *Contact the facility hotline or Victim’s Resource Center*
- c) *Staff must report incidents of sexual assault, sexual harassment, or sexual abuse to their supervisor immediately.*

- i. *All reports of sexual abuse, sexual assault, or sexual harassment will be reported regardless of whether they were made verbally, in writing, or anonymously from third-parties.*
- ii. *Staff will maintain inmate's privacy by reporting and addressing all incidents or accusations privately and professionally.*
- d) *Inmates detained solely for civil immigration purposes can:*
 - i. *Utilize all reporting methods offered to all inmates.*
 - ii. *Will receive contact information for relevant consular officials and relevant officials of the Department of Homeland Security by way of the "Notification of Consular," and copy of the "I.C.E. Detainer."*
- e) *Grievance Procedure*
 - Inmates will not utilize the grievance procedure to report sexual abuse or sexual harassment.*

The facility does not accept grievances related to sexual assault or sexual harassment. If any grievance was received that indicated an incident of sexual abuse or sexual harassment, the incident would be immediately investigated. This was confirmed with the PREA Coordinator.

The facility is exempt from this standard.

Standard 115.53 Inmate access to outside confidential support services

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses inmate access to outside confidential support services, the policy states:

1) Support Services

- a) *Following a report of a sexual assault, abuse, or harassment inmates will be offered victim's services, medical treatment, and mental health treatment.*
- b) *All inmates will be provided with the contact information for Victim's Resource Center. By utilizing the block phones, inmates will be able to contact Victim's Resource Center at any time.*
- c) *All other requested support services will be arranged if determined to be appropriate by the facility's Supervisor of treatment services.*

The facility has also entered into an agreement with Victim's Resource Center for victim advocacy. If requested by the victim, the victim advocate, will accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals.

The Victim's Resource Center is part of the aforementioned SART.

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

Standard 115.54 Third-party reporting

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

EVIDENCE OF COMPLIANCE:

The facility utilizes a reporting line that comes directly back to the Luzerne County DOC for third party reporting.

They also utilize the Victims Resource Center for third party reporting. This information is posted and available for third parties to utilize.

Standard 115.61 Staff and agency reporting duties

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses staff and agency reporting duties, the policy states:

4) Reporting

- a) Inmates can report sexual assault, sexual harassment, or sexual abuse in one of the following ways:
 - i. Report incident to an officer or supervisor*
 - ii. Write to the PREA Coordinator via "In House Mail"*
 - iii. Utilize the inmate hotline from the block phones*
 - iv. Contact Victim's Resource Center from the block phones.**
- b) Third-Parties can report incidents of sexual assault, sexual harassment, or sexual abuse in one of the following ways:
 - i. Ask to speak with a supervisor or the PREA Coordinator*
 - ii. Contact the facility hotline or Victim's Resource Center**
- c) Staff must report incidents of sexual assault, sexual harassment, or sexual abuse to their supervisor immediately.
 - i. All reports of sexual abuse, sexual assault, or sexual harassment will be reported regardless of whether they were made verbally, in writing, or anonymously from third-parties.*
 - ii. Staff will maintain inmate's privacy by reporting and addressing all incidents or accusations privately and professionally.**
- d) Inmates detained solely for civil immigration purposes can:
 - i. Utilize all reporting methods offered to all inmates.**

- ii. *Will receive contact information for relevant consular officials and relevant officials of the Department of Homeland Security by way of the “Notification of Consular,” and copy of the “I.C.E. Detainer.”*

The policy further states:

1) Confidentiality

- a) All staff working within the Luzerne County Division of Corrections will perform their duties in a professional manner and abide by all HIPAA laws.*
- b) When an incident of sexual harassment, sexual assault, or sexual abuse is reported staff will only discuss the allegation with the necessary and appropriate staff.*
- c) At no time will staff discuss the allegation on the housing unit or in the presence of any other inmate unless deemed necessary for a proper investigation of the alleged incident.*

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

I also reviewed all of the investigations and found that they had been reported properly and acted upon immediately.

