



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

May 1, 2025

Commissioner Joshua Parsons
Lancaster County Prison Board, Chair
150 North Queen Street, Suite 714
Lancaster, PA 17603-1803

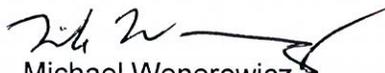
Dear Commissioner Parsons,

The Pennsylvania Department of Corrections, Office of County Inspections and Services, Director Thomas E. Inspector, Inspector Kenneth R. Brown, and Inspector Launa M. Kowalcyk, conducted the inspection of the Lancaster County Prison on February 11, 2025, under the authority of PA Code Title 37, Chapter 95 County Correctional Institutions, Administrative Standards, Regulations, and Facilities. Initial inspection observations were adequately addressed through the preliminary findings period. There are no standing deficiencies or citations to report. Warden Cheryl Steberger and the Lancaster County Prison staff deserve credit for their efforts in operating this facility in accordance with statewide correctional standards. Staff at the Lancaster County Prison should be proud of their accomplishments and are encouraged to maintain this level of compliance.

Due to the Lancaster County Prison meeting or exceeding Title 37, Chapter 95 compliance, the facility is granted a biennial inspection cycle. As such, the next inspection for this facility will be 2027.

Please contact my office with any questions regarding this report.

Sincerely,


Michael Wenerowicz
Executive Deputy Secretary
of Institutional Operations

Enclosure (1)

cc: Warden Cheryl Steberger, Lancaster County Prison
File



Pennsylvania
Department of Corrections

OFFICE OF COUNTY INSPECTIONS AND SERVICES

**PA CODE TITLE 37, CHAPTER 95
REGULATION COMPLIANCE INSPECTION**

LANCASTER COUNTY PRISON

Inspection Date: February 11, 2025
Report Date: April 30, 2025

Inspection Team

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*Authority under which this inspection was conducted: Act 95 of October 27, 2010, P.L. 931, § 5 (61 Pa.C.S. § 1105);
37 PA CODE § 95.220 et seq.*

Table of Contents

- A. Introduction 3
- B. Facility Demographics 3
- C. Facility Description 3
- D. The Inspection Process 3
 - 1. Entrance Interview 3
 - 2. Examination of Policy 4
 - 3. Facility Tour 4
 - 4. Conditions of Confinement / Quality of Life 5
- E. Areas Reviewed 5
 - 1. Personnel 5
 - 2. Admission and Release 5
 - 3. Orientation 6
 - 4. Inmate Rules / Staff Procedure 6
 - 5. Classification 7
 - 6. Housing 7
 - 7. Clothing 8
 - 8. Bedding 8
 - 9. Food Services 9
 - 10. Personal Hygiene 9
 - 11. Medical / Health Services 9
 - 12. Visiting 9
 - 13. Telephone Communications 11
 - 14. Inmate Mail 11
 - 15. Work Programs 11
 - 16. Access to Legal Services 12
 - 17. Religion 12
 - 18. Recreation 12
 - 19. Commissary / Other Funds 13
 - 20. Inmate Discipline 13
 - 21. Security 13
 - 22. Statistical Information Reporting 15
 - 23. Treatment Services 16
 - 24. Incoming Publications 16
 - 25. Deaths / Sexual Assaults 17
 - 26. Notifications 17
 - 27. Sanitation, Maintenance, Safety 17
- F. Exit Discussion 18

A. Introduction

Inspector Kenneth Brown conducted the review of policies/procedures and support documentation provided electronically by the Lancaster County Prison administration in advance of the physical plant inspection. The physical plant inspection of the Lancaster County Prison was conducted by Director Greishaw, Inspector Brown and Inspector Kowalczyk on February 11, 2025.

B. Facility Demographics

Lancaster County Prison

Approved Bed Capacity: 1058

Actual In-House Population (at time of inspection): 783/ Males: 683 / Females: 100

Temporary Emergency Beds (at time of inspection): 20

Average Daily Population for the last 6 months: 807

Administrative Staff: 4	Authorized: 4
Line Supervisor Staff: 22	Authorized: 24
Full-time Line Staff: 193	Authorized: 229
Part-time Line Staff: 0	Authorized: 0
Treatment Supervisor Staff: 4	Authorized: 4
Full-time Treatment Staff: 21	Authorized: 21
Part-time Treatment Staff: 0	Authorized: 0
Support Staff Supervisors: 1	Authorized: 1
Full-time Support Staff: 5	Authorized: 6
Part-time Support Staff: 0	Authorized: 0

C. Facility Description

The Lancaster County Prison is located at 625 East King Street, Lancaster, PA 17602. The current facility opened on September 12, 1851 and has maintained the original façade of stone structure with iron fittings. The original design of the prison is almost an exact model of an 18th century castle in Lancashire, England. The face of the prison is accented by two 50-foot stone towers and 22-foot exterior perimeter stone walls. The prison has undergone numerous renovations and expansions over the years with the most recent renovations being completed in 1992. The three-story interior facility resembles a contemporary prison structure with many modern security features. The Lancaster County Prison serves as the county's provider for male and female inmates who are not sentenced or are serving maximum sentences of less than two years.

The Lancaster County Prison is overseen by the Lancaster County Prison Board.

D. The Inspection Process

1. Entrance Interview

The entrance interview was conducted in the Warden's Conference Room with Warden

Lancaster County Prison 2025 Inspection Report

Cheryl Steberger, Deputy Warden Joseph Shiffer, Deputy Warden Miguel Castro, Director of Administration Arla Brown, Director of Inmate Services Marcos Ramos, Captain Bradley Whittaker, Lieutenant Anthony Kipe, Lieutenant Dzung Luong, Training Sergeant Samuel Coleman, Sergeant James Schnader, and Sergeant Cody Hawk. Inspector Brown discussed what was to be expected during the inspection process and that the goal was to be helpful and non-intrusive.

2. Examination of Policy

Inspector Brown conducted the policy review prior to the physical inspection of the facility. During the review of policy/procedure the Inspectors noted no standards that needed clarification to meet Title 37, Chapter 95 compliance for written local policy requirements.

The Inspectors reviewed support documentation prior to the physical inspection of the facility on the date of inspection. Most support documentation met or exceeded the minimum requirements of Title 37, Chapter 95.

3. Facility Tour

Areas Visited	Cell Totals	Bed Totals
2-1	48	96
2-2	48	96
2-5	48	90
3-1	48	96
3-2	48	96
3-5	48	96
C-Main	Dorm	65
C-2	39	39
D-Block	16	16
D-Block Annex	Dorm	12
G-1	48	90
G-2	48	91
MHU	48	84
Administrative Segregation	14	23
Work Release	Dorm	95
Intake		N/A
Armory		
Central Booking		
Control Centers		
Dietary		
Laundry		
Library		
Maintenance		
Medical		
Property Storage		
Recreation Areas		
Sally Port		
Treatment/Education		

4. Conditions of Confinement / Quality of Life

During the physical inspection of the facility, the Inspectors observed that the overall conditions of confinement and quality of life were consistent with Title 37, Chapter 95 requirements. The housing and support areas were generally clean and maintained in conditions that appeared appropriate for the age of the facility.

E. Areas Reviewed

The Inspectors evaluated the conditions and operations at the facility as they pertain to Title 37, Chapter 95.

1. Personnel

The Lancaster County Prison requires that all full-time employees attend the Lancaster County Prison Basic Training Academy, approved by the Pennsylvania Department of Corrections, within one year of full-time status. The facility orientation training outlines the required topics to include an overview of Title 37, use of force, prohibition on seeking and dispensing of favors to and from the inmate population, and instructions in the facility's code of conduct and ethics. Orientation and basic training cover the required subjects in accordance with Title 37, Chapter 95.

The annual training schedules and documentation of training recorded in the employees' personnel files were observed. Annual training is being provided that satisfies Title 37, Chapter 95 yearly requirements for specific subject matter.

The annual reviews of the Personnel Manual and associated documentation requirements were observed. The policies for Drug Free Work Place and Sexual Harassment/Misconduct were reviewed and are in compliance with Title 37, Chapter 95.

2. Admission and Release

The written local policy/procedures describe an admission process that includes the verification of commitment under legal authority and completeness of paperwork. The policy directs that inmates may not be admitted when they are in need of medical treatment beyond what the facility could provide. Admission procedures were adequate relating to inmate searches for contraband, property disposition, notification, medical assessment, personal hygiene, and to ensure all basic personal information is obtained for identification and classification purposes. Inmates receive a copy of the inmate rules and can notify a relative of their location. If non-United States citizens are detained, the detainee shall be informed of the right to have the consular officials notified. The Lancaster County Prison admission policy, procedures, and documentation meet the requirements of Title 37, Chapter 95.

The Lancaster County Prison utilizes a Soter RS full body scanner to detect metallic and nonmetallic contraband. The Soter RS scans from below the feet to above the head to reveal items under the clothing or within the body. The scanner is used during the intake

process as well as when inmates return from outside events such as court, hospital and/or medical visits.

The policy/procedures direct that before an inmate is released, proper legal authority and completeness of paperwork shall be verified with the identification of the inmate. During the release process a review is conducted of the inmate's file for detainers, disposition of facility and personal property, information exchange, medication supply and instructions, and completion of victim notification. Inmate release paperwork is reviewed by the records department. Inmate release documentation was reviewed by the Inspectors and is in compliance with Title 37, Chapter 95.

3. Orientation

The written local policy identified the inmate orientation process being provided within the minimum requirement of 14 days per Title 37, Chapter 95. The inmate receives a copy of the Inmate Handbook during admission. All illiterate and non-English speaking inmates are provided assistance if needed. The delivery of orientation and provided Inmate Handbook are documented in the inmate's file. Documentation for the completion of inmate orientations was reviewed by the Inspector.

The policy identifies the grievance process to include the method for submitting a grievance, staff responsible for responding to grievances, written record of grievances, at least one level of appeal, and timeframes for responses and appeals. Policy permits every inmate to make a request or submit a grievance to the facility administrator, judiciary, or other proper authority without censorship. Grievance documentation was observed to be in compliance with written local policy and Title 37, Chapter 95 requirements.

4. Inmate Rules / Staff Procedure

The Inspectors reviewed written local policies applicable to inmate rules and determined that they presented adequate direction for ensuring the security, control, safety, consequences for unacceptable behavior and orderly administration of the facility. The policy identifies the procedures for the implementation of new and revised information for staff and inmates. The policies for fire, escape, and riot were observed. These policies and procedures direct staff on actions to be performed in a given duty assignment or duty post in these situations. During the physical tour of the facility, the Inspectors observed post orders providing general and specific instructions to staff; however, the Inspectors observed an inconsistent accountability of keys between the post orders documentation and the actual number of keys assigned. The Inspectors observed handcuff keys assigned to each key ring, which was not factored in the number of keys listed in the post orders. On March 3, 2025, a Preliminary Findings Noncompliance Details Report was provided to the Lancaster County Prison administration. In response, the Lancaster County Prison administration provided the Office of County Inspections and Services (OCIS) with corrective action to include updating the post orders to accurately reflect the equipment present in each area. Copies of updated post orders were provided as support documentation. To ensure future compliance, the post orders will be reviewed by Lancaster County Prison management semi-annually or more frequently as needed. The OCIS accepted this corrective action for compliance with regulation §95.224. (3), for the 2024

inspection cycle.

The inmate rules, staff procedures, and annual review were observed by the Inspectors and found to be in compliance with Title 37, Chapter 95.

5. Classification

The written local policy identifies the classification process, appeals process, review mechanism and procedure for reclassification. An initial classification is conducted upon completion of the commitment intake/booking process. Variables considered for primary classification include: security risk, behavior, gender, inmates requiring disciplinary detention, inmates requiring administrative segregation, potentially suicidal inmates, and inmates with mental or physical disabilities. Each inmate is evaluated in terms of his/her need for special housing assignment.

Initial information is gathered from the inmate and is entered electronically in the automated ATIMS, This Offender Management System produces actuarial assessment scores. The inmate's information is reviewed to ensure treatment assessment needs are met, health care screening is completed, and initial issued items have been received. The Inspectors reviewed the Classification Policy, which met all requirements of Title 37, Chapter 95.

6. Housing

The written local policy includes procedures for an inmate requiring segregation from general population due to a medical condition, mental illness or contagious disease concerns. Inmates who display special needs during the intake booking/classification process are communicated through security, medical, and classification staff for diversion to housing appropriate to their need where available.

Climate conditions, floor space, heating, ventilation, lighting, bathing/toilet areas, and housekeeping in the housing units were observed by the Inspectors during the physical inspection. Cell content was minimal and cells were clean. Temperature and airflow appeared to be adequate.

During the physical tour of the C-Main Housing Unit, the Inspectors observed several missing tiles in the shower area. During the physical tour of the Housing Unit 2-2 urban recreation area, the Inspectors observed the overall condition of this area to be unclean and unkept. The Inspectors observed cobwebs on the ceiling and walls. Additionally, the Inspectors observed graffiti on the door between recreation yards. During the physical tour of the Housing Unit 2-5 urban recreation area, the Inspectors observed the overall condition of this area to be unclean and unkept. The Inspectors observed cobwebs on the ceiling and walls. During the physical tour of the 3-1 Housing Unit, the Inspectors observed the floor outside of the shower area to be worn with the top layer of a vinyl-like floor covering missing. During the physical tour of the Housing Unit 3-1 urban recreation area, the Inspectors observed the threshold plate missing from the doorway to the yard. During the physical tour of the 3-2 Housing Unit, the Inspectors observed the shower floors to be worn with covering/coating pieces missing. Additionally, the Inspectors observed that two showers were inoperable. During the physical tour of the 3-5 Housing Unit, the Inspectors

observed a break in the integrity of the floor in the far-right shower. During the physical tour of the Housing Unit 3-5 urban recreation area, the Inspectors observed graffiti on the door between recreation yards. During the physical tour of the third floor indoor recreation area, the Inspectors observed a hole in the ceiling of the inmate restroom. During the physical tour of the Mental Health Unit (MHU), the Inspectors observed paint peeling in the shower stalls. On March 3, 2025, a Preliminary Findings Noncompliance Details Report was provided to the Lancaster County Prison administration. In response, the Lancaster County Prison administration provided the OCIS with corrective action to include cleaning, sanitizing, painting, and repairs made in the aforementioned areas. Work orders, purchase orders, and before and after pictures were provided as support documentation. To ensure future compliance, weekly tours will be conducted by the administration and maintenance staff. The OCIS accepted this corrective action for compliance with regulation §95.226. (5), for the 2024 inspection cycle.

Each housing unit had ample access to individual urban recreation areas.

7. Clothing

The written local policy identifies the issued items that inmates receive upon commitment, procedures on possession of personal clothing, and how personal items would be stored. The property room for inmate personal items was clean and well organized. Clothing worn initially upon admission is inventoried and stored in the property storage room in a sanitary manner. The facility allows the work release inmates to retain their personal clothing. The inmates' clothing appeared to be clean and in satisfactory condition.

8. Bedding

The written local policy identifies the required issued bedding items consistent with Title 37, Chapter 95. Sleeping surfaces must be a minimum 12 inches off the floor with fire retardant and waterproof covers in areas approved for residential occupancy. Sanitization of bedding items is required. There was sufficient bedding for the population. Integrated mattress in-pillow, sheets, and blankets were clean and in satisfactory condition. Bedding items are laundered weekly. There is a process in place to ensure compliance with the movement of inmates every 30 days from temporary bedding when in use. During the review of the inspection materials, the Inspectors observed support documentation relating to the use of temporary bedding arrangements; however, the Inspectors did not observe support documentation validating that Lancaster County Prison utilizes temporary bedding arrangements according to Title 37, Chapter 95. On the day of the inspection, the Inspectors observed temporary beds, which remain in cells permanently. This practice allows inmates to utilize a temporary bed even if they are not officially assigned to one, which makes the current tracking of temporary bedding arrangements inaccurate. On March 3, 2025, a Preliminary Findings Noncompliance Details Report was provided to the Lancaster County Prison administration. In response, the Lancaster County Prison administration provided the OCIS with corrective action to include moving all unoccupied stackable bunks from cells into a secure storage area. In addition to the ATIMS jail management system tracking and flagging temporary bedding, the Classification Department will conduct regular audits of bedding arrangements to ensure 30-day compliance. Prior to the 90th day of temporary bedding use, all inmates will be moved from

temporary bedding assignments to the classification unit for a period of 24-hours before resuming the use of temporary bedding. While this complies with the minimum requirements of this regulation, as Title 37, Chapter 95 does not express define a period beyond “day” that the prison must suspend the use of temporary bedding, the Department does not condone this practice and encourages the Lancaster County Prison to seek other opportunities that will avoid the use of temporary bedding unless critically necessary. Housing population logs were provided as support documentation. The OCIS accepted this corrective action for compliance with regulation §95.229. (2), for the 2024 inspection cycle.