Standard 115.62 Agency protection duties

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses agency protection duties, the policy dictates that in any instance the staff member who received the report will immediately ensure the inmate victim is safe and kept separated from the staff perpetrator, and notify the Supervisor.

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

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

I reviewed all of the investigations conducted and found that the initial response showed that the staff took the safety of the alleged victim seriously and acted appropriately to the situation.

Standard 115.63 Reporting to other confinement facilities

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

EVIDENCE OF COMPLIANCE:

The staff interviewed understood their responsibilities under this standard. If an incident was reported that occurred in another facility, the supervisor on duty would contact the head of the other facility.

During interviews and review of the investigations I confirmed that this scenario has never occurred.

Standard 115.64 Staff first responder duties

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

EVIDENCE OF COMPLIANCE:

The PREA policy identifies response to all incidents with documentation that corresponds with the type of assault, inmate on inmate, or staff on inmate. The following is an example from the policy of first responder duties:

Inmate-on-Inmate Sexually Abusive Penetration

Penetration by an inmate of another inmate without the latter's consent, or of an inmate who is coerced into sexually abusive penetration by threats of violence, or of an inmate who is unable to consent or refuse. The sexual acts included are:

- *Contact between the penis and the vagina or the anus;*
- *Contact between the mouth and the penis, vagina, or anus; or*
- *Penetration of the anal or genital opening of another person by a hand, finger or other object.*

Incident Protocol

1. *The staff member who received the report will immediately ensure the inmate victim is safe and kept separated from the inmate perpetrator, and notify the Shift Supervisor.*
2. *The Supervisor will:*
 - a. *Victim Protocol"*

- i. *Alert QHCP the identity of the perpetrator if known, and that bodily fluids have potentially been transferred;*
- ii. *QHCP will review the perpetrator's medical chart for the presence of STIs and issue victim care accordingly;*
- iii. *Refer to a QHCP for any immediate medical needs' the victim may decline onsite or offsite medical care as long as their injuries are not of an emergent need. This must be documented and refusal obtained.*
 - a) *If the victim refuses, Medical will offer PEP.*
- iv. *Gather information from Medical regarding any medical issues or injuries;*
- v. *Ensure that the Victim Information Form is filled out within one (1) hour of the initial report;*
- vi. *Interview the victim to determine who was involved or may have witnessed the event; what happened; and where, when, and why they believed it happened;*
- vii. *Ask the victim if they feel safe where they are;*
- viii. *NOT allow the victims to shower, eat/drink, brush their teeth or use the bathroom until examined by the SANE; *NOTE: Skip this step if incident occurred more than 96 hours ago.*
- ix. *Contact the local hospital to alert them of the incident and that a SANE is needed to examine the victim only if the victim prefers to go to the hospital or the facility SANE is not available. *NOTE: Skip this step if incident occurred more than 96 hours ago.*
- x. *Refer the victim to Mental Health upon their request.*

b. Perpetrator Protocol:

- i. *Refer to a QHCP for any immediate medical needs; the perpetrator may decline onsite or offsite medical care as long as their injuries are not of an emergent need. This must be documented and refusal obtained.*
- ii. *Not allow the perpetrator to shower, brush their teeth, eat or use the bathroom; *NOTE: Skip this step if incident occurred more than 96 hours ago.*
- iii. *Ensure that the Perpetrator Information Form is filled out within one (1) hour of the initial report;*
- iv. *Interview the perpetrator to determine who was involved or may have witnessed the event, what happened; and where, when, and why they believe it happened;*
- v. *Separate the perpetrator from the victim. Housing decisions should be based on the severity of the allegations.*

c. Notifications:

- i. *After the emergent situation is under control. The Supervisor will notify the PREA Coordinator and the Warden.*
- ii. *If the incident occurs during the PREA Coordinator's work hours, they will be informed immediately.*
- iii. *The PREA Coordinator will notify the:*
 - a) *District Attorney's Office*
- iv. *The PREA Coordinator will notify the:*

a) Supervisor of treatment services if any of the involved inmates are SFI

d. Evidence:

- i. Follow the investigation procedures in 95.246- A of the Polices & Procedures; Investigation of Sexual Assault/Allegation Procedures.*
- ii. Follow “chain of custody” by removing and securing all relevant evidence, placing each item in a filled out evidence bag, and placing the bags in a secure location;*
- iii. Maintain “chain of custody” for evidence until it is released to the Luzerne County District Attorney’s Office.*

e. Documentation:

- i. Provide the PREA Coordinator, PREA Implementation Team/ Investigators and the Warden with the completed Victim and Perpetrator Information Forms;*
- ii. Prepare and submit an Extraordinary Incident Report*
- iii. Create a PREA packet containing any of the below and submit to the Warden and the PREA Coordinator:*
 - a) The Sexual Violence Screening Tool*
 - b) Extraordinary Incident Report*
 - c) Facility Incident Report Forms*
 - d) Photographic, telephone, or video evidence*
 - e) Victim, perpetrator, and witness statements*

3. The PREA Coordinator will:

- a. Be responsible for the PREA packet upon receipt from the Shift Supervisor*
- b. Provide assistance and information to the PREA Implementation Team/Investigators and PREA Coordinator, including the PREA packet;*
- c. Follow through with relevant facility staff to ensure victim safety and perpetrator accountability.*

4. The PREA Implementation Team/Investigators and PREA Coordinator will:

- a. Submit a referral to Victim Services;*
- b. Work with the PREA Coordinator to ensure the investigation is complete;*
- c. Ensure that all information is entered into the PREA log;*
- d. Update the Warden, Director of Corrections, Supervisor of treatment services and relevant executive staff;*
- e. Work with law enforcement and investigative staff and assist through the resolution of the investigation.*

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

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

Standard 115.65 Coordinated response

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

EVIDENCE OF COMPLIANCE:

The agreement with SART outlines the coordinated response by all parties, this is documented as reads as follows:

Services shall be provided to the Luzerne County DOC sites below by the Sexual Assault Response Team (SART) Protocol. The Protocol steps are as follows; 1) Sexual assault is reported, 2) PREA Coordinator/Investigators respond and assess the report of the alleged assault, 3) Law Enforcement, Victim's Resource Center and SANE are contacted and 4) All services are provided throughout.

The Mission of SART at Luzerne County DOC is listed below:

- *To work in collaboration with community resources and law enforcement to improve and enhance response, reporting, and treatment to victims of sexual assault who are in the care, custody, and control of Luzerne County Division of Corrections.*
- *To establish and maintain a zero tolerance policy for sexual assault within Luzerne County Division of Corrections.*
- *To provide comprehensive, compassionate, and competent care to sexual assault victims who are in the care, custody and control of Luzerne County Division of Corrections.*

The Core Values of the Luzerne County Division of Corrections SART are listed below:

- *Upholding victim's privacy and confidentiality.*
- *Maintaining professionalism.*
- *Honoring cultural, physical, mental, emotional and language needs of victims.*
- *Committing to sexual assault prevention, detection, investigation and response education.*
- *Valuing victim's voice within the criminal justice system.*
- *Treating everyone with respect.*
- *Working openly and collaboratively.*
- *Working to improve the response to sexual violence.*

The Objectives of Luzerne County Division of Corrections SART are listed below:

- *Implement PREA Standards within one year.*
- *Maintain SART.*
- *Train a SANE.*
- *Train all staff, volunteers, and contracted service providers of PREA Standards and sexual assault reporting, response and prevention.*

Luzerne County Division of Corrections' sites are listed below:

- *Main Facility*
- *Minimal Offenders (MO) and Work Release Building*
- *Female Work Release Trailer*

Victim's Resource Center agrees to:

PREA Audit Report

1. *Act as liaison among the team agencies on behalf of victims.*
2. *Work collaboratively with team members to ensure quality services.*
3. *Protect and Promote victims' rights to confidentiality.*
4. *Educate the team on issues of diverse populations.*
5. *Work with the team to develop innovative practices.*
6. *Ensure that victims' follow-up support and services are addressed.*
7. *Resolve problems that may impede victims' receipt of timely and accurate case notification.*
8. *Help implement initiatives aimed at educating the inmate population about preventing sexual assault.*

Correct Care Solutions agrees to:

1. *Educate the team about posttraumatic stress disorder and counterintuitive behaviors.*
2. *Provide information about mental health treatment.*
3. *Educate the team on risk factors for suicide among victims.*
4. *Bridge services to ensure that mental health support is provided to victims and their families.*
5. *Educate the team on vicarious trauma and debriefing techniques.*
6. *Help implement initiatives aimed at teaching the inmate population how to prevent sexual assault.*

Sexual Assault Nurse Examiner (SANE) agrees to:

1. *Serve as liaison with the medical community.*
 2. *Provide the team with current information from medical literature pertinent to sexual assault.*
 3. *Assist in case reviews.*
 4. *Educate the team on the elements and procedures of sexual assault nurse exams.*
 5. *Educate the team on medical issue including sexually transmitted diseases, HIV prophylaxis, and emergency contraception.*
 6. *Help implement initiatives aimed at teaching the staff how to prevent sexual assault.*
 7. *Provide victims physical examinations to aid in the investigation and prosecution of sexual assaults.*
- *Note- Current SANE, who is Joshua Perry, RN, is in training. All exams should be sent to Wilkes Barre General Hospital for examination by a SANE.*

The Luzerne County Division of Corrections agrees to:

1. *Establish and maintain a zero tolerance policy for sexual assault within the facility.*
2. *To reduce the occurrence and risk of sexual assault within the facility.*
3. *Create various reporting methods for sexual assaults which encourage inmates to come forward.*
4. *Improve communication at all levels in regard to response and sexual assault awareness.*
5. *Provide all-inclusive services to victims of sexual assault.*
6. *Take measures to protect victims who have reported a sexual assault from retaliation.*

Luzerne County Division of Corrections Chaplain's Office provided by Jubilee Ministries, agrees to:

1. *Identify barriers that impede victims from seeking services.*
2. *Inform the team about victims' spiritual needs.*
3. *Bridge service gaps between community service agencies and faith-based organizations.*
4. *Act as liaison between the team and faith-based organizations.*
5. *Provide faith-based prevention education.*

Luzerne County Division of Corrections Infirmery, SANE, & PREA Coordinator agrees:

1. *To provide the team with medical information related to emergency procedures in response to sexual assaults.*
2. *Give detailed explanations of infirmery procedures and protocols.*
3. *Address issues regarding evidence preservation practices.*
4. *Assist the team with general crime scene and evidence preservation practices.*

5. *Provide testimony in court.*
6. *Help implement initiatives aimed at teaching the inmate population how to prevent sexual assaults.*

Luzerne County Division of Corrections in collaboration with the Luzerne County District Attorney's Office agrees to:

1. *Provide case status information.*
2. *Train team members on law enforcement policies and practices.*
3. *Act as liaison between the team and the District Attorney's Office.*
4. *Educate the team about how to improve coordination with law enforcement agencies.*
5. *Update the team on emerging criminal justice issues.*
6. *Provide background information for the team case reviews.*
7. *Help implement initiatives aimed at teaching the staff and inmates how to prevent sexual assault.*
8. *Investigate accusations of sexual assault at all Luzerne County DOC sites.*

Luzerne County District Attorney's Office agrees:

1. *To alert the team when cases can or cannot be prosecuted*
2. *Educate the team about prosecutorial policies and practices*
3. *Provide legal definitions and explanations*
4. *Assist in developing and implementing strategies to enhance prosecution of sexual assault*
5. *Provide training on pertinent legal issues*
6. *Serve as liaison with other legal offices*
7. *Assist with case reviews*
8. *Provide updates on case dispositions*
9. *Help implement initiatives aimed at teaching the staff & inmates how to prevent sexual assault*

Wilkes Barre Health Department and Wyoming Valley Aids Council agrees to:

1. *Provide information and assistance on data collection and analysis*
2. *Access information from other health professionals who provide services to victims*
3. *Join with statisticians and epidemiologists to assist in data collection and analysis*
4. *Educate the team about general health issues*
5. *Integrate strategies for sexual assault interventions and prevention*
6. *Provide information on the development and implementation of public health prevention activities and programs*
7. *Act as liaison between the team and the community's other health care providers*
8. *Help implement initiatives aimed at teaching the staff and inmates how to prevent sexual assault and sexually transmitted disease.*

All of the staff interviewed understood their responsibilities in responding and the importance of all entities working together.

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

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

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

EVIDENCE OF COMPLIANCE:

The facility has not entered into any contract nor collective bargaining agreement that would restrict them from protecting an inmate from contact with an alleged abuser. The correctional officers are represented by the Laborers International Union of North America, Local 1310. The agreement is effective from January 1, 2014 through December 31, 2018.

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

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

Standard 115.67 Agency protection against retaliation

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses agency protection against retaliation, the policy states:

- e) Retaliation*
 - i. The Luzerne County Division of Corrections will make all efforts to protect all inmates and staff that report sexual abuse, assault, or harassment or cooperate with a sexual abuse, assault, or harassment investigation from retaliation by other inmates or staff.*
 - ii. Any incidents of retaliation will be addressed by the PREA Coordinator and may result in in-house disciplinary action and/or criminal charges.*

The policy further states:

- a) Luzerne County DOC will:*
 - i. Protect inmates from sexual abuse, to the degree possible within limited resources and applicable laws;*
 - ii. Protect victims and reports of sexual abuse from retaliation from the perpetrator or others, beginning when the allegation is made until the threat has passed as determined through the investigation process, to the degree possible within limited resources and applicable laws;*
 - iii. Protect victims and perpetrators by ensuring that information obtained through the investigation is only shared with staff who are involved in the investigation or case*

- management of the involved parties, to the degree possible within limited resources and applicable laws;*
- iv. Use the least restrictive level of segregation for alleged perpetrators until the investigation is complete;*
 - v. Protect the victim's identity to the degree possible within investigation protocol and applicable laws, regarding incidents of substantiated staff-on-inmate sexual misconduct or sexual harassment.*
 - vi. Protect reporters of sexual abuse from retaliation from the perpetrator or others, beginning when the allegation is made until the threat has passed as determined through the investigation process, to the degree possible within limited resources and applicable laws;*
 - vii. To the degree possible within investigation protocol and applicable laws, not include any specific information in the Luzerne County DOC database regarding staff member(s) who have been identified as alleged perpetrators of staff sexual abuse;*
 - viii. In cases of criminal sexualized behavior directed towards staff, Luzerne County DOC will work with local law enforcement to pursue criminal charges on behalf of the staff member;*
 - ix. Ensure that allegations to staff sexual abuse or harassment are thoroughly investigated regardless of whether the staff member is terminated or resigns.*

The PREA Coordinator would be assigned to monitor retaliation. During her interview she related she understood her responsibilities under this policy. She related that the inmates are monitored through the classification specialist, the hearing officer, and the officers on the blocks.

I reviewed the investigations and found that they did not indicate any retaliation or alleged retaliation, the monitoring throughout the investigation is being documented in the investigative reports.