9. Food Services

The written local policy includes direction regarding menu requirements, sanitation of food preparation areas, food service staff training, use of gloves/hairnets, accountability of culinary equipment, food service staff/inmate medical clearances, cleaning/rinsing of eating and drinking utensils, use of compartmented trays, and food being served at the proper temperature.

The Lancaster County Prison Food Service Department is operated by Aramark Corporation. The food service area was clean and orderly, with all required temperatures for food items, dishwashers, walk-in refrigerators and freezers being recorded. Menus are reviewed and signed-off by a registered dietitian and the Warden. Special diets and religious meals are adequately provided.

All inventories for culinary items, cutlery, cleaning equipment, and chemicals were observed. The cutlery was appropriately documented as being checked out and in to control use at all times. Required food service training certifications, and medical clearance documentation for staff and inmate workers were observed. Stored foods were covered and dated to assure freshness, to prevent spoilage, and damage from insects and rodents. The food service documentation for tool inventories, temperature logs, and inmate worker orientations were in compliance with Title 37, Chapter 95.

10. Personal Hygiene

The written local policy and the Inmate Handbook outline the procedures for the inmates to maintain their personal hygiene. The policy identified the means for inmates to obtain clean clothing weekly. The overall appearance of the inmates was good. Inmates who are determined to be indigent are provided items to maintain proper hygiene. All inmates are required to maintain a minimal level of personal cleanliness and are provided the means to do so. The Inspectors observed the laundry schedule and operation of the facility laundry room.

11. Medical / Health Services

The Lancaster County Prison medical services, to include mental health and dental, are contracted with PrimeCare Medical, Inc. The facility policy/procedures for operational direction of the medical department are in compliance with Title 37, Chapter 95 requirements.

The Inspectors observed the required annual medical report. Inmate medical records were observed to ensure that the inmates are being seen by medical within 24 hours of commitment for an initial health risk assessment, and a physical is conducted within 14 days. Policy describes procedures for routine screening pertaining to infectious disease, acute illness and suicide risk. The medical area was inspected for accountability and storage of medical equipment, syringes, and management of pharmaceuticals. During the physical tour of the facility, the Inspectors observed mobile medication carts used to provide health services throughout the prison; however, the Inspectors observed that the process of accounting for insulin needles does not immediately deduct from stock. This process allows for needles and syringes to be taken from stock and transported through the facility without documented accountability in place. On March 3, 2025, a Preliminary Findings Noncompliance Details Report was provided to the Lancaster County Prison administration. In response, the Lancaster County Prison administration provided the OCIS with corrective action to include implementing a process by which nursing staff shall inventory Insulin needles immediately from stock on the medication cart while doing medication passes. This process will be performed each day on all carts that are used to perform diabetic checks throughout the facility. Five days of accurate tracking forms were provided as support documentation. To ensure future compliance, the Kitchen Supervisor will review for accuracy. The OCIS accepted this corrective action for compliance with regulation §95.232. (9), for the 2024 inspection cycle.

During the physical tour of the Medical area, the Inspectors observed a documented accountability process for the issuance of aides to impairment such as wheelchairs, canes, and walkers; however, the Inspectors did not observe an inventory list of the stock aides to impairment equipment in storage areas throughout the facility. On March 3, 2025, a Preliminary Findings Noncompliance Details Report was provided to the Lancaster County Prison administration. In response, the Lancaster County Prison administration provided the OCIS with corrective action to include creating an inventory of medical aides to impairment which identifies the quantity and location of each item. The list also tracks equipment that has been issued to inmates. Inventory lists were provided as support documentation. To ensure future compliance, the Medical Supervisor will review/update weekly to maintain accuracy. The OCIS accepted this corrective action for compliance with regulation §95.232. (11), for the 2024 inspection cycle.

Inmates can request medical or dental care through the Inmate Request process. The Inspectors observed the documentation for the required annual Suicide Prevention training, and staff are Basic First Aid and Cardiopulmonary Resuscitation (CPR) certified as required by Title 37, Chapter 95.

12. Visiting

The written local policy and the Inmate Handbook describe the procedures for regular, official, attorney, and clergy visits. The policy identified visiting procedures, the availability of contact/non-contact visits, the visitor approval process, the frequency/duration of visits, and all restrictions that may be placed on visits. The procedures were posted in the main lobby and on the Lancaster County Prison webpage for visitors to view. Inmates are permitted a minimum of one hour visit per week depending on custody status. Attorneys,

clergy, law enforcement, or other professional visitors have the ability to have private conversations during visits. The Warden may approve special visits.

13. Telephone Communications

The written local policy and the Inmate Handbook outline the inmate telephone procedures to include: hours of use, limitations on calls, monitoring of telephone conversations, and restrictions necessary to maintain the security of the facility. These procedures are posted in the lobby area.

The Lancaster County Prison utilizes Securus Technologies, Inc. as the contracted provider for the inmate telephone service. Inmates have access to the phone system on their housing unit during out-of-cell time, seven days per week. Inmates and the public are notified that all telephone conversations are recorded. Each inmate is provided a telephone ID number at the time of commitment, which will allow the inmate access to the inmate telephone system. All calls are made on a collect basis or pre-paid system.

Inmates have access to Securus Technologies electronic tablets. Lancaster County Prison inmates can access phone calls (fees are paid for the connection by the inmate or by the approved friend or family member, who has placed money on the inmate's account), commissary, inmate handbook, Prison Rape Elimination Act (PREA) education, religious library, educational materials, electronic books and the law library. Inmates who have paid a fee for tablet usage can access more entertainment options such as games, movies, videos, and music and messaging with approved family and/or friends. The Inspectors observed inmates using the tablets to read books, review educational materials and play individual games.

14. Inmate Mail

The written local policy and the Inmate Handbook describe the procedures used for inmate mail to include the sending/receipt of mail process and any restrictions that may be placed on an inmate to ensure the safety of the facility. Regular incoming inmate mail is sent directly to a processing center for screening, and once approved, sent to the inmate electronically on the tablet or the kiosks, a service provided by Securus Technologies. Outgoing mail is checked by authority of the Warden or designee if there is suspicion. Legal mail is logged and opened in the presence of the inmate.

15. Work Programs

The written local policy identifies available institutional jobs. Policy prohibits staff from using their official position to secure privileges. Policy defines requirements for inmate participation, compensation, and orientation procedures. The facility provides inmates jobs through select support area roles: block workers, laundry, general housekeeping, grounds keeping and food service workers with compensation. Work release and community service programs are provided for those inmates who are eligible.

16. Access to Legal Services

The written local policy and the Inmate Handbook describe the procedures for inmates to obtain access to legal material and a means of assistance for inmate(s) that do not speak English. The Lancaster County Prison utilizes Securus Technologies as its electronic law resource provider. The electronic law library is available on the inmate tablets as well as three computer terminals available for inmate use.

17. Religion

The written local policy and the Inmate Handbook include the procedures for inmates to seek religious services, the possession of religious objects, special religious foods/diets, and procedures for accommodating inmate requests for these practices. Each inmate is permitted to satisfy the needs of his or her religious life consistent with the orderly administration of the facility.

Religious programming and activities are conducted by community volunteers who are approved by the Deputy Warden of Inmate Services, who oversees the scheduling and coordination of all religious programs provided by community volunteers. The Lancaster County Prison reports a collective average of 228 hours of religious programming per week for the inmate population.