Standard 115.68 Post-allegation protective custody

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses post allegation protective custody, the policy states:

- 2) Classification and Housing*
- f) In order to reduce the likelihood of sexual abuse while an inmate is in Luzerne County DOC custody, the Classification Specialist will take the following into account when assigning housing for every inmate upon intake, or in any special circumstances. To minimize the risk of inmate sexual assault due to housing assignment, Predatory-designated inmates will not be placed with Vulnerable-designated inmates; this reduces the risk of sexual abuse against those inmates who are most at risk or by those inmates most likely to perpetrate such a crime. When a PREA incident had occurred or is alleged to have occurred, Luzerne County DOC's priorities are safety and security for the victim, the general inmate population, the perpetrator and the institution. It may be necessary to separate the involved inmates to prevent further victimization or retaliation.*
- g) All designated inmates' status will be reviewed every thirty (30) days by the PREA Implementation Team.*

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

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

Standard 115.71 Criminal and administrative agency investigations

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses criminal and administrative investigations, the policy states:

1) Criminal & Administrative Agency Investigation

- a) When a PREA incident occurs the Luzerne County District Attorney's Office will be contacted by the PREA Coordinator.*
- b) The initial investigation will be conducted by the PREA Investigators.*
- c) Evidence collected, statements, and reports will be turned over to the District Attorney's Office.*
- d) The facility PREA Investigators will continue to work collaboratively with the District Attorney's Office until the investigation is complete.*
- e) The PREA Investigators will apply a level of preponderance of the evidence when making their determination if an incident is substantiated*

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

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

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

Standard 115.72 Evidentiary standard for administrative investigations

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses evidentiary standard for administrative investigations, the policy states:

2) Criminal & Administrative Agency Investigation

- a) When a PREA incident occurs the Luzerne County District Attorney's Office will be contacted by the PREA Coordinator.*
- b) The initial investigation will be conducted by the PREA Investigators.*
- c) Evidence collected, statements, and reports will be turned over to the District Attorney's Office.*
- d) The facility PREA Investigators will continue to work collaboratively with the District Attorney's Office until the investigation is complete.*
- e) The PREA Investigators will apply a level of preponderance of the evidence when making their determination if an incident is substantiated*

I reviewed all of the investigations and found that the facility is not imposing a standard higher than preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

EVIDENCE OF COMPLIANCE:

The PREA Coordinator understands her obligation on reporting to inmates after an investigation has been conducted.

I reviewed the investigations conducted and found that the inmates had been notified in writing as to the outcome of the investigation.

Standard 115.76 Disciplinary sanctions for staff

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses disciplinary sanctions for staff, the policy states:

2. *Luzerne County Division of Corrections Staff*
 - a. *Any Luzerne County DOC staff member found in violation of the Zero Tolerance Policy for sexual assault, abuse, or harassment will be subject to in-house disciplinary action including but not limited to suspension without pay, and termination. If deemed necessary criminal charges will be filed.*
 - b. *Any Luzerne County DOC staff member found guilty of sexual assault, sexual abuse, or sexual harassment of an inmate will be terminated.*

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

I reviewed the investigations and found that the staff discipline has been in accordance with the policies and procedures.

Standard 115.77 Corrective action for contractors and volunteers

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses corrective action for contractors, the policy states:

1. *Volunteers & Contracted Providers*
 - a. *Any volunteer or contractor found in violation of the Zero Tolerance Policy for sexual assault, abuse, and harassment will be disciplined accordingly and lose clearance to enter the facility and if necessary criminal prosecution.*

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

I reviewed the investigations and found that no contractors or volunteers had been disciplined for a violation of this policy.

Standard 115.78 Disciplinary sanctions for inmates

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses disciplinary sanctions for inmates the policy states:

1. *Inmates*
 - a. *Any inmate in violation of the Zero Tolerance Policy for sexual assault, abuse, or harassment will be subject to in-house disciplinary sanctions and/or criminal prosecution.*

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

I reviewed the investigations and found that discipline is appropriate with the disciplinary policy in place.