18. Recreation

The written local policy directs procedures for activities including two hours of recreation in the open daily, weather permitting, for general population inmates. During the physical tour of the Work Release housing second floor, the Inspectors were informed that this housing was being used for minimum security inmates, who were not on work release. These minimum-security inmates were not receiving two (2) hours of outdoor/indoor recreation on a daily basis consistent with this regulation. This observation was discussed with the Lancaster County Prison administration during the inspection debrief. The Inspectors did not observe support documentation to validate the minimum recreation requirement. On March 3, 2025, a Preliminary Findings Noncompliance Details Report was provided to the Lancaster County Prison administration. In response, the Lancaster County Prison administration provided the OCIS with corrective action to include implementing a recreation schedule which allows the aforementioned inmates to receive the minimum recreation requirements daily by utilizing the Administrative Segregation Unit recreation area. Inmate movement logs showing recreation attendance were provided as support documentation. To ensure future compliance, the Recreation Director will oversee this activity. The OCIS accepted this corrective action for compliance with regulation §95.238. (1), for the 2024 inspection cycle.

The facility's recreational programming is segregated by inmate populations requiring appropriate security measures. Inmates in disciplinary status and segregation are afforded at least one hour of recreation five days per week.

The Inspectors observed that each housing unit had access to their own secured recreation area for recreation in the open, weather permitting. The facility appeared to have a variety of reading and instructional materials that were available to the inmates. Housing unit activities include television, reading books, playing cards, and board games.

19. Commissary / Other Funds

The written local policy and the Inmate Handbook identify the commissary procedures. Commissary items are available to inmates through a contracted vendor, Oasis Commissary. Policy requires an annual audit of commissary, inmate accounts, inmate telephone system, and the work release program. Annual audit letters were observed.

20. Inmate Discipline

The written local policy and the Inmate Handbook describe the inmate rules and disciplinary procedures. These procedures include details regarding the rules, criminal offenses, disciplinary reports, prehearing actions, prehearing detention, appeal process, and major/minor infractions. Findings of major infractions are made part of the inmate's permanent file. The policy states that inmates will be free from cruel and unusual punishment as required by Title 37, Chapter 95. When an inmate in disciplinary status is deprived of any usually authorized items or activity a report of the action is to be made to the administrator. All inmates receive an orientation upon admission in which the rules and expectations are thoroughly explained, as well as the consequences of noncompliance. The disciplinary procedure provides clear notice of prohibited behavior, outlines a hearing process, sanctions for violations of rules and regulations, and an appeals process. The documentation for misconducts including those found guilty, not guilty, and appeals were observed.

21. Security

The written local policies identify the security measures and procedures required by Title 37, Chapter 95. The security measures include: staffing analysis, post assignments, prohibition of inmate authority over other inmates, operation of a 24-hour control center, and monthly administration visits to the facility's living and activities areas. The Warden has conducted a staffing analysis identifying the staffing allotment and post assignments necessary to safely operate the facility, including calculation of relief factors for each classification of staff that is assigned to relieve posts or positions. Support documentation of the staffing analysis review and administration visits was observed. The control center is staffed 24 hours per day. This post is tasked with monitoring and operating various electronic doors in the facility and monitoring the video camera system.

The written local policies are in compliance with Title 37, Chapter 95 for the use of force and staff training in the use of force, armory procedures, and secure storage arrangements for the required security equipment. Support documentation for staff training records was reviewed. The Inspectors observed the storage arrangements and inventories of the security equipment. During the physical tour of the Armory, the Inspectors observed a well-organized weapons locker and separate secure area for ammunition; however, the

Inspectors observed a storage bin containing 10 expandable batons that were not included on the inventory list. During the physical tour of the MHU, the Inspectors observed securely stored security equipment, such as restraints, with an inventory; however, the Inspectors did not observe a record of distribution in place. During the physical tour of the 2-5 Housing Unit, the Inspectors observed securely stored security equipment with an inventory; however, the Inspectors observed a concave riot shield and an over-sized pair of handcuffs that were not on the inventory list, nor did the Inspectors observe a documented accountability verification in place for this equipment. During the physical tour of the Recreation Director's office, the Inspectors observed a duty belt containing various security equipment, which was unattended in an unsecure area. On March 3, 2025, a Preliminary Findings Noncompliance Details Report was provided to the Lancaster County Prison administration. In response, the Lancaster County Prison administration provided the OCIS with corrective action to include adding the expandable batons, riot shield, and over-sized handcuffs to the respective inventory lists. A sign-out/in process has been implemented in the MHU and a security locker has been issued to the Recreation Director's office, to secure equipment when not in use. Inventory lists, sign-out/in logs, and pictures were provided as support documentation. To ensure future compliance, supervisory staff will review documentation for accuracy. The OCIS accepted this corrective action for compliance with regulation §95.241. (2), for the 2024 inspection cycle.

The written local policies/procedures comply with Title 37, Chapter 95 requirements for emergency plans and staff training of emergency plans, key control, searches, tool/equipment control, inmate count control, and inmate transportation procedures. The support documentation for key control, searches, inmate count, tool control, and staff trainings were observed during the physical inspection.

The Inspectors observed key storage and control practices while conducting the physical tour of the facility. Key accountability is maintained through an electronic key box where the staff member enters a personal code to withdraw and return the keys. The key box maintains an electronic log of the key movement. During the physical tour of the Intake area, the Inspectors observed a reception desk containing a key set utilized by the officer assigned to the classification area; however, the Inspectors did not observe an accountability process in place for these keys. On March 3, 2025, a Preliminary Findings Noncompliance Details Report was provided to the Lancaster County Prison administration. In response, the Lancaster County Prison administration provided the OCIS with corrective action to include updating the daily count sheet to include accountability for commitment and classification keys for each shift. Five days of daily count logs were provided as support documentation. To ensure future compliance, supervisory staff will review for accuracy. The OCIS accepted this corrective action for compliance with regulation §95.241. (4), for the 2024 inspection cycle.

The Inspectors observed tool/equipment storage and control practices while conducting the physical tour of the facility. Maintenance tool/equipment control is maintained through a manual system that requires a staff member's assigned "chit" to identify the possessor until the equipment is returned. Additionally, the maintenance staff utilize a layered system of accountability that requires each maintenance employee to list all tools/equipment being removed from the Maintenance area, this list is checked and confirmed by security staff at the location of the needed repair, and then checked again for accountability of all

tools/equipment by the maintenance and security staff when the maintenance work is completed. During the physical tour of the Fire Emergency Equipment Team (FERT) room, the Inspectors observed fire emergency related equipment such as fire extinguishers, Self-Contained Breathing Apparatus (SCBA), and flashlights, with an inventory and distribution system in place; however, the Inspectors observed a discrepancy in the number of tools present. The Inspectors observed a screw bit set containing 31 pieces, while the inventory listed 30. The bits were stored in a pre-molded case with 32 holes, suggesting one piece was unaccounted for. Additionally, the Inspectors observed four folding ladders present that did not appear on the inventory list. During the physical tour of the C-Main Housing Unit, the Inspectors observed barber equipment with a master inventory list; however, the Inspectors did not observe a documented accountability verification process in place. During the physical tour of D-Block, the Inspectors observed various janitorial tools and equipment; however, the Inspectors observed the accountability of toilet brushes was documented as 2+, which does not accurately account for all items present. During the physical tour of the Chapel area, the Inspectors observed a variety of equipment such as electrical cords, fans, and audio equipment; however, the Inspectors did not observe this equipment on a master inventory or listed in the accountability processes. Additionally, the Inspectors observed the accountability verification is only conducted at the end of the day. During the physical tour of the third floor Control, the Inspectors observed fans of various sizes; however, the Inspectors did not observe this equipment on a master inventory or listed in the accountability processes. During the physical tour of the Recreation Director's office, the Inspectors observed a variety of janitorial tools and equipment; however, the Inspectors did not observe this equipment on a master inventory or listed in the accountability processes. During the physical tour of the third floor indoor recreation area, the Inspectors observed a toilet brush in the inmate restroom; however, the Inspectors did not observe this equipment on a master inventory or listed in the accountability processes. On March 3, 2025, a Preliminary Findings Noncompliance Details Report was provided to the Lancaster County Prison administration. In response, the Lancaster County Prison administration provided the OCIS with corrective action to include updating the FERT Inventory list to accurately reflect the equipment present. The C-Main and D-Block Housing Units are accurately accounting for barber equipment and toilet brushes. All observed equipment in the Chapel, third floor Control, Recreation Director's office, and third floor recreation area have been added to the respective inventory lists or removed. Inventory lists and five days of accurate tracking forms were provided as support documentation. To ensure future compliance, supervisory staff will review for accuracy. The OCIS accepted this corrective action for compliance with regulation §95.241. (6), for the 2024 inspection cycle.