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

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

EVIDENCE OF COMPLIANCE:

The Correct Care Solutions utilizes an in depth screening tool for both medical and mental health during the initial intake process. I reviewed the screening information and found that they identify any issues addressed in the standard. The policy reads as follows:

PROCEDURE:

1. *Qualified health care or mental health staff conducts an initial mental health screening by day 14 of admission to the correctional facility for both jails and prisons.*
2. *Results of the screening assessment will be documented in the inmate's health record.*
 - a. *Responses of a positive or concerning nature will result in a referral to mental health staff for additional assessment. If mental health staff conducted the initial screening, the staff member will either schedule the inmate for another assessment session, or will conduct a more in-depth assessment at the time of the initial screen.*

- b. Any referrals generated by qualified health care staff will be triaged and assigned for follow-up. More emergent referrals will be addressed first, with all referrals addressed within 72 hours of receipt of referral.
- c. If the inmate presents concerns regarding an imminent risk of self-harm or decompensation, the staff member conducting the assessment will initiate the suicide prevention protocol or the crisis intervention protocol, and will notify mental health staff (if not a member of the mental health staff).

This is intended to ensure that all inmates receive mental health screening; inmates with screens receive a mental health evaluation.

This policy applies to all health care staff and patients.

POLICY:

Inmates receive a mental health screening during the Initial Health Assessment. The mental health screening is carried out by qualified health care or mental health professionals. When findings are positive, the inmate is referred to a mental health professional (unless the screening was carried out by a mental health professional). A qualified mental health professional will provide training as needed when the mental health portion of the Initial Health Assessment is completed by a health care professional.

The initial mental health screening includes a structured interview with inquiries into: A history of:

- *Psychiatric hospitalization and outpatient treatment,*
- *Substance use hospitalization*
- *Detoxification and outpatient treatment*
- *Suicidal behavior,*
- *Violent behavior,*
- *Victimization,*
- *Special education placement,*
- *Cerebral trauma or seizures, and*
- *Sex offenses (either as victim or perpetrator);*

The current status of:

- *Psychotropic medications,*
- *Suicidal ideation,*
- *Drug or alcohol use, and*
- *Orientation to person, place and time;*

Emotional response to incarceration; and

A screening for intellectual functioning (i.e., mental retardation, developmental disability, learning disability).

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

All information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions. These decisions include housing, bed, work, education, and program assignments.

During the staff and inmate interviews I confirmed that these procedures are in place. The staff further understood their obligation to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Standard 115.82 Access to emergency medical and mental health services

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

EVIDENCE OF COMPLIANCE:

The Correct Care Solutions policy and procedures addresses access to emergency medical and mental health services, the policy reads as follows:

2. Intervention

- a. Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the Responsible Health Authority (RHA)/Health Services Administrator (HSA) and Facility Administrator.*
- b. The patient is immediately escorted to medical for a preliminary evaluation and treatment of any visible injuries. This treatment is to be done without disturbing evidence and afford as much privacy as possible.*
- c. An Incident Report Form is completed and pertinent information is obtained, noting who, what, where, when and how, name of reporting person, patients involved (if applicable) and the sexual abuse allegedly committed.*
- d. Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence.*
- e. No statements will be taken from patients or employees unless otherwise directed by administrator or designee.*
- f. With signed consent, medical information may be obtained from the alleged perpetrator so that appropriate medical intervention can be initiated for the victim.*
- g. Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate.*

3. Mental Health

- a. After any emergency treatment is provided, health care staff will notify mental health staff of event. An immediate telephone referral, including after hours, is the preferred referral format in case of an abuse.*