The Lancaster County Prison is contracted with CGL (Carter Goble Lee) Facility Management, LLC for maintenance needs and does not permit inmates unsupervised access to the maintenance room or restricted tools/equipment.

22. Statistical Information Reporting

The written local policy outlines the procedures for reporting the monthly facility population, monthly extraordinary occurrences, the annual General Information Report, and the procedures for transfer of documentation for inmates committed to the custody of the Department. The annual General Information Report was properly submitted. The monthly

Extraordinary Occurrence Reports have been submitted in a timely manner.

23. Treatment Services

The written local policy outlines the treatment programs and the procedures/requirements within the programs. The requirements include the designation of treatment services, what treatment services are provided, who is responsible for each, and that a record of screenings be kept as part of the permanent facility document. The policy contains the required treatment services for education, social services, alcohol/other drugs, and counseling services. Policy language was observed for mental health procedures, inmates' right to refuse treatment and that there will be no discrimination for treatment services.

Lancaster County Prison offers drug and alcohol programs to include: male/female drug and alcohol education provided by Lancaster County Prison staff, and Alcoholics Anonymous (AA) programs provided by volunteers and Medication Assisted Treatment (MAT) provided by PrimeCare Medical. Drug and alcohol treatment reportedly account for 30 hours of programming per week.

Lancaster County Prison offers Act 30 programming (High School Diploma) provided by the School District of Lancaster, and Adult Basic Education, tutoring, and High School Equivalency Testing provided by Lancaster/Lebanon Intermediate Unit 13 for educational programming. Education reportedly accounts for 62.5 hours of programming per week.

Lancaster County Prison offers social service programs to include: New Beginnings/Reentry provided by Nabors Coaching. Social service treatment reportedly accounts for 30 hours of programming per week.

Lancaster County Prison offers counseling programs to include: Parenting classes provided by Compass Mark, Seeking Safety provided by Coby's Family Services, Peer Counseling Groups and Anger Management provided by Mental Health America, and Individual Mental Health Counseling provided by PrimeCare Medical, Inc. staff. Counseling services reportedly accounts for nine hours of programming per week.

The Inspectors observed treatment services to be in compliance with the Title 37, Chapter 95 requirements.

24. Incoming Publications

The written local policy and Inmate Handbook provide that inmates may receive books and magazines that come directly from the publisher. A procedure for receiving/reviewing incoming publications was observed. Obscene, pornographic, and any materials deemed to pose a security risk to the institution are not permitted. The Warden or designee may review any publication that is or may be deemed a threat to the orderly and secure running of the facility. The inmates have access to a library for recreational and instructional reading.

25. Deaths / Sexual Assaults

The written local policy identifies the procedures applicable in the event of a death of an inmate, facility employee, volunteer, contractor or visitor. These procedures include the notification of appropriate medical personnel, law enforcement, the coroner, and designated facility administrators. The Major of Security will immediately contact the Lancaster City Police Department, Lancaster County District Attorney's Office and the Lancaster County Forensic Center to initiate an investigation of all inmate, employee, volunteer, contractor or visitor deaths occurring in the facility, on facility property, or while in the custody of facility staff. The Warden or designee will provide any required documentation to the governing county prison authority, the Pennsylvania Department of Corrections and the United States Department of Justice.

The written local procedures outline what staff should do in the event of allegations of sexual assault/sexual assault occurring within the facility, on facility property, or while an inmate is in the custody of facility staff. The Major of Security will immediately direct an investigation of all allegations of sexual assault by notifying the Lancaster County District Attorney's Office, and coordinate all investigation efforts. The Warden or designee will provide any required documentation to the governing county prison authority, the Pennsylvania Department of Corrections and the United States Department of Justice.

26. Notifications

The written local policy contains notification procedures in the event of an inmate's death, serious illness or serious injury. Official notification procedures in the event of an inmate's death are identified in the section above. The Warden's designee will ensure that the inmate's emergency contact is notified in the event of his/her death, serious illness or serious injury; and notify an inmate in the case of the inmate's immediate family member's death, serious illness or serious injury.

The facility will notify the appropriate crime victims and witnesses when inmates are considered for community activity, release, transfer, or if one of these events has been approved. The process for this notification is through the Pennsylvania Statewide Automated Victim Information and Notification system known as SAVIN, which is a 24-hour automated service that keeps victims up to date on the custody status of their offender.

27. Sanitation, Maintenance, Safety

The written local policy describes the requirements to ensure the facility adheres to applicable Department of Labor & Industry regulations regarding sanitation, maintenance and safety inspections. This policy contains a sanitation and housekeeping plan, control of vermin/pests, documented sanitation inspections, a preventive maintenance program, inventory/control of toxic substances, handling of blood-borne pathogens, maintaining safe and clean support areas, required licenses or documentation for facility compliance with applicable building code/safety codes, and documentation for emergency power back-up testing.

During the physical tour of the 2-2, 2-5, and 3-5 Housing Units, the Inspectors observed various spray bottles of cleaning chemicals; however, the Inspectors observed discrepancies between the listed inventory and items present. During the physical tour of the Recreation Director's office, the Inspectors observed four spray bottles of cleaning chemicals; however, the Inspectors did not observe these items on a master inventory or listed in the accountability processes. Additionally, in the staff restroom, the Inspectors observed two gallons of floor buffer chemicals that were not on an inventory. On March 3, 2025, a Preliminary Findings Noncompliance Details Report was provided to the Lancaster County Prison administration. In response, the Lancaster County Prison administration provided the OCIS with corrective action to include adding all of the aforementioned chemicals to the respective inventory lists. Inventory lists and five days of accurate tracking forms were provided as support documentation. To ensure future compliance, supervisory staff will review for accuracy. The OCIS accepted this corrective action for compliance with regulation §95.248. (4), for the 2024 inspection cycle.

The maintenance needs of the facility are provided by CGL and contracted vendors where required. The Inspectors observed conditions during the tour of the physical plant that showed evidence of compliance with preventive maintenance and routine housekeeping as required by Title 37, Chapter 95.

The written local policy identifies a fire emergency/evacuation plan, annual review of this plan, response procedures, staff training requirements, annual fire drills, and annual documentation for inspection/testing/certification of the fire detectors/smoke alarms and panels, and firefighting equipment. The annual documentation of fire drills and maintenance on the fire safety system was observed. The required code compliance and equipment certification were observed.

F. Exit Discussion

An exit interview was held with Warden Cheryl Steberger, Deputy Warden Joseph Shiffer, Deputy Warden Miguel Castro, Director of Administration Arla Brown, Director of Inmate Services Marcos Ramos, Captain Bradley Whittaker, Lieutenant Anthony Kipe, Training Sergeant Samuel Coleman, and Sergeant James Schnader. The review of policies/procedures and physical tour of the facility were discussed. The individual findings were reviewed with those attending the exit discussion. Director Greishaw, Inspector Brown and Inspector Kowalcyk explained the preliminary findings and reporting requirements that would follow the inspection. All staff were thanked for their consideration and preparation for the compliance process.

A Preliminary Findings Noncompliance Details Report was issued to the Lancaster County Prison administration on March 3, 2025. This report contained nine regulations that needed to be addressed for compliance with Title 37, Chapter 95. The Lancaster County Prison administration continued dialogue through April 11, 2025, providing the Office of County Inspections and Services with documentation that included copies of inventories, tracking forms, sign-out/in sheets, housing population logs, inmate movement logs, post orders, work orders, purchase orders, and before and after photos validating the Title 37, Chapter 95 required information and a comprehensive plan of action response. The OCIS accepted the response and plan of action for compliance with Title 37, Chapter 95 for the 2025 inspection

Lancaster County Prison 2025 Inspection Report

cycle.