- 1) *If after-hours mental health issues are handled by health care staff at the facility, the evaluating health care staff member will assess need for immediate crisis based interventions. The psychiatrist may be contacted for consultation if such is deemed necessary.*
- b. *If needed, a treatment plan will be developed regarding any additional medical follow-up required.*
- c. *Mental health staff will assess need for crisis intervention, and provide those services as necessary.*
 - 1) *Mental health staff will offer on-going follow-up services. If the patient refuses such services, the patient will be informed that a mental health staff member will follow-up in fourteen (14) days to determine if the patient is functioning adequately and offer any follow-up services. All encounters will be documented in the patient's health record, including any refusals of follow-up services.*
- d. *If the facility identifies an alleged perpetrator of the abuse (through means such as placement in a Segregation Unit, issuing a disciplinary report, or filing of criminal charges), a mental health staff member will follow-up with this individual and assess adjustment to his or her current situation. If placed in Segregation, mental health staff will continue to monitor adjustment issues at least weekly via the Segregation rounds process. The professional assigned to this duty shall not be the same person assigned to any on-going follow-up with the victim of the abuse*

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

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

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

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

EVIDENCE OF COMPLIANCE:

The ongoing medical and mental health care for the inmates is coordinated through the SART, PREA Coordinator and medical staff at the facility.

The ongoing care is listed in the aforementioned policy of Corrective Care Solutions.

I reviewed the investigations conducted, these services were offered to all involved in an allegation, although these services were not utilized.

Standard 115.86 Sexual abuse incident reviews

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

EVIDENCE OF COMPLIANCE:

The facility reviews all of the incidents within 30 days of the conclusion of the investigation. The review team consists of the Acting Director, PREA Coordinator, PREA Compliance Managers, and PREA Investigators. During these reviews they take into consideration the following:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - (4) Assess the adequacy of staffing levels in that area during different shifts;
 - (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.
- (b) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

During the onsite audit I confirmed that the incident reviews are taking place. This was confirmed through staff interviews and reviewing the documentation of the review meeting.

Standard 115.87 Data collection

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses data collection the policy states:

Data collection

1. *The Luzerne County DOC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent versions of the survey of sexual violence conducted by the Department of Justice.*
2. *The Luzerne County DOC shall aggregate the incident-based sexual abuse data at least annually.*
3. *The Luzerne County DOC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.*
4. *The Luzerne County DOC also shall obtain incident-based and aggregated data from every private facility with which is contracts from the confinement of its inmates.*
5. *Upon request, the Luzerne County DOC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.*

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

Standard 115.88 Data review for corrective action

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses data review for corrective action the policy states:

Data Review for corrective Action

1. *Upon review of all the data collected and aggregated in order to assess and improve the effectiveness of sexual abuse prevention, detection and response policy, practices and training by:*
 - *Identifying problem areas*
 - *Taking corrective action on an ongoing basis*
 - *Preparing annual report of findings and corrective actions*
2. *The report will compare with previous reports and corrective actions*
3. *The Director will approve and make available to the public via website.*
4. *The Luzerne County DOC has permission to redact specific material from the reports when it presents a clear and specific threat to the safety and security of the jail, nature of redacted material must be indicated.*

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

While reviewing the investigations I did not identify any trends or issues that would call for immediate action. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Standard 115.89 Data storage, publication, and destruction

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

EVIDENCE OF COMPLIANCE:

The Prison Rape Elimination Act Policy & Procedure addresses data storage, publication, and destruction the policy states:

Data Storage, publication, and destruction

1. *The Luzerne County DOC shall ensure the data collected is securely retained.*
2. *The Luzerne County DOC shall 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.*
 - a. *Before making aggregated sexual abuse data publically available, the Luzerne County DOC shall remove all personal identifiers.*

3. *The Luzerne County DOC shall maintain sexual abuse data collected for at least ten years after the date of PREA Audit Report*

the initial collection unless federal, state, or local law requires otherwise.

All of the information from the investigations is secured in the office of the PREA Coordinator.

During her interview she understood her obligations under this policy.

To date the facility has not issued an annual report.

AUDITOR CERTIFICATION

I certify that:

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

1/5/17 _____

Auditor Signature

Date