The overall operations of the Lancaster County Prison are in full compliance with the requirements of Title 37, Chapter 95, as of the date of this report.



April 11, 2025

Warden Cheryl Stebeger
Lancaster County Prison
625 East King Street
Lancaster, PA 17602-3911
(Sent via email)

RE: Preliminary Findings of Title 37, Chapter 95 Inspection

Dear Warden Steberger,

On February 11, 2025, the Office of County Inspections and Services conducted the required Title 37, Chapter 95 inspection of the Lancaster County Prison. In accordance with Title 37 §95.220.b. (3), the Department's Inspector issued the preliminary finding from the inspection to the county prison administrator and the governing county prison authority. This correspondence is to acknowledge the receipt and review of the "Preliminary Findings Noncompliance Details" form, received by this office on March 21, 2025, from the Lancaster County Prison administration. Dialogue continued through the date of inspection and receipt of the Preliminary Findings response to finalize supporting documentation required to resolve the inspection observations.

Upon review of the responses, plan of action, and support documentation demonstrating corrective action and substantial compliance with the initial inspection observations, the Office of County Inspections and Services has determined that the observations identified during this inspection have been adequately addressed for full compliance. The information gathered during the inspection, and responses to the preliminary findings, will be used to compile the 2025 full compliance inspection report for your facility.

Should you have any questions, please contact the Office of County Inspections and Services for assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thomas E. Greishaw'.

Thomas E. Greishaw
Director
Bureau of Standards, Audits, Assessments and Compliance

cc: Commissioner Joshua Parsons, Chairperson, Lancaster County Prison Board
File



Office of County Inspections and Services (OCIS)

Preliminary Findings Noncompliance Details Report

Lancaster County Prison

Inspection Date: February 11, 2025

Noncompliance:

Deficiency §95.224. Inmate rules and staff procedures.

(3) Written local policy must specify procedures that direct staff in the operation and maintenance of the county prison. The procedures must contain general and specific instructions for each duty post for the prison. The instructions must include methods, techniques and time frames necessary to perform the duties of a particular duty post.

Observation: During the physical tour of the facility, the Inspectors observed post orders providing general and specific instructions to staff; however, the Inspectors observed an inconsistent accountability of keys between the post orders requirement and the actual number of keys assigned. The Inspectors observed handcuff keys assigned to each key ring, which was not factored in the number of keys listed in the post orders.

Recommendation: Provide the OCIS with corrective action/plan of action and support documentation, such as revised accurate post orders that addresses this observation, as well as a plan to ensure future compliance with §95.224. (3).

Corrective Action/Plan of Action:

Post orders have been updated to reflect the accurate number of keys for each respective housing unit. Future compliance requires review of post orders on a semi-annual basis or more frequently as needed.

Noncompliance:

Deficiency §95.226. Housing.

(5) All parts of the prison used by inmates shall be properly maintained and kept clean at all times.

Observation 1: During the physical tour of the C-Main Housing Unit, the Inspectors observed several missing tiles in the shower area.

Observation 2: During the physical tour of the Unit 2-2 Urban Recreation area, the Inspectors observed the overall condition of this area to be unclean and unkept. The Inspectors observed cobwebs on the ceiling and walls. Additionally, the Inspectors observed graffiti on the door between recreation yards.

Observation 3: During the physical tour of the Unit 2-5 Urban Recreation area, the Inspectors observed the overall condition of this area to be unclean and unkept. The Inspectors observed cobwebs on the ceiling and walls.

Observation 4: During the physical tour of the 3-1 Housing Unit, the Inspectors observed the floor outside of the shower area to be worn with the top layer of a vinyl-like floor covering missing.

Observation 5: During the physical tour of the Unit 3-1 Urban Recreation area, the Inspectors observed the threshold plate missing from the doorway to the yard.

Observation 6: During the physical tour of the 3-2 Housing Unit, the Inspectors observed the shower floors to be worn with covering/coating pieces missing. Additionally, the Inspectors observed that two showers were inoperable.

Observation 7: During the physical tour of the 3-5 Housing Unit, the Inspectors observed a break in the integrity of the floor in the far right shower.

Observation 8: During the physical tour of the Unit 3-5 Urban Recreation area, the Inspectors observed graffiti on the door between recreation yards.

Observation 9: During the physical tour of the Third Floor Indoor Recreation area, the Inspectors observed a hole in the ceiling of the inmate restroom.

Observation 10: During the physical tour of the Mental Health Unit, the Inspectors observed paint peeling in the shower stalls.

Recommendations: Provide the OCIS with corrective action/plan of action and support documentation that demonstrates all parts of the prison used by inmates are properly maintained and kept clean at all times, such as before and after pictures that the observed areas have been cleaned/repared, as well as a plan to ensure future compliance with §95.226. (5).

Corrective Action/Plan of Action:

O1 – Tiles have been replaced w/concrete. O2 – Cobwebs removed, graffiti removed. O3 – Cobwebs removed. O4 – Shower floor repaired. O5 – Doorway threshold replaced. O6 – Shower floors repaired, non-operating showers now operable. Maintenance staff responded for repair based on observation without work order that has since been created to allow for tracking within maintenance software and show completion. O7 – Shower floor integrity repaired. O8 – Graffiti removed. O9 – Ceiling repaired. O10 – Peeling paint has been sanded. Photos for all above are attached (After pic added to original file). Future compliance requires both timely identification and repair. To ensure compliance, facility tours are conducted weekly by the DW and Major of Security. Monthly tours are conducted by the Warden, DWs, DoA, Major, Captain and Maintenance,

Noncompliance:

Deficiency §95.229. Bedding.

(2) Written local policy must define emergency circumstances that would require the use of temporary bedding arrangements that may not meet the requirements of paragraph (1). An inmate may not be subject to temporary bedding arrangements for a period exceeding 30 consecutive days. Temporary bedding arrangements may not be utilized by the county prison for a period exceeding 90 consecutive days.

Observation: During the review of the inspection materials, the Inspectors observed support documentation relating to the use of temporary bedding arrangements; however, the Inspectors did not observe support documentation validating that Lancaster County Prison utilizes temporary bedding arrangements according to Title 37, Chapter 95. On the day of the inspection, the Inspectors observed temporary beds, which remain in cells permanently. This practice allows inmates to utilize a temporary

bed even if they are not officially assigned to one, which makes the current tracking of temporary bedding arrangements inaccurate.

Recommendation: Provide the OCIS with corrective action/plan of action and support documentation that addresses the requirements of emergency circumstances requiring the use of temporary bedding arrangements, and the tracking of temporary bedding usage, for compliance with §95.229. (2).

Corrective Action/Plan of Action

To ensure compliance with Title 37 regarding temporary bedding and stacks of bunks, consider the following remedies:

1. **Implementation of a Tracking System:** Our current jail management system, AUMIS, does not have a comprehensive tracking system to monitor when inmates are placed on temporary bedding. This system will flag any inmate who approaches the 30-day limit to ensure timely action is taken.
2. **Regular Audits:** Our classification department will conduct regular audits of bedding arrangements to ensure no inmate exceeds the 30-day limit. These audits should also verify that no inmates are on temporary bedding or stacks of bunks for 24 hours at the 90-day mark.
3. **Audits should also verify that no inmates are assigned to temporary bedding or stacks of bunks for 24 hours at the 90-day mark.**
4. **The 90-day audit shall operations follow:**
 - o The use of temporary bedding is limited to housing units G-1, 2-5, and 4-11.
 - o When not in use, all temporary bedding has been removed from all housing units and stored in a secure location.
 - o A contractor also has the capability to identify classification staff of the acquisition for no temporary bedding in the entire institution every 90 days.
 - o In cooperation with security staff, classification will generate a move sheet taking all individuals off of temporary bedding for a 24-hour period.
 - o Inmates on temporary bedding may be moved to the appropriate fixed bunk on the same unit or a fixed bunk on another unit. The location of the move shall be based on current population and available space on the housing unit noted.
 - o Based on available space, not all inmates removed from temporary bedding may not be returned to this status after the 24-hour period.
4. **Bedding Inventory Management:** Our classification department will maintain an adequate supply of permanent bedding to accommodate all inmates.
5. **Emergency Procedures:** Our director of inmate services will establish procedures for the timely reversion of inmates off temporary bedding if the facility approaches capacity. This can include identifying alternative housing arrangements.
6. **Communication with Staff:** Our director of inmate services will ensure all staff are aware of the requirements and assigned to monitor bedding performance actively. Regular meetings can reinforce the importance of compliance with Title 37.
7. **Inmate Awareness:** Our inmate specialists will inform inmates about their bedding status and the regulations. This encourages transparency and allows them to report any concerns about the provision and use of temporary bedding.
8. **Reporting Protocol:** Our director of inmate services will create a reporting protocol for staff and inmates to notify management of any violations or concerns regarding bedding arrangements. This can help to address issues proactively.
9. **Policy Review and Adjustment:** Our program department will review policies and procedures related to bedding in the facility to ensure continuous compliance with Title 37 and adjust as necessary based on feedback and operational needs.

By implementing these strategies, our facility can effectively manage bedding assignments and ensure adherence to Title 37 regulations.

Noncompliance:

Citation §95.232 Medical and health services.

(9) Written local policy must provide for the management of pharmaceuticals. The policy must include:

(i) Formulary and prescription practices.

(ii) Medication procurement, receipt, dispensing, distribution, storage and disposal, as supervised by properly licensed personnel in accordance with The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. § § 780-101—780-144).

(iii) Secure storage and inventory of all controlled substances, syringes and needles.

Observation: During the physical tour of the facility, the Inspectors observed mobile medication carts used to provide health services throughout the prison; however, the Inspectors observed that the process of accounting for insulin needles does not immediately deduct from stock. This process allows for needles and syringes to be taken from stock and transported through the facility without documented accountability in place.

Recommendation: Provide the OCIS with corrective action/plan of action and support documentation, such as an inventory list and controlled accountability process for the medical supplies identified in the above observation, as well as a plan to ensure future compliance with §95.232. (9).

Corrective Action/Plan of Action:

The medical department has implemented a process by which nursing staff shall inventory insulin needles immediately from stock on the medication cart while doing medication passes. This process will be performed each day on all cart that are used to perform diabetic checks throughout the facility. The Director of Nursing will email a scanned copy of all insulin needle logs to the Sergeant assigned to the medical area at the beginning of every month. This Sergeant shall review logs monthly to assure ongoing compliance. A follow up email shall be sent to the medical team with the Deputy Warden's of Treatment and Operations copied indicating compliance or issues addressed by said Sergeant.

Noncompliance:

Citation §95.232. Medical and health services.

(11) Written local policy must provide that medical and dental instruments, equipment and supplies be controlled and inventoried.

Observation: During the physical tour of the Medical area, the Inspectors observed a documented accountability process for the issuance of aides to impairment such as wheelchairs, canes, and walkers; however, the Inspectors did not observe an inventory list of the stock equipment in storage areas throughout the facility.

Recommendation: Provide the OCIS with corrective action/plan of action and support documentation, such as an inventory list and controlled accountability process for the medical supplies identified in the above observation, as well as a plan to ensure future compliance with §95.232. (11).

Corrective Action/Plan of Action:

Due to limited space, and unknown immediate need, medical assisted devices may be at multiple locations. An In-house Inventory list has been created noting the location and/or inmate of the device. The inventory is reviewed weekly and/or updated as inventory changes based on issuance. An inventory has been created showing all adaptive equipment not in use and which is maintained in a secure location. This specific inventory shall be reviewed weekly and/or updated as inventory changes based purchases and on issuance to inmates.

Noncompliance:

Deficiency §95.238. Recreation.

(1) Jails shall provide all prisoners at least 2 hours daily, physical exercise in the open, weather permitting. If the weather is inclement, each inmate shall have 2 hours physical exercise daily indoors.

Observation: During the physical tour of the Work Release housing second floor, the Inspectors were informed that this housing was being used for minimum security inmates, who were not on work release. These minimum security inmates were not receiving two (2) hours of outdoor/indoor recreation on a daily basis consistent with this regulation. This observation was discussed with the Lancaster County Prison administration during the inspection debrief. The Inspectors did not observe support documentation to validate the minimum recreation requirement.

Recommendation: Provide the OCIS with corrective action/plan of action and support documentation validating inmates are offered at least two hours of daily exercise in the open, weather permitting, such as five consecutive days of housing unit logs, as well as a plan to ensure future compliance with §95.238.

(1)

Corrective Action:

○ - Effective Tuesday March 11, 2025, Inmates housed in Work release (excluding out mates currently employed) shall be offered daily recreation in Ad. Seg. The Recreation Director will oversee this activity which will run from 10:15 a.m. through 12:15 p.m. Inmates will be escorted as a group to and from this rec period and will not be permitted to leave early; special trips will not be made, and no items are permitted to be taken with them.

Inmates will be pat searched when leaving and returning to the work release building.

These inmates will be permitted to perform recreation in the day room and urban yard. Recreation Director shall provide handball and other activities for the yard as well as games and activities for the day room. Attire shall generally consist of shorts, t-shirt, sweatshirt (depending on weather), and black crocks (no shower shoes).

One cell will remain open on Ad. Seg. for a bathroom and handwashing.

If/when AD Seg is reopened, those inmates will have recreation in the Temporary Housing Unit (THU) yard area.

Noncompliance:

Citation §95.241. Security.

(2) Use of Force.

(ii) Written local policy must specifically identify the following:

(E) Secure storage arrangements for restraints, chemical agents, stun devices, batons and firearms. A written record shall be maintained as to the distribution of these items. A documented inventory of these items shall be conducted on a monthly basis to determine accountability and condition.

Observation 1: During the physical tour of the Armory, the Inspectors observed a well-organized weapons locker and separate secure area with ammunition; however, the Inspectors observed a storage bin containing 10 expandable batons that were not included on the inventory list.

Observation 2: During the physical tour of the Mental Health Unit, the Inspectors observed securely stored security equipment, such as restraints, with an inventory; however, the Inspectors did not observe a record of distribution in place.

Observation 3: During the physical tour of the 2-5 Housing Unit, the Inspectors observed securely stored security equipment with an inventory; however, the Inspectors observed a concave riot shield and an over-sized pair of handcuffs that were not on the inventory list, nor did the Inspectors observe a documented accountability verification in place for this equipment.

Observation 4: During the physical tour of the Recreation Director's Office, the Inspectors observed a duty belt containing various security equipment, which was unattended in an unsecure area.

Recommendations: Provide the OCIS with corrective action/plan of action and support documentation, such as secure storage, inventory lists, record of distribution, and five consecutive days of accurate tracking of the security equipment identified in the above observations, as well as a plan to ensure future compliance with §95.241. (2).

Corrective Action/Plan of Action:

O-1 Batons were added to the Inventory list. Monthly inventory will be conducted by supervisory staff. O-2 MHU tracking has been updated and recorded. Tracking of restraints will be reviewed daily by supervisory staff to ensure compliance. O-3 Oversized handcuffs and shield have been added to the inventory (Inventory in original file Page 9). Daily inventory conducted by block officer and reviewed weekly supervisor. O-4 The Recreation Director's Office was issued a security locker and his duty belt will be secured when not in use.

Noncompliance:
Citation §95.241. Security.

(4) Access control. Written local policy must identify:

(i) Current listing of all keys/access cards.

(ii) Storage/back-up/protection arrangements for keys/access cards and accessible security devices. Keys/access cards shall be stored in a secure location when not in use. A set of emergency prison keys/access cards shall be stored in a controlled location outside the secure perimeter.

(vi) An inventory and receipt system to account for keys. Keys/access cards shall be checked out and checked in. A record shall be maintained to identify keys/access cards issued, identifying the person possessing and returning the key/access card. The record must allow a current accounting as to the location and possessor of keys/access cards.

Observation: During the physical tour of the Intake area, the Inspectors observed a reception desk containing a key set utilized by the officer assigned to the classification area; however, the Inspectors did not observe an accountability process in place for these keys.

Recommendation: Provide the OCIS with corrective action/plan of action and support documentation, such as inventory list, record of distribution, and five consecutive days of accurate tracking of the keys identified in the above observation, as well as a plan to ensure future compliance with §95.241. (4).

Corrective Action/Plan of Action:

O – Daily count sheet has been updated to include accountability for both commitment and classification keys for each respective shift. Commitment log is emailed daily to supervisors and administration for review.

Noncompliance:

Citation §95.241. Security.

(6) Tool/equipment control. Written local policy must identify:

- (i) The current listing of authorized tools/equipment.
- (ii) The storage arrangements for tools/equipment. Tools/equipment shall be stored in a secure locker or area when not in use. These items shall be stored so that their presence or absence can be immediately determined.
- (iii) An inventory and receipt system to account for all tools/equipment. Inmates may not have access to the tool storage area without staff supervision.

Observation 1: During the physical tour of the Fire Emergency Equipment (FERT) room, the Inspectors observed fire emergency related equipment such as fire extinguishers, Self-Contained Breathing Apparatus (SCBA), and flashlights with an inventory and distribution system in place; however, the Inspectors observed a discrepancy in the number of tools present. The Inspectors observed a screw bit set containing 31 pieces, while the inventory listed 30. The bits were stored in a pre-molded case with 32 holes, suggesting one piece was unaccounted for. Additionally, the Inspectors observed four folding ladders present that did not appear on the inventory list.

Observation 2: During the physical tour of the C-Main Housing Unit, the Inspectors observed barber equipment with a master inventory list; however, the Inspectors did not observe a documented accountability verification process in place.

Observation 3: During the physical tour of D-Block, the Inspectors observed various janitorial tools and equipment; however, the Inspectors observed the accountability of toilet brushes was documented as 2+, which does not accurately account for all items present.

Observation 4: During the physical tour of the Chapel area, the Inspectors observed a variety of equipment such as electrical cords, fans, and audio equipment; however, the Inspectors did not observe this equipment on a master inventory or listed in the accountability processes. Additionally, the Inspectors observed the accountability verification is only conducted at the end of the day.

Observation 5: During the physical tour of the Third Floor Control Room, the Inspectors observed fans of various sizes; however, the Inspectors did not observe this equipment on a master inventory or listed in the accountability processes.

Observation 6: During the physical tour of the Recreation Director's Office, the Inspectors observed a variety of janitorial tools and equipment; however, the Inspectors did not observe this equipment on a master inventory or listed in the accountability processes.

Observation 7: During the physical tour of the Third Floor Indoor Recreation area, the Inspectors observed a toilet brush in the inmate restroom; however, the Inspectors did not observe this equipment on a master inventory or listed in the accountability processes.

Recommendations: Provide the OCIS with corrective action/plan of action and support documentation, such as inventory lists, receipt system, and five consecutive days of accurate tracking of the tools/equipment identified in the above observations, as well as a plan to ensure future compliance with §95.241. (6).

Corrective Action/Plan of Action:
O-1 FERT inventory sheet has been updated to account for in and out of service equipment. Inventory sheet has been updated, extra screw bits have been disposed of leaving a count of 30. Four ladders have been added, 2-blue and 2-yellow. This inventory is conducted monthly by either FERT chief or Assistant FERT chief. O-2 Barber inventory sheet is being maintained and inventoried daily on each shift and submitted weekly for supervisor review. O-3 inventory sheet has been corrected to capture the accurate amount of toilet brushes (4). Inventoried daily on each shift and submitted weekly for supervisor review. O-4 An accountability log has been created, and all equipment is secured in this closet. The Chaplain's office has assigned staff to take inventory of this equipment at the beginning of their shift. This closet has also been cleaned and all equipment that was broken or no longer in use has been permanently discarded. O-5 Control fans have been added to the inventory. Inventory is conducted every shift and submitted daily to supervisors for review. O - 6 The Recreation Directors office has been thoroughly cleaned, and Janitorial tools and equipment were inventoried and placed in the Recreation program storage closet. Excess equipment was removed and returned to the supply. O-7 The toilet brush located in the inmate bathroom in the third-floor gym was removed and discarded.

Noncompliance:
Citation §95.248. Sanitation, maintenance and safety.

(4) Written local policy must provide for the inventory, control, storage and clean-up of toxic, caustic and flammable substances. Written local policy must also specify an exposure control plan for governing the handling of blood-borne pathogens.

Observation 1: During the physical tour of the 2-2, 2-5, and 3-5 Housing Units, the Inspectors observed various spray bottles of cleaning chemicals; however, the Inspectors observed discrepancies between the listed inventory and items present.

Observation 2: During the physical tour of the Recreation Director's Office, the Inspectors observed four spray bottles of cleaning chemicals; however, the Inspectors did not observe these items on a master inventory or listed in the accountability processes. Additionally, in the staff restroom, the Inspectors observed two gallons of floor buffer chemicals that were not on an inventory.

Recommendations: Provide the OCIS with corrective action/plan of action and support documentation, such as inventory lists and five consecutive days of accurate tracking of toxic, caustic, and flammable substances identified in the above observations, as well as a plan to ensure future compliance with §95.248. (4).

Corrective Action/Plan of Action:
O-1 Inventory lists have been updated and inventoried daily for each shift and submitted weekly to supervisors for review. O-2 An inventory sheet has been created, inventory is completed daily and retained electronically on a weekly basis. : All spray bottles, cleaning chemicals, and floor buffer chemicals were removed from this area and returned to the supply department for storage.

In accordance with Title 37 §95.220.b. (3), please respond within 30 days of receipt of the preliminary findings with any corrective action, plan of action, and/or policy revisions as appropriate to the observation(s). Your response should be typed into the **Corrective Action/Plan of Action:** block located directly under each citation or deficiency. Possible citations are listed in red. Possible deficiencies are listed in black.

Plans of Action should minimally address three primary components: 1) clearly define the resolution and who is responsible for effectuating each strategic step; 2) provide description of each step as applicable; and 3) the plan must be time measurable and clearly identify an anticipated completion date.

This office shall review your responses and any appropriate documentation you provide to correct any noncompliance observations. If policy needs updated, please provide the actual policy with the language included.

Upon acceptance of your corrective action/plan of action/documentation, or if no response is received within 30 days, this report will stand and will be submitted to your prison board along with your final report. The final report will reflect the actions or inactions you have taken, if appropriate.

Should you have any questions, please contact the Office of County Inspections and Services for assistance.



March 3, 2025

Warden Cheryl Stebeger
Lancaster County Prison
625 East King Street
Lancaster, PA 17602-3911
(Sent via email)

RE: Preliminary Findings of Title 37, Chapter 95 Inspection

Dear Warden Steberger,

On February 11, 2025, the required Title 37, Chapter 95 inspection of the Lancaster County Prison was conducted. These inspections consist of a review of written local policies/procedures, support documentation, and an inspection of the physical plant of the facility, for compliance with each of the required regulations.

In accordance with Title 37 §95.220.b. (3), the Department's Inspectors will issue the preliminary findings of the inspection to the county prison administrator and the governing county prison authority. Please find the attached **Preliminary Findings Noncompliance Details** form. The preliminary findings listed on this form are the remainder of the unresolved observations. Instructions regarding the completion of this form, and associated timeframes, are located on the bottom portion. Response and supporting documentation should be returned electronically to this office.

Upon acceptance of your plan of action/documentation, or if no response is received within 30 days, this report will stand and will be submitted to the Lancaster County Prison Board along with your final report. The final report will be adjusted to reflect any action you have taken and your compliance will change accordingly, if appropriate.

Should you have any questions, please contact the Office of County Inspections and Services for assistance.

Sincerely,

Thomas E. Greishaw
Director
Bureau of Standards, Audits, Assessments and Compliance

Attachments: (1) Preliminary Findings Noncompliance Details Form

cc: Commissioner Joshua Parsons, Chairperson, Lancaster County Prison Board
File